



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



United Nations

**Current Status of the Social Situation, Well-Being, Participation in
Development and Rights of Older Persons Worldwide**

Department of Economic and Social Affairs



United Nations

New York, 2011

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A United Nations electronic publication
ST/ESA/339
December 2011

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Explanatory notes

Unless otherwise indicated, the following country groupings and subgroupings have been used in this report:

Asia: China, Hong Kong Special Administrative Region of China, Macao Special Administrative Region of China, Democratic People's Republic of Korea, Japan, Mongolia, Republic of Korea, Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan, Sri Lanka, Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam;

Sub-Saharan Africa: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe;

Latin America: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela;

Middle East and North Africa: Algeria, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Malta, Morocco, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Tunisia, United Arab Emirates, Occupied Palestinian Territory, Yemen;

Eastern Europe and the Commonwealth of Independent States: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Montenegro, Poland, Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, former Yugoslav Republic of Macedonia;

Small island developing States: American Samoa, Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Cape Verde, Comoros, Cook Islands, Cuba, Dominica, Dominican Republic, Fiji, French Polynesia, Grenada, Guam, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, Maldives, Marshall Islands, Mauritius, Federated States of Micronesia, Montserrat, Nauru, Netherlands Antilles, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Puerto Rico, Samoa, Sao Tome and Principe, Seychelles, Singapore, Solomon Islands, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Timor-Leste, Tonga, Trinidad and Tobago;

Developed market economies: Australia, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, United States of America.

The following abbreviations have been used in the report:

| | |
|----------|--|
| ECE | (United Nations) Economic Commission for Europe |
| EU | European Union |
| EURAG | European Federation of Older Persons |
| FIAPA | Federation of Associations for Elderly People |
| GDP | gross domestic product |
| HIV/AIDS | human immunodeficiency virus/acquired immune deficiency syndrome |
| IFA | International Federation on Ageing |
| ILO | International Labour Organization (or International Labour Office) |
| NGO | non-governmental organization |
| NTA | National Transfer Accounts (project) |
| OECD | Organization for Economic Cooperation and Development |
| SABE | Salud, Bienestar y Evejecimiento [Health, Well-Being and Aging] (Survey) |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

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Acknowledgements

For the preparation of this publication, we acknowledge the authorship of section V by the Office of the High Commissioner for Human Rights.

The images on the cover were generously shared by HelpAge International. The photographs were taken by Maxim Ahner, Kate Holt, Antonio Olmos, Sarah Packwood and Tom Weller.

Introduction

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

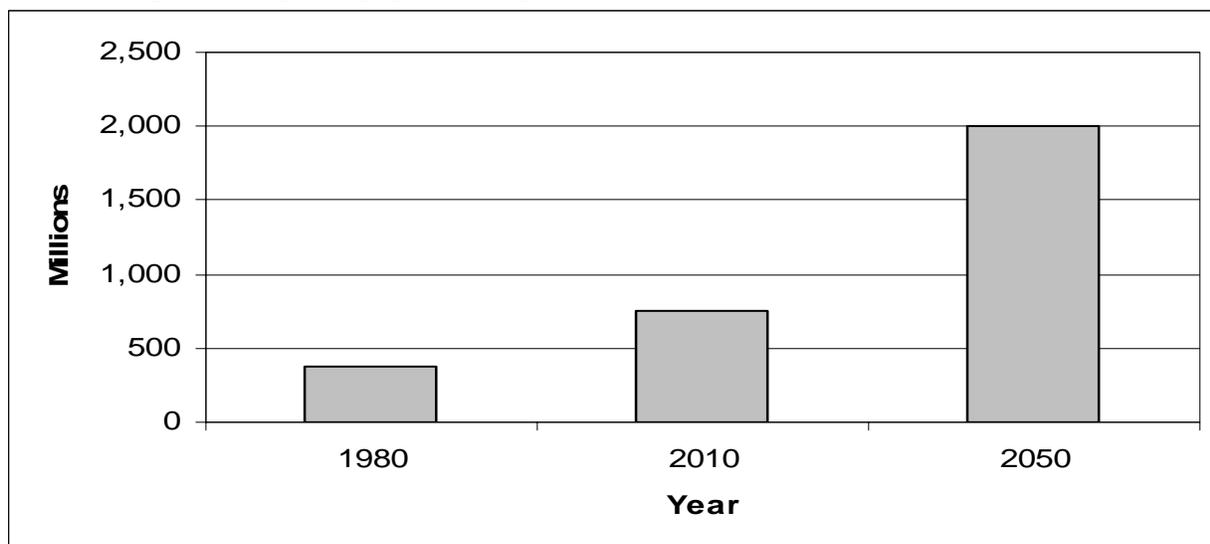
The report consists of six sections. Sections I to IV focus on the social and economic well-being of the ageing population, documenting the demographics of older age, reviewing the economic situation of older persons, exploring health-related issues, and examining societal perceptions and the social integration of older residents. In each of these areas, the diversity of situations characterizing older persons in society and across the world has been taken into account, and an effort has been made to capture the evolving reality and perceptions of old age as well as older persons’ own views. The report is based on recent research and empirical data from various sources available to the United Nations Secretariat. It should be noted, however, that while extensive data and analysis are available on population ageing, data and information relating specifically to the lives and situations of older persons are relatively scarce and are seldom included in ageing-related publications.

Section V of the report provides an overview of human rights norms as they pertain to older persons, incorporating several illustrative examples of how international human rights mechanisms have applied relevant norms to critical human rights issues affecting older persons. Section VI offers some concluding remarks.

I. Demographics of older age

The older population has been growing at an unprecedented rate. In 1980, just prior to the convening of the First World Assembly on Ageing, there were 378 million people in the world aged 60 years or above. That figure has risen to 759 million over the past three decades and is projected to jump to 2 billion by 2050 (see figure I).

Figure I
Actual and projected global population aged 60 years or over, 1980, 2010 and 2050



Source: United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

The average annual growth rate for the ageing population has also increased considerably. During the period 1950-1955, the annual growth rate for persons aged 60 years or over (1.7 per cent) was similar to the rate of growth for the total population (1.8 per cent). By 2005-2010, the annual growth rate for the older population (2.6 per cent) was more than twice that recorded for the total population (1.2 per cent). In the mid-term future, the gap between those two growth rates is expected to widen as the large post-war cohort reaches age 60 in several parts of the world.¹

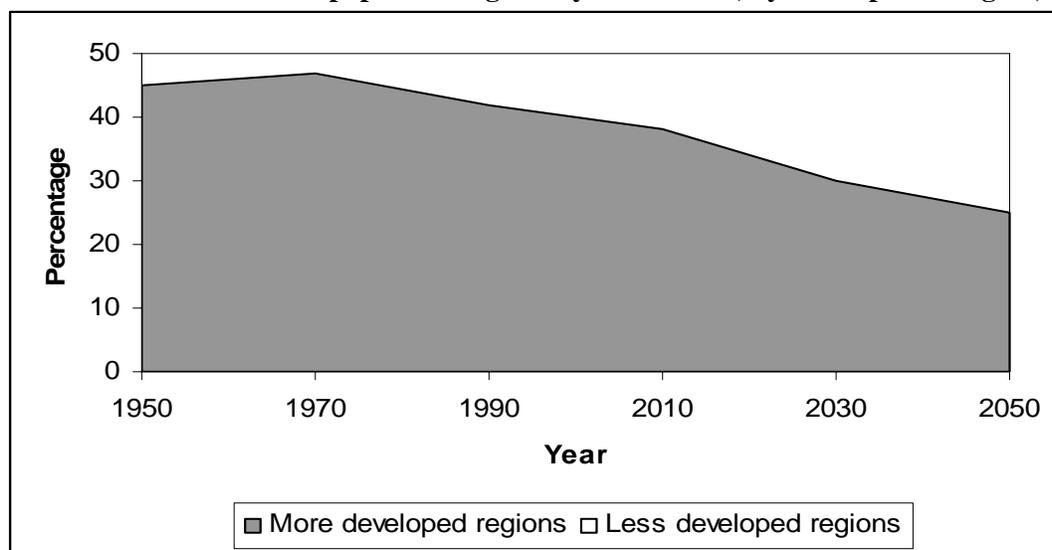
A. Where do older persons live?

The world's older population—defined in the present context as those aged 60 years and above—presently stands at around 760 million. Asia accounts for more than half of the total (414 million, including 166 million in China and 92 million in India). Europe is the region with the second largest number of older persons (nearly 161 million), followed by Northern America (65 million), Latin America and the Caribbean (59 million), Africa (55 million) and Oceania (6 million).

¹ United Nations, *World Population Ageing 2009* (ESA/P/WP/212). Available from http://www.un.org/esa/population/publications/WPA2009/WPA2009_WorkingPaper.pdf.

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

Figure II
Distribution of the world population aged 60 years or over, by development region, 1950-2050



Source: United Nations, *World Population Ageing 2009*.

In 2005, 52 per cent of the world's older population lived in urban areas, with roughly equal proportions residing in less developed and more developed regions. However, the rural areas of the less developed regions were home to nearly 40 per cent of the world's older population, while only about 10 per cent lived in the rural areas of the more developed regions. Although most of the older population in the developing world may still be found in rural areas, the number of older persons living in cities is growing very rapidly as a result of urbanization. Between 1975 and 2005, the number of urban residents aged 60 years or over nearly quadrupled, and most of the future increases in the numbers of older persons will take place in the urban areas of developing countries.²

In a majority of countries, the proportion of the population aged 60 years or over is higher in rural than in urban areas. It might be assumed that the rural areas, with their higher fertility rates, would have a younger age structure than the urban areas. However, as young adults have migrated to the cities in search of employment, many rural areas have found themselves with high numbers of both children and older persons relative to the working-age population. In fifteen countries, including eight in Europe, the proportion of older persons in the rural population exceeds that in the urban population by at least five percentage points. The

² Ibid.

countries with the largest differences, ranging from 10 to 18 percentage points, are Belarus, Bulgaria, Lebanon, the Republic of Korea, Romania and Spain.³

B. Life expectancy

Women tend to live longer than men, and in 2009 older women outnumbered older men by 66 million worldwide. With the declining mortality rates among women, the female advantage in life expectancy at birth increased from 2.8 years in 1950-1955 to 4.4 years in 2005-2010 at the global level.⁴ As table 1 indicates, however, the gender gap in life expectancy is characterized by substantial variations between regions within each time period and in the extent to which the gap has narrowed or widened over time within each region. In 2005-2010, the gap ranged from a low of 2.4 years in Africa to a high of 8 years in Europe. It is interesting to note that the gender gap in life expectancy at birth actually narrowed in Northern America, declining by 1.3 years over half a century.

Table 1
Gender gap in life expectancy at birth: the number of years females outlive males, 1950-1955 and 2005-2010

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

Source: United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

Note: An em dash (—) indicates that the amount is nil or negligible.

The share of women in the population rises significantly with age. In 2009, women comprised 54 per cent of the population aged 60 years or over and 63 per cent of the population aged 80 years and above, with the figure rising to 81 per cent among centenarians.⁵

C. Marital status

Most older men in the world are married, while most older women are not. Instead, older women are likely to be widowed. Worldwide, roughly four out of five men aged 60 years or over currently have a spouse, but the same is true for under half of the women in the same age group.

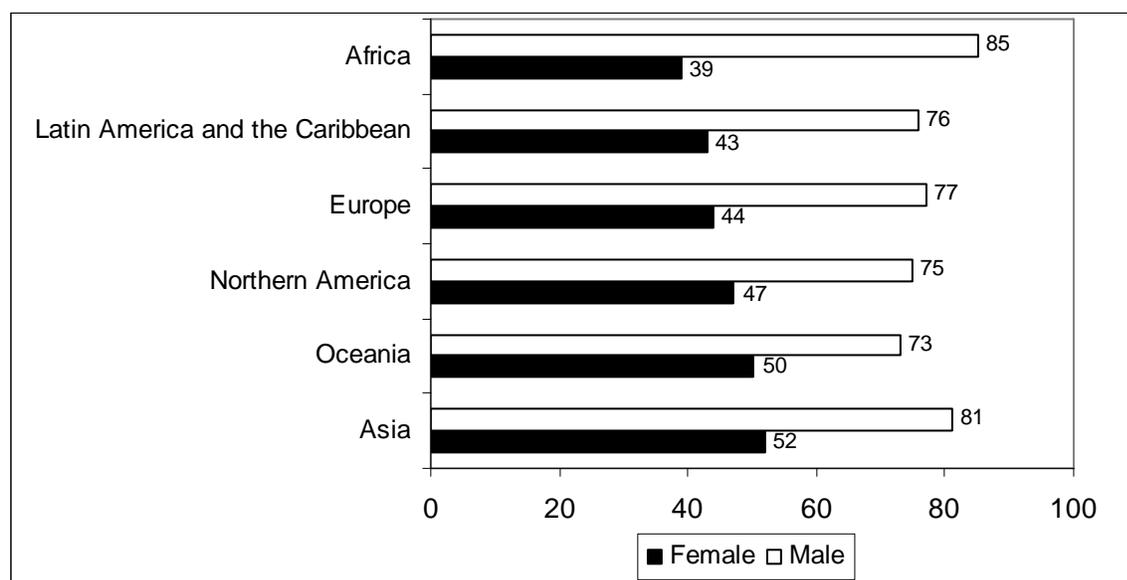
³ Ibid.

⁴ United Nations, *World Population Prospects: The 2008 Revision—Population Database* (2009). (Datasets for 2008 are no longer available; corresponding data from *The 2010 Revision* may be retrieved from http://esa.un.org/unpd/wpp/unpp/panel_population.htm.)

⁵ United Nations, *World Population Ageing 2009*.

At the regional level, as shown in figure III, the proportions of older men who are married range from 73 per cent in Oceania to 85 per cent in Africa, while the corresponding figures for women range from 39 per cent in Africa to 52 per cent in Asia. In Africa, older men are more than twice as likely as older women to be married. These large differences exist because women usually outlive their husbands—a circumstance linked both to women’s higher life expectancy and to the fact that they tend to marry men older than themselves. In addition, men are more likely than women to remarry after being divorced or widowed.⁶

Figure III
Percentage currently married among men and women aged 60 years or over, by region, circa 2005



Source: United Nations, *World Population Ageing 2009*.

Marital status affects the socio-economic situation, living arrangements, and overall health and well-being of older men and women. Research points to a host of physical and mental health benefits associated with marriage.⁷ Older persons who are married are less likely than those who are unmarried to show signs of depression and to feel lonely, and are more likely to report that they are satisfied with life. Being married has also been linked to lower mortality. The health benefits of marriage tend to be greater for men than for women.⁸ However, older women’s economic situation is usually more strongly influenced by marital status than is men’s. For women, widowhood often means at least a partial loss of old-age pension benefits once shared with a spouse. In some settings, especially in developing countries, women lack legal and enforceable property inheritance rights when the husband dies and have little or no recourse if the husband’s relatives move to take over the dwelling, landholding or other property.⁹

⁶ Ibid.

⁷ Kevin Kinsella and Wan He, *An Aging World: 2008*, U.S. Census Bureau, International Population Reports, P95/09-1 (Washington, D.C.: U.S. Government Printing Office, June 2009). Available from <http://www.census.gov/prod/2009pubs/p95-09-1.pdf>.

⁸ Ibid.

⁹ United Nations Centre for Human Settlements (Habitat), “Progress report on removing discrimination against women in respect of property and inheritance rights”, Tools on Improving Women’s Secure Tenure, Series 1, No. 2

D. Living arrangements

In most developing countries a majority of older persons live with relatives, most commonly with their own children. Multigenerational households traditionally have provided the main social context for the sharing of family resources and the provision of mutual support as needs arise over the life course. In developing countries it is not uncommon for at least one adult child to stay with the parents as long as they are alive. By contrast, most children in the more developed regions eventually leave the parental home, and parents grow older without any co-residing child.

On average, around three quarters of those aged 60 years or over in the less developed regions live with children and/or grandchildren, compared with about a quarter of the older population in the more developed regions. Older individuals in the developed world are more likely to be living as a couple or, especially after the death of a spouse, in a single-person household. Since the surviving spouse is usually the wife, older women are very likely to become widows and spend their older years alone, especially after the age of 75.¹⁰ Although clear regional tendencies exist with regard to residential arrangements among older persons, there are substantial differences between the countries within each region. Among the more developed countries, multigenerational co-residence is less common in Northern and Western Europe than in Eastern and Southern Europe and Japan. Among the less developed regions, multigenerational co-residence occurs somewhat less frequently in Latin America and the Caribbean, where just under two thirds of older persons live with children or grandchildren, than in Africa or Asia, where the average is around three quarters.¹¹

Around 2005, approximately one in every four persons aged 60 years or over lived alone in the more developed regions, compared with one in twelve in the less developed regions (see figure IV). In Africa, Asia, and Latin America and the Caribbean, the rates of solitary living among older persons ranged from 8 to 11 per cent. Within Europe, the proportions of older persons living alone varied widely, ranging from 19 per cent in Southern Europe to 34 per cent in Northern Europe. In most developed countries, sex-based differences in rates of solitary living were significant. In Europe and Northern America about a third of older women lived alone, compared with around 15 per cent of older men.¹²

Although many older persons who live alone are in good health and are actively engaged in society, those living on their own can be vulnerable when ill health or other hardships arise. In both developed and developing countries, studies show that older persons living alone are more likely than those living with a partner or in a multigenerational household to be lonely and depressed, to have a small social network, and to have infrequent contact with children.¹³ They

(Nairobi, August 2006). Available from

http://www.unhabitat.org/downloads/docs/3983_71713_Inheritance%20Final%20071006.pdf.

¹⁰ United Nations, *Living Arrangements of Older Persons around the World* (Sales No. E.05.XIII.9). Available (under document symbol ST/ESA/SER.A/240) from

<http://www.un.org/esa/population/publications/livingarrangement/covernote.pdf>.

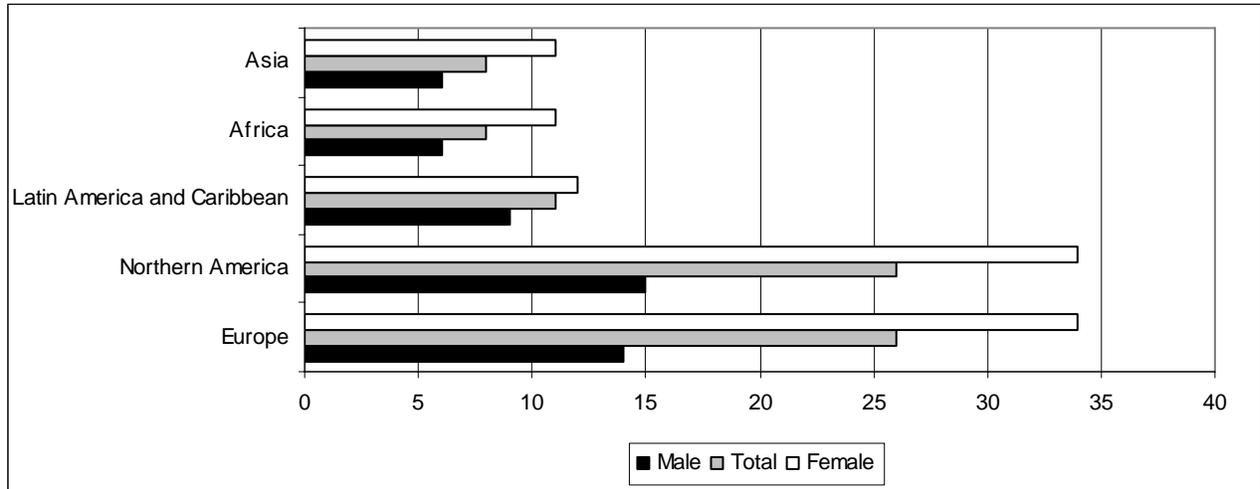
¹¹ *Ibid.*; and United Nations, *World Economic and Social Survey 2007: Development in an Ageing World* (Sales No. E.07.II.C.1), available from http://www.un.org/en/development/desa/policy/wess/wess_archive/2007wess.pdf.

¹² United Nations, *World Population Ageing 2009*.

¹³ Albert I. Hermalin, "Ageing in Asia: facing the crossroads", Comparative Study of the Elderly in

are also more likely to enter an old-age institution when they become ill or disabled. Older women living alone, especially the oldest-old (aged 80 years or over), are at high risk of poverty.

Figure IV
Percentage of the population aged 60 years or over living alone, by region, circa 2005



Source: United Nations, *World Population Ageing 2009*.

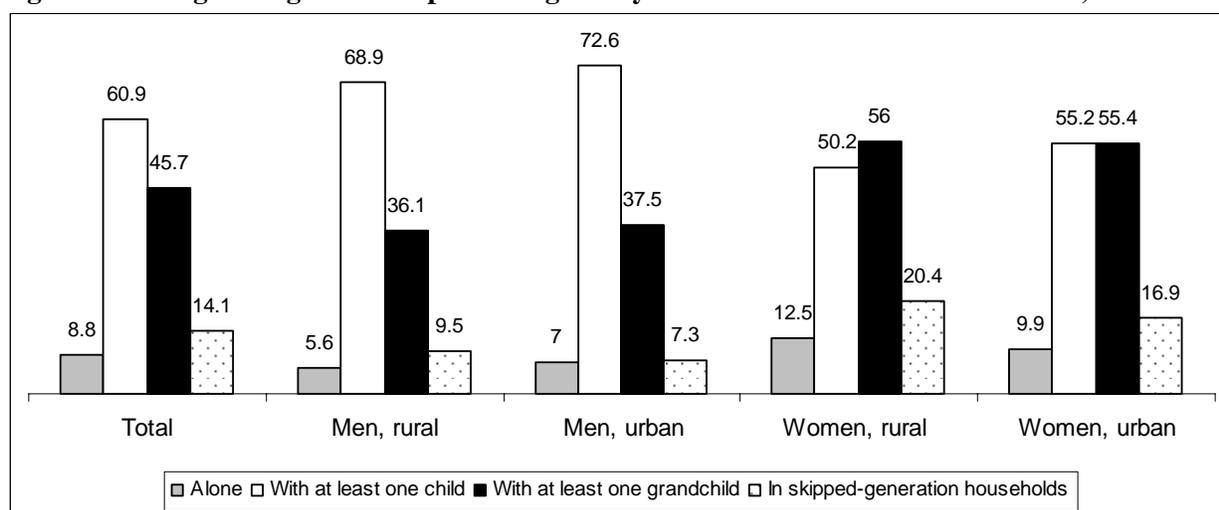
The type and direction of flows of support within the family cannot be inferred from the mere fact of older persons' co-residence with adult children. Support typically flows in both directions, and the nature and amount of support often varies or changes in response to individual needs. Frequently, older persons in multigenerational households are net providers of care and support for the younger generation rather than the other way around. Even when older persons are net recipients of material and financial support from the younger generation, they frequently help with childcare and other household and community activities. Many older persons in developing countries also remain active in the labour force, and the household often includes younger children and grandchildren who depend partly or entirely on the older generation for their livelihood. This is especially likely to be the case for people in their sixties, who may have children that are still in school or that have not yet established themselves in the labour force. Around the year 2000, roughly 45 per cent of the older population in the less developed regions lived together with a child or children of peak working age (at least 25 years old), while nearly 30 per cent lived only with younger children or in skipped-generation households with grandchildren. The proportion of older persons living with older children tended to be highest in Asia and lowest in Africa, with intermediate levels recorded in Latin America and the Caribbean.¹⁴

Asia Research Reports, No. 00-55 (Ann Arbor, Michigan: Population Studies Center, University of Michigan, August 2000), available from <http://www.psc.isr.umich.edu/pubs/pdf/ea00-55.pdf>; and Jenny de Jong Gierveld, "Living arrangements, family bonds and the regional context affecting social integration of older adults in Europe", in *How Generations and Gender Shape Demographic Change: Towards Policies Based on Better Knowledge—Conference Proceedings* (United Nations publication, Sales No. E.09.II.E.8), available for download from <http://www.ggp-i.org/bibliography/conference-2008.html>.

¹⁴ United Nations, *Living Arrangements of Older Persons around the World*.

Skipped-generation households consisting of grandparents and grandchildren are relatively common in many developing countries (see figure V). Older women are especially likely to live in this type of household. Surveys conducted in the 1990s and 2000s indicated that in some African countries—including Ethiopia, Ghana, Malawi, Rwanda, South Africa, Uganda, Zambia and Zimbabwe—between one fifth and one third of women aged 60 years or over were living in skipped-generation households. Such households are also found in some Asian and Latin American and Caribbean countries; in the Dominican Republic, Haiti and Nicaragua, more than 10 per cent of older women are living in skipped-generation households. In Thailand, 14 per cent of older persons were living in skipped-generation households in 2007.¹⁵ These arrangements evolve as a response to various challenges. Children may stay with grandparents if one or both of the parents have died, if parents have migrated for work, or if divorce makes it difficult for parents to raise the children. The circumstances of these households vary in ways that depend in part on the situation that prompted the arrangement. Parents who are working elsewhere often send money and return to visit, but when grandparents take in orphaned children there may be no one to help with support. In general, skipped-generation households tend to be found in rural areas, and these households also tend to be poor.¹⁶

Figure V. Living arrangements of persons aged 60 years or over in sub-Saharan Africa, circa 2003



Source: Kinsella and He, *An Aging World: 2008*.

E. Trends in living arrangements

In recent years the proportion of older persons living alone has risen in many countries, and the proportion residing with children has declined. In the more developed countries, the proportion of older persons living alone increased rapidly in the decades following the Second World War, but in some cases the levels have stopped rising or have even declined slightly. Factors that may work to counter further increases in solitary living in developed countries

¹⁵ Ibid.; and John Knodel, “Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand”, paper presented at the Seminar on Family Support Networks and Population Ageing, Doha, Qatar, 3-4 June 2009 (Seminar proceedings available from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/family_support_networks2009.pdf).

¹⁶ United Nations, *Living Arrangements of Older Persons around the World*.

include lower mortality, which delays the age at which widowhood occurs, and trends in some countries towards children leaving home at a later age. In the less developed regions declines in intergenerational co-residence have been observed, though not in all countries; in some countries there is no detectable trend upward or downward. The average pace of change is modest in most cases, suggesting that co-residence may remain much more common in developing than in developed countries in the decades to come.

The general trend notwithstanding, some countries have experienced a significant shift in rates of co-residence over the past few decades. Asian countries that have recorded large declines in co-residence include Japan, the Republic of Korea and Thailand—all of which underwent rapid economic development and are now experiencing rapid population ageing. In Thailand the percentage of persons aged 60 years or over who were living with a child decreased from 77 per cent in 1986 to 59 per cent in 2007.¹⁷ In Japan the proportion of those aged 65 years or over co-residing with their adult children declined from 70 per cent in 1980 to 43 per cent in 2005.¹⁸ In Japan and the Republic of Korea, there has been a pronounced attitudinal shift towards less acceptance of the idea that children should be responsible for the care of older parents, and focus groups in Thailand found that working-age adults anticipated receiving less support from their offspring than they were providing for their own parents.¹⁹ However, as economic conditions and social services improve, older persons may not need to depend on their children as much as in the past, and trends towards living apart may indicate a preference for greater privacy and independence. For most countries there is no information about the extent to which changes in co-residence reflect people's preferences, or about the net effect of changes in social and psychological well-being. One survey in the Philippines found that the number of older persons who would prefer to live apart from their children was much greater than the number who actually did so.²⁰ Those who live separately often have a child living nearby, and that is the preferred arrangement for some people.²¹

The proportion of older persons living in skipped-generation households has been rising in countries heavily affected by HIV/AIDS. In those countries, many of the grandparents supporting grandchildren are extremely poor.²² Skipped-generation households have also

¹⁷ Knodel, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand".

¹⁸ Naohiro Ogawa, "Changing intergenerational transfers and rapid population aging in Japan", paper prepared for the United Nations Expert Group Meeting on Family Policy in a Changing World: Promoting Social Protection and Intergenerational Solidarity, Doha, Qatar, 14-16 April 2009. Available from <http://social.un.org/index/LinkClick.aspx?fileticket=wtiORnfiX6Y%3D&tabid=215>.

¹⁹ United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*; and Statistics Korea, summary of 2002 *Social Statistics Survey*, available from <http://kostat.go.kr/>.

²⁰ Josefina N. Natividad and Grace T. Cruz, "Patterns in living arrangements and familial support for the elderly in the Philippines", *Asia-Pacific Population Journal*, vol. 12, No. 4 (December 1997), pp. 17-34. Available from <http://www.unescap.org/esid/psis/population/journal/Articles/1997/V12N4A2.htm>.

²¹ Albert I. Hermalin, ed., *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study* (Ann Arbor, Michigan: University of Michigan Press, 2003); and Knodel, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand".

²² United Nations, *The Impact of AIDS* (Sales No. E.04.XIII.7), available for download from <http://www.un.org/esa/population/publications/AIDSImpact/AIDSWebAnnounce.htm>; and HelpAge International and International HIV/AIDS Alliance, *Forgotten Families: Older People as Carers of Orphans and Vulnerable Children*, policy report (Brighton, United Kingdom: International HIV/AIDS Alliance, 2003), available from http://www.aidsalliance.org/includes/Publication/ssp0903_forgotten_families.pdf.

become more common in Thailand, where increased labour migration among young adults has resulted in growing numbers of children being sent to stay with grandparents.²³

Even where residential situations appear stable in the aggregate, studies following the same individuals over time have found that many older persons' living arrangements change within a period of a few years, often in connection with changes in health and economic status.²⁴ Study results from Eastern and South-Eastern Asia suggest that while co-residence generally remains common, "the content of the household relationships appears to be altering. Older women, instead of being deferentially waited upon by their children and children-in-law in accord with traditional practices, are often involved in childcare for grandchildren and in cooking for the busy dual wage-earner couple."²⁵

F. Household headship

Most older men who live with their children are regarded as the head of the household. In developing countries, on average, about 90 per cent of men aged 60 years or over are identified as the head of household.²⁶ Although the proportion tends to be lower for the oldest-old than for men in their sixties or seventies, well over half of the men aged 80 years or above are regarded as the household head in most developing countries. Women are much less likely than men to be identified as the head of household, though there are marked differences between countries in this respect. On average around two thirds of older women in developing countries are either the head of the household or the spouse of the head. While it is unclear to what extent headship implies day-to-day control over resources and decision-making, these figures do suggest that older persons, especially men, are usually regarded as playing a leading role in their households.²⁷

Older persons who live with their own children are far more likely than those residing with other relatives or non-relatives to be the head of the household.²⁸ The relative rarity of these latter types of living arrangements (involving only around 5 per cent of older persons in developing countries) suggests that they are not what people tend to prefer, though such arrangements can provide a viable alternative to living alone for older persons who do not have any children or are unable to rely on them for support. On average, such households are relatively well-off economically,²⁹ but there is little information about the social position and well-being of older persons within them—whether, for instance, the older household members are treated with respect.

²³ Knodel, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand".

²⁴ See, for example, Angelique Chan, "Singapore's changing age structure and the policy implications for financial security, employment, living arrangements and health care", Asian MetaCentre Research Paper Series, No. 3 (Singapore: Asian MetaCentre for Population and Sustainable Development Analysis, 2001), available from <http://www.populationasia.org/Publications/ResearchPaper/AMCRP3.pdf>; and Hermalin, *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*.

²⁵ Hermalin, "Ageing in Asia: facing the crossroads", pp. 12-13.

²⁶ United Nations, *Living Arrangements of Older Persons around the World*.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

G. Living conditions

There is broad agreement—based on consultations around the world with older persons, their families and the professionals who work with them—about the types of housing and community amenities that help older persons live comfortably and remain active and engaged in the wider society. These include, but are not limited to, dwellings that can accommodate those with limited mobility and strength, a clean and safe environment inside and outside the home, transportation that is affordable and accessible, walkways in urban areas that are in good repair and free of obstacles, traffic signals that allow enough time for older persons to cross streets safely, places to rest outdoors, and public buildings that are accessible to those with limited mobility.³⁰ There are numerous examples of good practices and of ageing-friendly innovations in housing design, assistive devices, transportation and community services. A growing number of national and local Governments have adopted policies to make housing and the urban environment more accessible for older persons. For instance, many cities offer reduced fares for older persons using public transit and special transportation arrangements for those with limited mobility, and building codes have been revised at the local and national levels to ensure the incorporation of age-friendly features in new construction. Governments and civil society organizations have sometimes made significant investments in this regard, often introducing modifications to existing housing and public facilities. Most such programmes are found in the more developed countries, but cities such as Bangkok, Beijing, New Delhi and Singapore are also adopting similar measures, in some cases on a pilot basis.³¹

Although progress is being made on many levels, the fact remains that members of the ageing population frequently live in older housing that is not adapted to their needs and encounter obstacles in moving about their communities. Many city neighbourhoods are perceived as unsafe by older persons. A study carried out in the European Union (EU) found that older persons and women are significantly more likely than other groups to fear walking in their area at night.³² In the developing world, settlements often emerge and expand without planning and can lack basic amenities. The United Nations Centre for Human Settlements (Habitat) estimates that one third of the developing world's urban population lives in slum conditions, characterized by a lack of access to improved water, adequate sanitation, durable housing materials, sufficient living area, and security of tenure. In sub-Saharan Africa over 60 per cent and in Southern Asia over 40 per cent of urban dwellers lived in slums in 2005.³³ Access to adequate housing and basic services is usually much more limited in rural than in urban areas. Statistics indicate that in many Latin American countries, older persons are more likely than

³⁰ World Health Organization, *Global Age-Friendly Cities: A Guide* (Geneva: WHO Press, 2007), available from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf; and United Nations Centre for Human Settlements (Habitat), *Improving the Quality of Life of the Elderly and Disabled People in Human Settlements—Volume I: A Resource Book of Policy and Programmes from around the World* (Nairobi, 1993) (HS/284/93E), available from <http://ww2.unhabitat.org/programmes/housingpolicy/documents/HS-284.pdf>.

³¹ United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*.

³² European Foundation for the Improvement of Living and Working Conditions, *First European Quality of Life Survey: Social Dimensions of Housing* (Luxembourg: Office for Official Publications of the European Communities, 2006). Available from <http://www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf>.

³³ United Nations Centre for Human Settlements (Habitat), *State of the World's Cities 2008/2009: Harmonious Cities* (London: Earthscan, 2008) (HS/1031/08E). Available for download from <http://www.unhabitat.org/pmss/listItemDetails.aspx?publicationID=2562>.

younger adults to live in dwellings constructed from low-quality materials, though they are also more likely to own their home and in most countries are less likely to be living in poor neighbourhoods (often shanty towns settled by recent migrants from the countryside). In some countries in the region, older persons are also more likely to live in dwellings that lack basic services including safe water and sanitation.³⁴ In Europe, older persons tend to live in less crowded housing conditions than do younger adults, and in most European countries older persons are more likely to own their home. In some countries, however, primarily those in Southern Europe and the newer EU member States, older persons are more prone than others to report housing deficiencies such as rotting woodwork and the lack of an indoor flush toilet, or to report that home heating is unaffordable.³⁵ Older persons in Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Portugal and Romania are often homeowners, but many cannot afford to repair, maintain or modernize their property.

In recent decades, some developed countries have witnessed an expansion in housing designed specifically for older persons, including facilities offering assisted-living services. However, unless subsidized by the public sector or charitable institutions, such housing is unaffordable for many of those who might benefit from it. In addition, because of high construction costs, these facilities are often built in peripheral areas far from other services and the residents' old neighbourhoods, family and friends.³⁶

Nursing homes and similar institutions offer an alternative for older persons who require assistance and/or specialized medical services. The quality and availability of institutional long-term care vary enormously, however, and high-quality institutional care tends to be expensive. Around 2006, the proportion of persons aged 65 years or over living in long-term care institutions ranged from 5 to 8 per cent in Australia, New Zealand, and some Northern and Western European countries; levels were considerably lower in Eastern and Southern Europe and in developing countries.³⁷ Most of the residents of such institutions are women over 75 years of age.

Many developed countries have been restructuring long-term care services to enable more of those needing assistance to remain at home, and rates of institutionalization have declined in the 1990s and 2000s in some countries.³⁸ Older persons who wish to continue living at home can now arrange for personal care, meals, housekeeping, home maintenance, care management, and treatment for health problems. Services and facilities in the community may include day care, congregate meals, and social centres. In many cases formal in-home care serves as a supplement to informal care provided by family and friends, and some programmes include respite services for unpaid carers, who are often under great stress.

³⁴ United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*.

³⁵ European Foundation for the Improvement of Living and Working Conditions, *First European Quality of Life Survey: Social Dimensions of Housing*.

³⁶ United Nations Centre for Human Settlements (Habitat), *Improving the Quality of Life of the Elderly and Disabled People in Human Settlements—Volume I: A Resource Book of Policy and Programmes from around the World*.

³⁷ Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators* (Paris: OECD Publishing, 2009); and United Nations, *Living Arrangements of Older Persons around the World*.

³⁸ *Ibid.*; and Organization for Economic Cooperation and Development, *Long-Term Care for Older People* (Paris: OECD Publishing, 2005).

In most developing countries there has so far been little development of institutional care apart from limited facilities for sheltering destitute and abandoned elders. However, policymakers in rapidly ageing countries in the less developed regions, including Eastern and South-Eastern Asia, are considering different ways of responding to the growing need for long-term care beyond what the family can provide.³⁹ Figures for 2005 indicate that in Latin America and the Caribbean public funding was being provided for institutional long-term care in nine of the fourteen countries for which information was available, though the reach of the programmes might have been limited in some cases. Five of the fourteen countries provided funding for formal home-based care.⁴⁰

In New Zealand, a recent study of decision-making regarding entry into residential care found that older persons often had a different perception of who had most influenced the decision than did family members or professionals. The study also found that older persons with good levels of knowledge about services and support, and good housing, were more likely to continue to live in the community. These findings point to the need for greater attention to clear communication, information and support services both for older persons who wish to remain in the community and for caregivers.⁴¹

H. Older migrants and the effects of migration

By mid-2010 there were an estimated 31 million international migrants aged 60 years or over, accounting for 14 per cent of the total number of migrants worldwide. Older persons are less likely than young adults to move over the course of a year, but many members of the ageing population find it necessary to migrate in response to adjustments in life circumstances, including retirement, widowhood or changes in health status. Older persons are also affected when their children migrate out of the area, and parents may later move to join children who have settled elsewhere.

Some retirees move to an area with a more pleasant climate or lower cost of living. Even though the volume of such migration is fairly small in relation to moves for other reasons, the absolute number of migrants is large enough to have a major impact on the destination areas. In the United States of America, for instance, some areas in the south and west of the country have experienced a large influx of retirees from further north, and many older persons from Northern Europe have settled in Spain and other southern European countries. Most people who make moves of this type are in their fifties and sixties and are in good health.⁴² However, such migrants sometimes live apart from the local society, and when health problems arise later on,

³⁹ United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*; and Kinsella and He, *An Aging World: 2008*.

⁴⁰ Nelly Aguilera and Jorge Huerta-Muñoz, *CISS-CIESS Survey on LTC in Latin America and the Caribbean*, Working Paper CISS/WP/05102 (Mexico City: Inter-American Conference on Social Security, Inter American Center for Social Security Studies, 2005). Available from <http://www.ciss.org.mx/pdf/en/studies/CISS-WP-05102.pdf>.

⁴¹ Diane Jorgensen and others, "Why do older people in New Zealand enter residential care rather than choosing to remain at home, and who makes that decision?" *Ageing International*, vol. 34, No. 1-2 (2009), pp. 15-32.

⁴² María Angeles Casado-Díaz, Claudia Kaiser and Anthony M. Warnes, "Northern European retired residents in nine southern European areas: characteristics, motivations and adjustment", *Ageing and Society*, vol. 24, No. 3 (2004), pp. 353-381. Available from <http://eprints.whiterose.ac.uk/1516/1/warnes.a.m2.pdf>.

international migrants may have difficulty accessing care, given the complex rules that govern cross-border entitlements.⁴³

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

When young adults move away in search of work, older parents may be left living by themselves. Studies in Mexico and Thailand show that with increased migration, many adult children now live far from their parents.⁴⁴ In 2007, around 30 per cent of older Thais who lived alone did not have any children living in the same province.⁴⁵ However, though the migration of working-age children has increased over time in Thailand, there has been little change in the frequency with which parents receive financial help from their offspring. Nearly 90 per cent of older parents receive some money from their children over the course of a year, with children being the main source of income for over half of the older population. Even when separated by some distance, ageing Thai parents and their children tend to maintain strong ties. The spread of mobile phone technology to rural areas allows parents and children to stay in frequent contact. When surveyed, about half of the older persons who had experienced serious illness reported that an absent child had returned to provide care. Since studies such as those conducted in Thailand are rare, it is unclear whether findings would be the same or similar elsewhere. A study of rural areas in Indonesia⁴⁶ found a complex mix of situations among parents of migrants. Although many absent children sent money to parents, the amounts were usually very small. There was a stratum of highly vulnerable older persons who needed to rely on charity from others in the community, a situation that entailed social stigma as well as material deprivation. Many elders in this vulnerable group did receive contributions from children, but in amounts insufficient to prevent extreme poverty. Children of poor parents are likely to be poor as well, and neither co-residence nor remittances can be relied upon to provide adequate support for all older persons.

When migration involves the crossing of national borders, it may be difficult for older parents and children to remain in contact. The parents who stay behind often experience disruption, hardship and uncertainty at multiple levels. During the economic upheaval in Albania after 1990, for example, there was massive outmigration of working-age youth and young adults from rural areas, leaving older persons in a depopulated and increasingly impoverished countryside. Many job-seekers crossed international borders without documentation, making cross-border visits difficult or impossible. Migrant children often sent remittances that enabled

⁴³ Irene Hardill and others, "Severe health and social care issues among British migrants who retire to Spain", *Ageing and Society*, vol. 25, No. 5 (2005), pp. 769-783.

⁴⁴ John E. Knodel and others, *Migration and Intergenerational Solidarity: Evidence from Rural Thailand*, Papers in Population Ageing, No. 2 (Bangkok: UNFPA Thailand and Country Technical Services Team for East and South-East Asia, September 2007), available from http://www.psc.isr.umich.edu/pubs/pdf/UNFPA_migration.pdf; and Shawn Kanaiaupuni, "Leaving parents behind: migration and elderly living arrangements in Mexico", CDE Working Paper No. 99-16 (Center for Demography and Ecology, University of Wisconsin-Madison, April 2000), available from <http://www.ssc.wisc.edu/cde/cdewp/99-16.pdf>.

⁴⁵ Knodel, "Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand".

⁴⁶ Philip Kreager, "Migration, social structure and old-age support networks: a comparison of three Indonesian communities", *Ageing and Society*, vol. 26, No. 1 (2006), pp. 37-60.

their parents to avoid extreme poverty, but when children established a family abroad the remittances decreased because of the new family's own needs. Many left-behind parents were deeply ambivalent, wanting their children to succeed but missing them, and mourning the loss of the elders' expected roles as grandparents and as heads of an extended family. Some older persons were left without social support and worried about what would become of them if they fell ill.⁴⁷

In other cases, older persons may be able to join migrant children in the countries where they have settled. However, older persons who move for this reason frequently face obstacles in adjusting to life in an unfamiliar land. Often they do not know the local language, are compelled to live in a socially circumscribed world, and face exclusion from social services and medical care. Health and welfare facilities often lack interpreters, and older immigrants may encounter uncomprehending and unsympathetic service staff.⁴⁸ Findings published in 2000 indicated that older Chinese migrants living in the United Kingdom of Great Britain and Northern Ireland experienced social exclusion because of language barriers, unfamiliarity with social and public services, and lack of knowledge of their rights. They tended to have poor mental and physical health and a poor self-image.⁴⁹ Family relationships in the new setting may be strained.⁵⁰ In addition, older persons who move across national borders often have limited rights to social security in the destination country, depending on where they came from, whether they moved as workers or as retirees, and their resident status according to the laws of the receiving country.⁵¹

I. Older persons in emergency situations

In 2009, approximately 1.1 million people aged 60 years or over were living as refugees or internally displaced persons worldwide, accounting for 5 per cent of the population of concern to the Office of the United Nations High Commissioner for Refugees.⁵² In some areas they comprise more than 30 per cent of the caseload.

A cursory review of recent emergency situations for which data are available suggests that the attendant risks of injury and death are significantly higher for older persons than for the general adult population. Of the estimated 1,330 people who died in the United States in the wake of Hurricane Katrina in 2005, most were older persons. In the State of Louisiana, 71 per cent of those who lost their lives were older than 60 years of age.⁵³ In Indonesia, mortality from

⁴⁷ Russell King and Julie Vullnetari, "Orphan pensioners and migrating grandparents: the impact of mass migration on older people in rural Albania", *Ageing and Society*, vol. 26, No. 5 (2006), pp. 783-816.

⁴⁸ Anthony M. Warnes and others, "The diversity and welfare of older migrants in Europe", *Ageing and Society*, vol. 24, No. 3 (2004), pp. 307-326. Available from <http://eprints.whiterose.ac.uk/1515/1/warnes.a.m1.pdf>.

⁴⁹ Wai Kam Yu, *Chinese Older People: A Need for Social Inclusion in Two Communities* (Bristol, United Kingdom: Policy Press, September 2000).

⁵⁰ Warnes and others, "The diversity and welfare of older migrants in Europe".

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

⁵² Office of the United Nations High Commissioner for Refugees, *2009 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons* (Geneva: UNHCR Division of Programme Support and Management, 15 June 2010). Available from <http://www.unhcr.org/4c11f0be9.html>.

⁵³ Mary Jo Gibson and Michele Hayunga, *We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters* (Washington, D.C.: AARP Public Policy Institute, 2006). Available from <http://assets.aarp.org/rgcenter/il/better.pdf>.

the 2004 tsunami was highest among young children and older adults. Older persons accounted for most of the tens of thousands of excess deaths in Europe during the 2003 heat wave. In France, which was especially hard-hit, 70 per cent of the deaths were of people over the age of 75.⁵⁴ When an earthquake struck Kobe, Japan, in 1995, more than half of the immediate casualties were among older persons, and this group accounted for 90 per cent of the subsequent deaths.⁵⁵

Health problems—including chronic conditions and diseases, impairments, and disabilities—increase the risk of injury and death during emergencies. Living alone constitutes an additional risk factor for older persons in emergency situations. Older persons who have disabilities and live by themselves are particularly vulnerable, since they are likely to need assistance but may be overlooked. In some cases emergency responders have lacked guidelines for evacuating older persons with limited mobility, such as residents of nursing homes. Older persons also frequently fare poorly after the immediate crisis has passed. Assistive devices and medicines may have been lost, emergency shelters sometimes have physical barriers such as stairs, and both inside and outside the shelters access to water and sanitary facilities may be limited. Evacuees may need to stand in queues for long periods to obtain food or other assistance. Forms that need to be filled out to request compensation and benefits can be impossible for uneducated older persons to complete.⁵⁶

The needs of the older population in disasters and conflicts have typically been addressed only through broader adult health and humanitarian programmes that were developed without explicit attention to the political, economic and social marginalization of older men and women.⁵⁷ However, there have been some notable exceptions. Following the 2010 earthquake in Haiti, various non-governmental organizations (NGOs), including HelpAge International, provided targeted assistance to older persons. More broadly, a review of responses to 16 emergencies—including natural disasters in Canada, Cuba and Japan and population displacement due to conflict in Lebanon—indicated that explicit attention had been given to relocating at-risk older persons to safe shelters in several instances.⁵⁸ Assessing and developing the capacity of older persons to prepare for, cope with, and recover from emergencies constitute the starting point for policy intervention in this area. The World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees, among others, have developed relevant policy recommendations, drawing on national plans and strategies as well as examples of good policy practices that target older persons during emergencies.⁵⁹

⁵⁴ International Federation of Red Cross and Red Crescent Societies, *World Disasters Report 2004: Focus on Community Resilience* (Bloomfield, Connecticut: Kumarian Press, October 2004).

⁵⁵ World Health Organization, *Older Persons in Emergencies: An Active Ageing Perspective* (Geneva: WHO Press, 2008). Available from <http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>.

⁵⁶ Ibid.

⁵⁷ Gibson and Hayunga, *We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters*.

⁵⁸ World Health Organization, *Older Persons in Emergencies: An Active Ageing Perspective*.

⁵⁹ David Hutton, *Older People in Emergencies: Considerations for Action and Policy Development* (Geneva: WHO Press, 2008); Public Health Agency of Canada, *Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies* (Ottawa: Minister of Public Works and Government Services Canada, 2008); HelpAge International, *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice* (London, 2000); and Office of the United Nations High Commissioner for Refugees, Standing Committee, *UNHCR's Policy on Older Refugees*, 19 April 2000 (EC/50/SC/CRP.13, annex II)

II. The economic situation of older persons: employment, income and poverty considerations

A. Employment

Labour force participation

For many older individuals, employment provides the income needed to escape extreme poverty. Work-related accomplishments can also be a source of personal satisfaction and social esteem.

Table 2 indicates that 30 per cent of men and 12 per cent of women aged 65 years or over were economically active worldwide in 2008, compared with 95 per cent of men and 67 per cent of women within the peak-working-age range of 25-54 years. For all age groups, labour force participation is typically higher among men than among women, primarily because the latter tend to devote more time to maintaining the household and caring for children and other dependants. In addition, the extent of women's non-household work may be underrepresented in censuses and surveys, especially when this work is carried out on a family farm or in a small family business.

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

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

Source: Calculated from International Labour Office, Economically Active Population Estimates and Projections (LABORSTA database, 5th ed., 2009 revision) and Key Indicators of the Labour Market (accessed 11 May 2010).

The statistics for 2008 show that labour force participation declined more rapidly with advancing age in the more developed than in the less developed regions (see table 2). Among men of peak working age (25-54 years), there were only small differences in labour activity rates between the two regional groupings. However, among men aged 65 years or over, only 15 per cent were economically active in the more developed regions, compared with 37 per cent in the less developed regions. Labour force participation rates for men aged 55-64 years were also higher in less developed regions (77 per cent) than in the more developed regions (65 per cent).

For women within the peak-working-age group, labour force participation was higher in the more developed regions (78 per cent) than in the less developed regions (64 per cent), but for those aged 65 years or over the rates were lower in the former (8 per cent) than in the latter (14 per cent). Africa was the region with the highest rates of economic participation among those aged 65 years or over (53 and 28 per cent for men and women, respectively), followed by Latin America and the Caribbean (with corresponding rates of 47 and 19 per cent).

Trends in labour force participation differ by sex. Women's participation in the formal labour market has been rising in most countries. In absolute terms the increases are largest for those below the age of 65, but in most regions labour force participation has also risen among women aged 65 years or over. The greatest increase has been in Latin America and the Caribbean, where the rate of economic activity among older women rose from 10 per cent in 1980 to 19 per cent in 2008.

In contrast to the trends for women, labour force participation among men aged 55 years or over declined significantly between the 1970s and the mid-1990s in most developed countries, especially in Europe. In many European countries the decline reversed after the mid-1990s, particularly within the older working-age group. Economic participation among men aged 65 years or over has also rebounded in some parts of Europe, and there have been notable recent increases for this group in New Zealand and the United States as well. In most cases, however, older men's labour force participation remains substantially below the levels of 1970.⁶⁰ For developing countries as a group there has been only a slight downward trend in labour force participation among men aged 55-64 years, but among those aged 65 or over the decline has been significant in many cases. One exception is Latin America and the Caribbean, where the rate of labour market participation for men aged 65 or over increased by 5 percentage points between 1980 and 2008.

Many factors influence labour force participation among older persons. Economic conditions and retirement policies both play a key role. Health-related challenges and reductions in physical strength and stamina are other important reasons why rates of economic activity decline with age. Trends for older women also reflect broader economic and social changes that have brought more women of all ages into the workplace.

Working conditions

Older workers are more likely than their younger counterparts to work in the agricultural and informal sectors, and to work part time. Agriculture remains a mainstay of employment for the older population in most developing countries, especially in Africa and Asia, where most older people live in rural areas. Studies in several Asian countries in the 1990s found that over half of older workers were engaged in agriculture.⁶¹ In the more developed countries older

⁶⁰ Organization for Economic Cooperation and Development, *Live Longer, Work Longer* (Paris: OECD Publishing, 2006).

⁶¹ Kinsella and He, *An Aging World: 2008*.

workers are also overrepresented in agricultural employment.⁶² This often involves work on a small family farm; statistics for the mid-2000s indicate that individuals aged 65 years or over were the proprietors of a considerable number of small agricultural holdings in some European countries.⁶³ At the same time, there is a tendency in developed countries for highly skilled workers to retire later than the low-skilled, and within Europe older workers are overrepresented not just in agriculture, but also in the expanding fields of education, health and social work.

Part-time work can provide a transition to retirement for older workers. However, the increased job flexibility that comes with such a choice may need to be weighed against the possibility of reduced employment security and benefits. Part-time work often means weaker job tenure, lower wage rates and fewer opportunities for training and advancement. In addition, depending on national regulations, working beyond the official pensionable age may mean forgoing some social security and pension benefits. A 2002 survey of 15 European countries revealed that 37 per cent of working women aged 50-64 years were employed part time, as were 63 per cent of those aged 65 years or over. Rates of part-time work were lower for men but also increased with advancing age, rising from 7 per cent for the age group 50-64 to 45 per cent for those aged 65 years or over.⁶⁴ Older workers are also more likely to be working part time in New Zealand and the United States, and higher levels of part-time work among older women than among older men have been reported in some Asian countries.⁶⁵

In developing countries, often the only employment available to older persons is in the informal sector, which typically implies a lack of retirement benefits, relatively low pay, insecure job tenure, and limited opportunities for advancement. A study in Thailand found, for instance, that 90 per cent of workers aged 60 years or over were engaged in informal employment.⁶⁶

Age discrimination in employment

Older people often face discrimination in hiring, promotion, and access to job-related training. A review by the Organization for Economic Cooperation and Development (OECD) found evidence in nearly all the countries studied that most employers held stereotypical views about older workers' strengths and weaknesses. The review also found that employers' negative perceptions about older workers' abilities and productivity affected decisions about hiring and retention.⁶⁷

A growing number of countries are adopting laws to combat discrimination against older workers. According to a recent review published by the International Labour Organization (ILO),

⁶² European Foundation for the Improvement of Living and Working Conditions, "Part-time work in Europe". Available from <http://www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf> (accessed on 17 March 2010).

⁶³ Kinsella and He, *An Aging World: 2008*.

⁶⁴ European Foundation for the Improvement of Living and Working Conditions, "Part-time work in Europe".

⁶⁵ Kinsella and He, *An Aging World: 2008*.

⁶⁶ Rika Fujioka and Sopon Thangphet, *Decent Work for Older Persons in Thailand*, ILO Asia-Pacific Working Paper Series (Bangkok: International Labour Organization, Regional Office for Asia and the Pacific, February 2009). Available from http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_103920.pdf.

⁶⁷ Organization for Economic Cooperation and Development, *Live Longer, Work Longer*.

some form of legislation against age discrimination in employment exists in approximately 50 countries around the world. In addition, Ecuador, Eritrea, Mexico and South Africa have constitutional provisions that address age or age equality in labour markets.⁶⁸ Members of the European Union have adopted legislation in conformity with a 2000 EU directive on equal treatment in employment and occupations.

Anti-discrimination laws vary in their specifics, and retirement may still be mandatory at the official pensionable age.⁶⁹ It is difficult to assess the effectiveness of the legislation in combating age discrimination. Effective means of publicizing relevant legal provisions and of monitoring and enforcing compliance are needed if laws are to have an impact. Efforts to combat negative stereotypes held by employers may also have an effect; in some countries informational campaigns have been launched to address this issue.⁷⁰

Unemployment

In 2009, for the OECD countries as a group, the unemployment rate was lower for workers aged 55 years or over (5.7 per cent) than for workers aged 25-54 years (7.3 per cent). Such figures can be misleading, however; while the risk of unemployment may be lower for older workers, those who do lose their jobs tend to remain unemployed for longer periods than their younger counterparts. In the majority of OECD countries, the incidence of long-term unemployment is higher—often much higher—for job-seekers aged 55 years or over than for those in the peak-working-age range of 25-54 years (see figure VI). In OECD countries, on average, the long-term unemployment rate is 31.3 per cent for persons aged 55 years or more, compared with 26 per cent for persons aged 25-54 years.

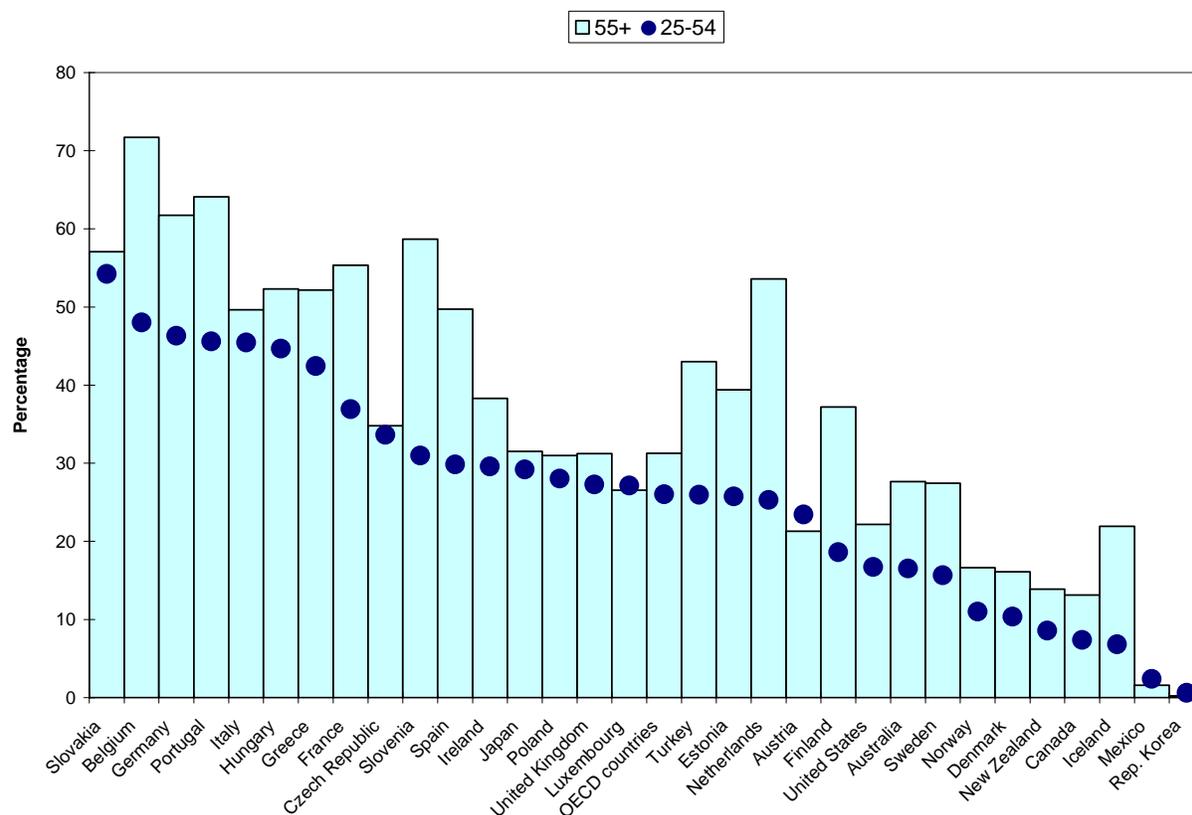
The relatively high incidence of long-term unemployment among the older unemployed is indicative of the added barriers older workers face in labour markets. Increasing rates of labour participation among older persons will require action at a number of levels, including the adoption of policies to stimulate their employability.

⁶⁸ Naj Ghosheh, *Age Discrimination and Older Workers: Theory and Legislation in Comparative Context*, Conditions of Work and Employment Series No. 20 (Geneva: International Labour Office, 2008). Available from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_travail_pub_19.pdf.

⁶⁹ *Ibid.*; and Organization for Economic Cooperation and Development, *Live Longer, Work Longer*.

⁷⁰ Organization for Economic Cooperation and Development, *Live Longer, Work Longer*.

Figure VI
Long-term unemployed as a share of total unemployed: a comparison between younger and older workers in OECD countries, 2009
(Percentage)



Source: United Nations, based on data obtained from the Organization for Economic Cooperation and Development, “Labour force statistics (MEI)”, *OECD.StatExtracts*.

Retirement

Most countries have a statutory retirement age at which workers covered by the system are entitled to receive a pension and other retirement benefits. In 2009, the statutory retirement age ranged from 50 to 67 years worldwide, with age limits tending to be lower in developing than in developed countries.⁷¹ Workers who retire earlier than the specified age often can claim reduced benefits. However, as noted below, only a minority of workers in most developing countries are employed in jobs that entitle them to a pension, so the official retirement age holds little relevance for the bulk of the labour force in these areas. In the absence of retirement benefits many older people need to work as long as they are physically able. There is a strong inverse relationship between labour force participation at older ages and the proportion of the

⁷¹ United Nations, *Population Ageing and Development 2009*, wall chart (2010), available from <http://www.un.org/esa/population/publications/ageing/ageing2009.htm>; and United Nations, *World Population Ageing 2009*.

older population receiving a pension, which is itself linked strongly to national levels of development.⁷²

The age at which workers receive a full pension is the same for men and women in 111 (64 per cent) of the 173 countries for which data are available. In 49 countries (36 per cent), the age is lower for women—typically by five years—even though women can expect to live longer than men (see figure VII). This type of arrangement is more common in developed than in developing countries. Recently, however, there has been a trend towards reducing or eliminating the gender gap, with changes often phasing in over a period of several years.⁷³

Many countries have taken steps in recent years to increase the statutory pensionable age. Under the OECD umbrella, this follows an earlier period in which many countries lowered the retirement age. For men, the pensionable age in OECD countries declined by 2.5 years between 1958 and 2000, to around 62 years on average. However, between 2000 and 2009 the average pensionable age increased by two years, and further increases are already planned in some countries.⁷⁴

In developed countries—with some exceptions, including Japan—actual retirement tends to occur earlier than the statutory retirement age. In 2001, the average effective age of retirement in the EU was estimated at 60 years, and while that figure had risen to 61 years by 2005, it remained well below the Barcelona European Council’s 2002 target of around 65 years by 2010.⁷⁵ On average, women in OECD countries withdraw from the labour force about two years earlier than men. Lower official retirement ages for women contribute to their earlier retirement in some countries. There is also a tendency for spouses to retire near the same time, which often means an earlier retirement age for women since they are younger than their spouses in most cases.⁷⁶

For workers with pension coverage, rules governing pension entitlement strongly influence the timing of withdrawal from the labour force. In some cases, older workers are effectively pushed out of the labour force by the mandatory retirement age. Other push factors include negative attitudes on the part of employers towards hiring older workers, skill obsolescence, limited access to opportunities for retraining, and inflexible job rules that make it difficult to change working hours. In some situations, employers may perceive a financial advantage to replacing senior workers with younger ones who can be paid less.⁷⁷ In addition to the push factors, there may be implicit financial incentives to retire at the official retirement age,

⁷² International Labour Office, *World Social Security Report 2010/11: Providing Coverage in Times of Crisis and Beyond* (Geneva, 2010), pp. 52 ff. Available from <http://www.ilo.org/public/english/protection/secsoc/downloads/policy/wssr.pdf>.

⁷³ United Nations, *World Population Ageing 2009*.

⁷⁴ Anna D’Addio and Edward Whitehouse, “Pensions at a glance” (23 June 2009), media briefing for *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries* (Paris: Organization for Economic Cooperation and Development, 2009). Available from <http://www.oecd.org/dataoecd/12/60/43098050.pdf>.

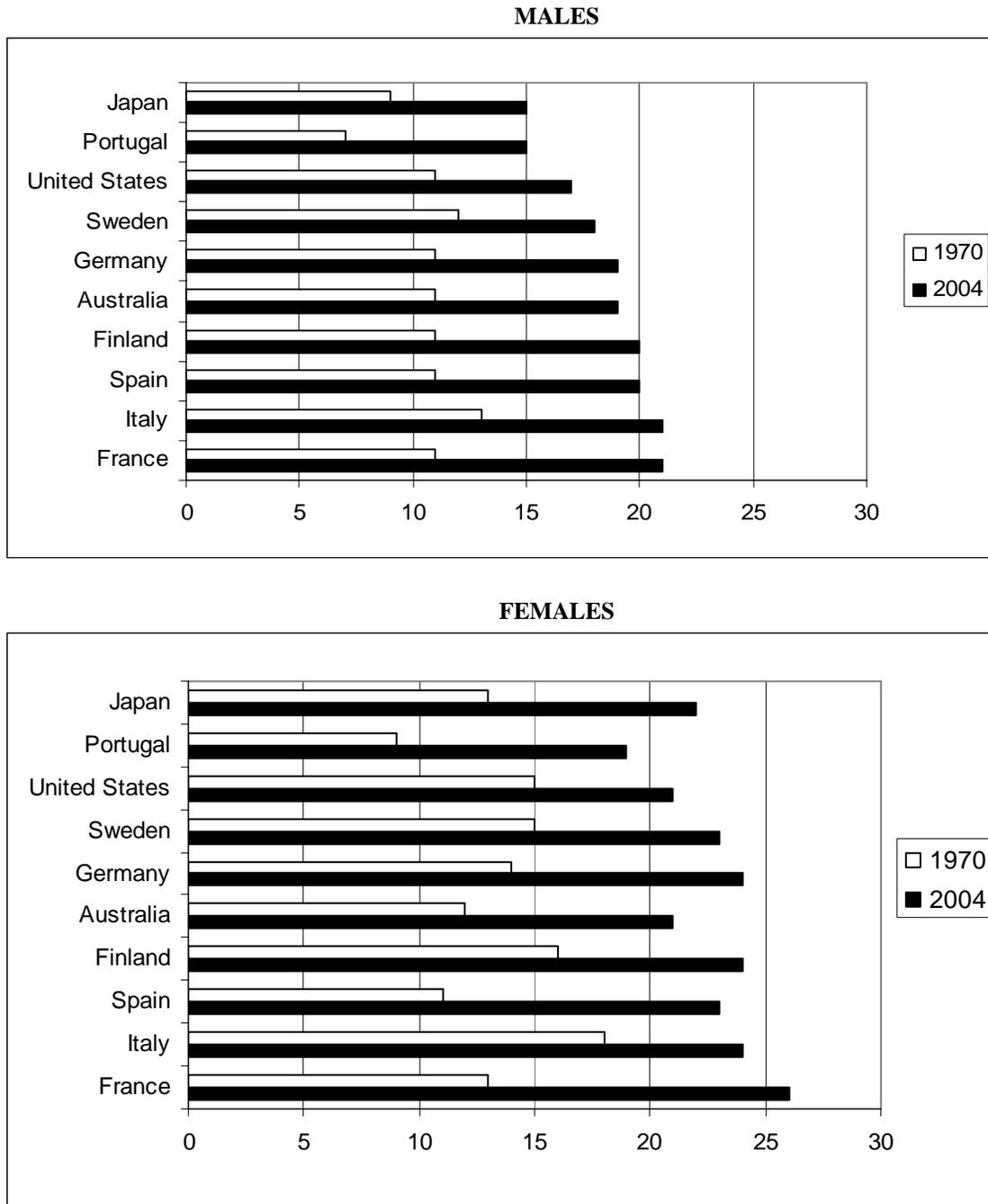
⁷⁵ European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities, *Employment in Europe 2007* (Luxembourg: Office for Official Publications of the European Communities, 2007), pp. 53 and 67. Available for download from <http://ec.europa.eu/social/main.jsp?catId=113&langId=en&newsId=542&furtherNews=yes>.

⁷⁶ Organization for Economic Cooperation and Development, *Live Longer, Work Longer*.

⁷⁷ *Ibid.*

or indeed before it. Long-term disability, sickness and employment benefits have played a role in facilitating early retirement in some countries.⁷⁸

Figure VII
Life expectancy at retirement in selected OECD countries, by sex, 1970 and 2004



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

⁷⁸ Jonathan Gruber and David A. Wise, eds., *Social Security Programmes and Retirement around the World: Micro-Estimation*, National Bureau of Economic Research Conference Report (Chicago: University of Chicago Press, 2004); and Organization for Economic Cooperation and Development, *Live Longer, Work Longer*.

Opinion surveys in Europe indicate that while a majority of retirees are happy to retire when they do, a substantial minority might choose to work longer if they had the chance. One survey conducted in the 1990s asked retirees in 12 European countries whether, at the time they retired, they would have preferred to continue working either full or part time. Around 40 per cent said they might have chosen to continue; in Greece, Italy and Portugal more than half said so.⁷⁹

B. Income

Sources of income

In a majority of OECD countries, public transfers account for over half of disposable income among individuals over the age of 65 (see table 3). This includes earnings-related pensions provided through the public sector as well as basic, resource-tested and minimum income programmes. On average, public programmes provide a little over 60 per cent of older people's income in OECD countries; earnings from work constitute around 20 per cent, and other sources, including private pension schemes and investments, account for just under 20 per cent. Naturally, these proportions vary widely among countries. Although public sector transfers account for over 80 per cent of older people's net income in Belgium, France, Hungary and Slovakia, they make up only about 15 per cent of income in Finland and the Republic of Korea and a little over one third in the United States. In the case of the Republic of Korea, the public transfer share is relatively low because the public pension scheme was established only in 1988, which means that many older people today are eligible for little or nothing in the way of entitlements. In Finland, mandatory occupational plans cover most retirees but are operated by the private sector. Private sector pensions and investments constitute around three quarters of older people's income in Finland, but the corresponding rate in many other OECD countries is under 10 per cent. Earnings from work account for no more than 10 per cent of older people's income in France, the Netherlands and Sweden, but around one third of their income in the United States, well over 40 per cent in Japan, and almost 60 per cent in the Republic of Korea.

In the OECD countries as a group, older persons enjoy a net income from all sources of around 80 per cent of the average population income. Trends relating to this proportional relationship vary at the country level, however; in 9 of the 20 OECD countries with trend data available between the mid-1980s and mid-2000s, the average income for older persons increased relative to the average national income.

As noted previously, public benefits account for a sizeable portion older persons' income in OECD countries; if public pensions were removed from the mix, poverty rates would be much higher. This would also be the case in a number of middle-income countries that have achieved high pension coverage rates.

⁷⁹ Alan Walker and Tony Maltby, *Ageing Europe* (Buckingham, United Kingdom: Open University Press, January 1997).

Table 3
Old-age disposable income in OECD countries, by source of income, mid-2000s
(Percentage of total)

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

Source: Organization for Economic Cooperation and Development, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries*.

Notes: The disposable income distribution figures in the table are for individuals over the age of 65. An em dash (—) indicates that the item is nil or negligible. Some rows may not add to 100 due to rounding.

In Latin America and the Caribbean, the coverage and generosity of each country's pension system are key determinants of the incidence of poverty among older people and of whether poverty rates for this group are higher than those for the general population.⁸⁰ Mid-2000s data for the urban areas of 12 of the region's countries showed that in every country

⁸⁰ Gasparini and others, "Poverty among the elderly in Latin America and the Caribbean"; and Armando Barrientos, "Ageing, poverty, and public policy in developing countries: new survey evidence", paper prepared for presentation at the Thirteenth International Research Seminar on Issues in Social Security—Social Protection in an Ageing World, Sigtuna, Sweden, 16-18 June 2006, organized by the Foundation for International Studies of Social Security. Available from <http://www.eldis.org/vfile/upload/1/document/0708/DOC22602.pdf>.

except Argentina, Brazil and Uruguay at least 30 per cent of persons aged 60 years or over had no income from either pensions or work, and in Colombia, the Dominican Republic and El Salvador the corresponding proportions were higher than 50 per cent.⁸¹

Pension systems and coverage

Public pensions currently cover fewer than one in five older persons worldwide. Although nearly 40 per cent of the working-age population lives in countries that have some provisions for old-age pensions, only about a quarter of those eligible are contributing to a pension system or accruing pension rights.⁸² Rates of pension coverage tend to increase with national levels of per capita income. Within countries, coverage tends to be lower among the less educated, who typically earn less. Workers in the agricultural and informal sectors of developing countries are rarely enrolled in pension schemes, so in those countries with large agricultural and informal sectors pension coverage tends to be low.

In most non-OECD countries the share of the labour force covered by pension systems is relatively low, averaging 44 per cent in Eastern Asia (including just 20 per cent in China), 34 per cent in the Middle East and Northern Africa, 32 per cent in Latin America and the Caribbean, 13 per cent in Southern Asia, and only 6 per cent in sub-Saharan Africa.⁸³ Reforms to contributory pension systems in Latin American countries since the 1980s have not led to increased coverage; in fact, coverage has declined in some cases as employment in the informal sector has grown.⁸⁴ Some Asian countries have made significant efforts to extend coverage to the informal sector. For instance, Sri Lanka has a scheme for farmers and fishers, India's new pension scheme aims to include informal sector workers,⁸⁵ and China recently began implementing a subsidized contributory programme for farmers.

In most OECD countries over 90 per cent of the labour force is covered by a contributory pension scheme, and all OECD countries have general safety nets to provide at least a minimum income in old age. However, the structure of individual pension systems varies greatly. A majority of the countries have a mandatory pension system that covers most workers, with the level of eventual pension benefits linked to contributions during the working years. Only Ireland and New Zealand have no mandatory contributory system. Contributory pensions are typically

⁸¹ Centro Latinoamericano y Caribeño de Demografía (CELADE), División de Población de la CEPAL, "El envejecimiento y las personas de edad: indicadores para América Latina y el Caribe", separata (Santiago: Latin American and Caribbean Demographic Centre (CELADE)—Population Division of the United Nations Economic Commission for Latin America and the Caribbean (CEPAL), April 2010). Available from http://www.eclac.org/celade/noticias/documentosdetrabajo/3/39343/Separata_Indicadores_Envejecimiento.pdf.

⁸² International Labour Office, *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version (Geneva: ILO, Social Security Department, 25 February 2010), available from <http://www.gtkenyahealth.com/blog/wp-content/uploads/2010/03/WorldSocialSecurityReport2010.pdf>; and Robert Holzmann, David A. Robalino and Noriyuki Takayama, eds., *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers* (Washington, D.C.: World Bank Publications, 2009).

⁸³ International Labour Office, *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version.

⁸⁴ Holzmann, Robalino and Takayama, eds., *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*.

⁸⁵ International Labour Office, *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version.

supplemented by a resource-tested, basic or minimum public scheme that tends to redistribute income towards older persons who have low incomes from other sources.

Under the current pension systems in OECD countries, the net replacement rate—pension benefits relative to earnings when working, net of taxes and other benefits—averages around 70 per cent for a worker with average earnings throughout his or her years of employment. However, pension systems are evolving as Governments strive to balance the goal of protecting the living standards of older persons with that of ensuring financial sustainability in the face of population ageing. Some countries have recently increased contribution rates for workers (though others have reduced those rates), and some are raising the age of pension entitlement, adjusting the level of payments, or introducing changes designed to discourage early retirement. In making these changes, Governments have usually tried to protect lower-income workers from the risk of poverty once they retire, but in some countries the reforms could result in increased poverty among future retirees.⁸⁶

In response to the limited coverage of the contributory pension system, some developing countries have adopted non-contributory “social” pension schemes to provide a basic income for older persons.⁸⁷ In Latin America social pensions are provided in Argentina, Bolivia, Brazil, Chile and Uruguay, and in Africa participating countries include Botswana, Lesotho, Mauritius, Namibia, South Africa and Swaziland. In Southern Asia they have been introduced in Bangladesh, India and Nepal. The programmes differ in the nature and extent of benefits provided as well as in eligibility criteria. For example, in Bolivia and Lesotho entitlements are universal and coverage is high, while in Bangladesh a cap on the number of transfers available at the local level means that only around 16 per cent of eligible beneficiaries are reached (see table 4).⁸⁸ Social pension programmes that provide wide coverage and relatively generous benefits, such as those in Brazil, Mauritius and South Africa, can greatly reduce the risk of poverty in old age. For example, it is estimated that the poverty rate among older persons in Brazil would be 48 per cent in the absence of its public pension system, compared with the actual rate of about 4 per cent.⁸⁹ Even when benefit amounts leave some recipients below the poverty line, such pensions reduce the depth of poverty and can lead to improved health and nutrition for everyone in the recipient’s household.

⁸⁶ Organization for Economic Cooperation and Development, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries*.

⁸⁷ United Nations, Human Rights Council, “Report of the Independent Expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona”, 31 March 2010 (A/HRC/14/31). Available from http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.31_en.pdf.

⁸⁸ Holzmann, Robalino and Takayama, eds., *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*.

⁸⁹ Leonardo Gasparini and others, “Poverty among the elderly in Latin America and the Caribbean”, background paper for the *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C.1). Available from <http://www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf>.

Table 4
Summary of social pension schemes in Bolivia, Lesotho and Bangladesh

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

Source: Holzmann, Robalino and Takayama, eds., *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*, table 5.1.

Note: PPP, purchasing power parity; GDP, gross domestic product.

Access to financial services and credit

Although there is no comprehensive source of information about older people's access to credit and other financial services, there are numerous reports of older people being excluded from such services, especially in low- and middle-income countries. In Africa, older women often cannot obtain bank loans or mortgages, and under customary law may be denied secure tenure of property.⁹⁰ Evidence from Bangladesh shows that older individuals are often unable to participate in the microcredit schemes that have been developed to foster self-employment and income generation. In some cases there are formal age limits for participation. In other cases it is simply assumed that older people will not be able to repay the loan. There are sometimes physical barriers that discourage older persons' participation in microcredit schemes, such as required weekly meetings that may be difficult for older persons to attend because of distance and the lack of transport.⁹¹

Older people in developed countries also experience discrimination in accessing financial services and resources. For example, it has been found that older residents of the United Kingdom face discrimination in obtaining insurance, especially auto and travel insurance.⁹² A recent analysis of EU member States affirms that in countries where even younger adults often face exclusion from financial services⁹³—including Hungary, Latvia, Lithuania and Poland—older people tend to fare even worse. Other factors that lead to financial exclusion, including disability, low household income and lack of paid employment, may compound the effects that can be attributed solely to advanced age.⁹⁴

Older people who cannot obtain credit through normal channels sometimes turn to lenders that charge unaffordably high rates. In fact, the ageing population has become an attractive target for such lenders. Older people—even those who could qualify for an affordable loan—are sometimes sought out by unscrupulous lenders offering high-interest loans, as is

⁹⁰ Tavengwa M. Nhongo, "Age discrimination in Africa", paper presented at the International Federation on Ageing 8th Global Conference—Global Ageing: the North-South Challenge, Copenhagen, 30 May – 2 June 2006. Available from http://www.ifa-fiv.org/attachments/061_Age%20Discrimination%20in%20Africa%20-%20Age%20Concern%20England,%20DaneAge%20Association,%20IFA%202006.pdf?phpMyAdmin=Hj3UN29fXcm3NoRoBeayeKKgLL6&phpMyAdmin=44935d2d09de8a255fdb5c021ecec2d&phpMyAdmin=fd874e5b4e657d4862d7137acbc46801.

⁹¹ HelpAge International, Resource Integration Centre, *Older People and Micro-Credit: Bangladesh Experience* (London, 2008). Available for download from http://helpage.bluefountain.com/es/Site/Worldwide/AsiaPacific/Resources?autocreate_RelatedHelpagePublicationList_start=41.

⁹² Barry Fitzpatrick and Irene Kingston for the Equality Commission for Northern Ireland, "Older people's access to financial services (Dublin, 2008). Available from [http://www.equalityni.org/archive/pdf/OLDERPEOPLEFinancialservices\(F\).pdf](http://www.equalityni.org/archive/pdf/OLDERPEOPLEFinancialservices(F).pdf).

⁹³ "Financial exclusion refers to a process whereby people encounter difficulties accessing and/or using financial services and products in the mainstream market that are appropriate to their needs and enable them to lead a normal social life in the society in which they belong" (European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities, "Financial services provision and prevention of financial exclusion" [March 2008], available from <http://www.scribd.com/doc/46148457/Financial-Exclusion-Study-En>).

⁹⁴ *Ibid.*

reported to have happened frequently in the United States during the expansion of mortgage lending in the 1990s and 2000s.⁹⁵

Intergenerational transfers

When the situation of older persons is considered, the topic of intergenerational support is often framed in terms of support flowing from children to dependent elders and the extent to which expectations of filial support are fulfilled in practice. In this regard, concern is often expressed that economic development and the social changes that accompany it have undermined traditional systems of family support for older persons.⁹⁶ However, survey research generally does not support the notion that development has led to large-scale abandonment of the old by the young. Research in both developed and developing countries generally finds that family ties have been adaptable and resilient in the face of social and economic change and that family members frequently assist one another financially in times of need, even if they are less likely than in the past to live together in the same household.⁹⁷ This is not to say that families invariably can or do provide adequate support.

It is misleading to limit consideration of intergenerational transfers to the situation of older dependants. Many older persons have an adequate income from pensions or employment, and some have savings or other assets that provide them with an income. Indeed, recent research has found that older people, especially the younger-old, are more likely on balance to provide financial support to younger family members than they are to receive it. In both developed and developing countries, the net direction of economic transfers within the family is primarily from older to younger family members. Older parents often provide significant economic help around the time children marry and start a family, for instance, and grandparents may help cover the costs of raising and educating grandchildren. However, in some Asian countries, including the Republic of Korea and Thailand, net family transfers do flow towards those aged 65 years or over, and such transfers are an important source of support for the older generation. In some other countries, including Costa Rica, Japan and Mexico, persons over the age of 75 or 80 receive net transfers from the family, while the reverse is true below those ages.⁹⁸ In developed

⁹⁵ See Scott James, “A foreclosure crisis rooted, the family says, in predatory lending”, *New York Times*, 8 January 2010, available from <http://www.nytimes.com/2010/01/08/us/08sfmetro.html>; and National Consumer Law Center, *Helping Elderly Homeowners Victimized by Predatory Mortgage Loans*, Consumer Concerns: Information for Advocates Representing Older Americans (2006), available from http://www.nclc.org/images/pdf/older_consumers/brochure_conversions_new/consumer_concerns/pdf/reg_size/cc_helping_elderly_homeowners_victimized_predatory_mtg.pdf (accessed 6 June 2010).

⁹⁶ Knodel, “Is intergenerational solidarity really on the decline? Cautionary evidence from Thailand”.

⁹⁷ Ibid.; Martin Kohli, Harald Künemund and Claudia Vogel, “Intergenerational family transfers in Europe—a comparative analysis”, paper presented at session 6 of the Research Network on Ageing in Europe within the framework of the 7th Conference of the European Sociological Association—Rethinking Inequalities, Torun, Poland, 9-12 September 2005, available in draft form from http://www.ageing-in-europe.de/torunpapers/ESA_RN_Ageing_Torun2005_Kohli.pdf, and through archive links at <http://www.ageing-in-europe.org>; Vern L. Bengtson and Norella M. Putney, “Who will care for tomorrow's elderly? Consequences of population aging East and West”, in *Aging in East and West: Families, States, and the Elderly*, Vern L. Bengtson and others, eds. (New York: Springer Publishing Company, Inc., 2000), pp. 263-285; and Hermalin, ed., *The Well-Being of the Elderly in Asia: A Four-Country Comparative Study*.

⁹⁸ Ronald D. Lee, “Intergenerational relations and the elderly”, in *Between Zeus and the Salmon: The Biodemography of Longevity*, Kenneth W. Wachter and Caleb E. Finch, eds. (Washington, D.C.: National Academy Press, 1997), pp. 212-244; Lee and Mason, “Population aging, old age support systems, and wealth: cross-national

countries, the value of public pension and health benefits means that older people are net recipients of financial support from public and private sources combined, even though support transfers within the family flow mainly from the older towards the younger generations.

C. Consumption

Older people generally spend a higher share of their income on housing, social services and energy than do those in the younger age groups. In developing countries, average per capita levels of consumption spending for older persons tend to be approximately the same as or a little lower than the levels for younger adults. In some of the more developed countries, private consumption spending typically decreases following retirement.⁹⁹ However, if the value of public spending on health, long-term care and other social services is taken into account, per capita consumption tends to rise at advanced ages in the more affluent countries, especially at age 80 and above.¹⁰⁰

D. Poverty and income security in old age

Data for the mid-2000s indicate that in OECD countries an average of 13.3 per cent of people over the age of 65 were poor, in comparison with 10.6 per cent of the general population (see figure VIII). In that assessment, persons classified as poor were those with incomes, net of taxes and benefits, below half the national median income. Among the OECD countries, the old-age poverty rate was above 20 per cent in Australia, Greece, Ireland, Japan, Mexico, the Republic of Korea and the United States. In Australia, Greece and Ireland the incidence of poverty among older persons was more than 10 percentage points higher than the population average, and in the Republic of Korea it was 30 percentage points higher. In 11 OECD countries, however, poverty rates for the older population were below the national average.

The level and coverage of benefits provided by old-age “safety net” programmes have a significant impact on old-age poverty rates in OECD countries. Comparatively generous safety-net benefits are linked to a relatively low risk of poverty for older people in Canada, Luxembourg, the Netherlands and New Zealand, for example. However, safety-net benefits are worth only a little over half of the OECD poverty threshold in Japan and the United States and only about one third of the threshold in Greece.¹⁰¹ Another factor affecting the risk of relative poverty in old age is the timing and pace of economic development. In rapidly developing countries such as the Republic of Korea, the generational gap in incomes tends to be especially large, and older people often have little or no accumulated wealth or pension entitlements to fall back on.

comparisons”; and Jorge Bravo and Mauricio Holz, “National transfer accounts: concepts and some examples from Latin America and Asia”, paper presented at the Seminar on Family Support Networks and Population Ageing, 3-4 June 2009, Doha, Qatar, available from

http://www.eclac.cl/celade/noticias/documentosdetrabajo/1/37141/QatarBravo_Holz.pdf.

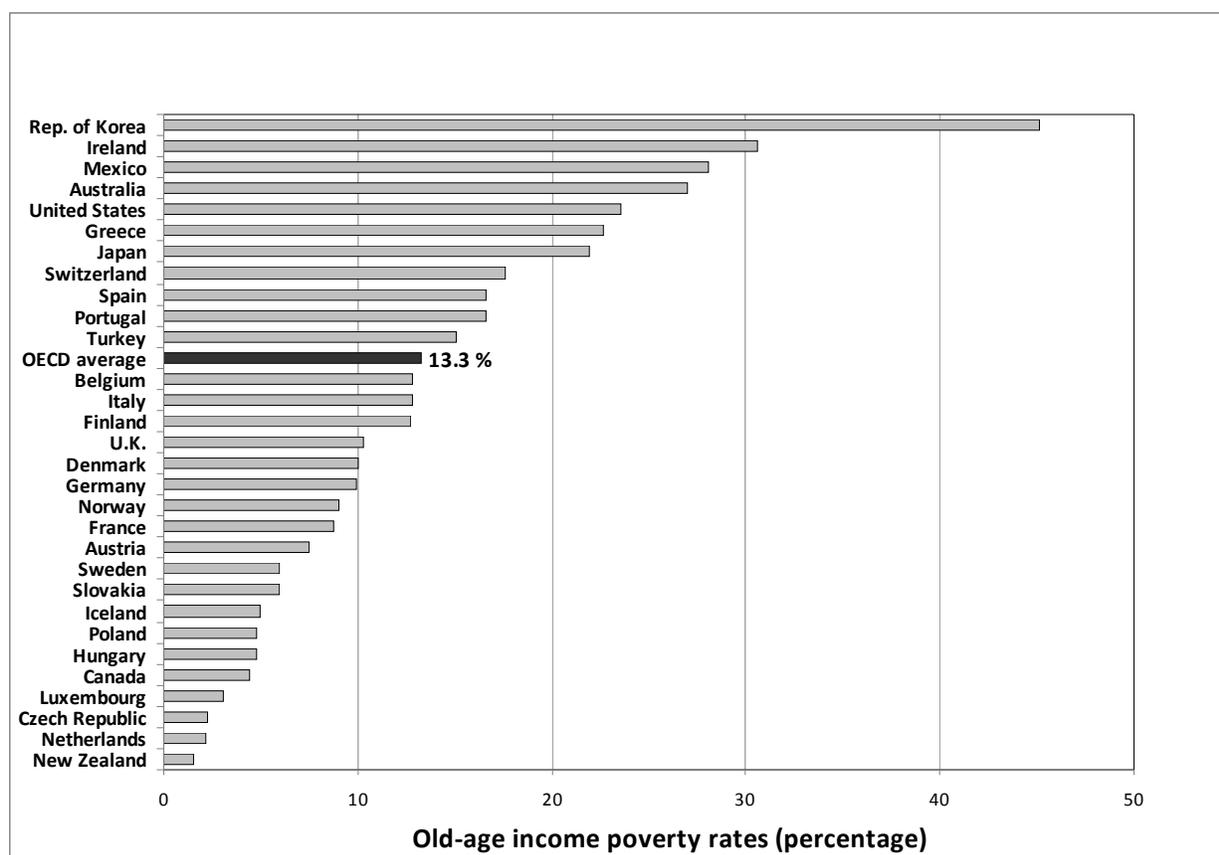
⁹⁹ United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*, p. 70.

¹⁰⁰ Ronald Lee and Andrew Mason, “Population aging, old age support systems, and wealth: cross-national comparisons”, paper presented at the XXVI IUSSP International Population Conference, Marrakech, Morocco, 27 September – 2 October 2009. Available from <http://iussp2009.princeton.edu/download.aspx?submissionId=91768>.

¹⁰¹ Organization for Economic Cooperation and Development, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries* (Paris: OECD Publishing, 2009).

Figure VIII

Old-age income poverty rates in OECD countries: percentage of persons over age 65 with incomes of less than half the median (equivalized) population income, mid-2000s



Source: Organization for Economic Cooperation and Development, "Income distribution: poverty", *OECD Social Expenditure Statistics* (database); see *Growing Unequal? Income Distribution and Poverty in OECD Countries*, table 5.3.

In most OECD countries, older women are more likely than older men to be poor. On average, 15 per cent of older women and 11 per cent of older men live in poverty, while for women and men of working age the corresponding proportions are 10 and 9 per cent. Pension entitlements tend to be less generous for older women than for older men because of women's lower rate of participation in the formal labour force and their generally lower earnings when employed. Within the older population, the gender gap in poverty is usually larger among those over age 75 than among the younger-old, mainly because widowhood is much more common at higher ages. Many widowed women depend on survivors benefits from the husband's pension, and those benefits may be too meagre to prevent poverty.

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

As shown in figure IX, the relative risk of old-age poverty has declined in OECD countries. In the mid-1980s, average poverty rates for individuals over the age of 75 were nearly double those for the general population. Rates for individuals aged 66-75 years, while lower than for the oldest group, were also substantially higher than the population average. By the mid-2000s, however, poverty rates among the older-old were about 50 per cent above the national average, and rates for the younger-old were slightly below that average.

Because of conceptual and methodological differences in the way poverty is measured, statistical data are often not comparable between countries and regions. In addition, information about income poverty among older persons in developing countries is typically sparse. Nevertheless, it is possible to provide an overview of old-age poverty in the developing world based on general intraregional observations coupled with more specific country data. Statistics from around the year 2000 indicate that in 11 out of 15 low-income sub-Saharan African countries—Burkina Faso, Côte d’Ivoire, Cameroon, Ethiopia, Gambia, Ghana, Guinea, Kenya, Malawi, Nigeria and Zambia—rates of poverty among households that included an older person were significantly above the population average (see figure X).¹⁰² In Latin America and the Caribbean, poverty rates during the period 2001-2005 were found to be higher for older persons than for the general population in 14 out of 18 countries (see figure XI). Rates of old-age poverty ranged from 12 percentage points below the average in Haiti to 27.5 percentage points above the population average in Argentina.¹⁰³ Patterns are also mixed in other regions. In the Middle East and Northern Africa, poverty rates for older persons are lower than those for the general population in Djibouti, Egypt, Jordan, Morocco and Yemen.¹⁰⁴ This is also the case in most parts of India¹⁰⁵ and in Viet Nam,¹⁰⁶ but in China and Thailand the poverty rate for older persons is above the national average.¹⁰⁷ In addition, in China, older women are more likely than older men to be poor, and poverty rates rise sharply with age among the older population. The incidence of Chinese old-age poverty is also substantially higher in rural than in urban areas.

¹⁰² Nanaki Kakwani and Kalanidhi Subbarao, *Ageing and Poverty in Africa and the Role of Social Pensions*, International Poverty Centre Working Paper No. 8 (Brasilia: United Nations Development Programme, International Poverty Centre, 2005). Available from <http://www.ipc-undp.org/pub/IPCWorkingPaper8.pdf>.

¹⁰³ Gasparini and others, “Poverty among the elderly in Latin America and the Caribbean”.

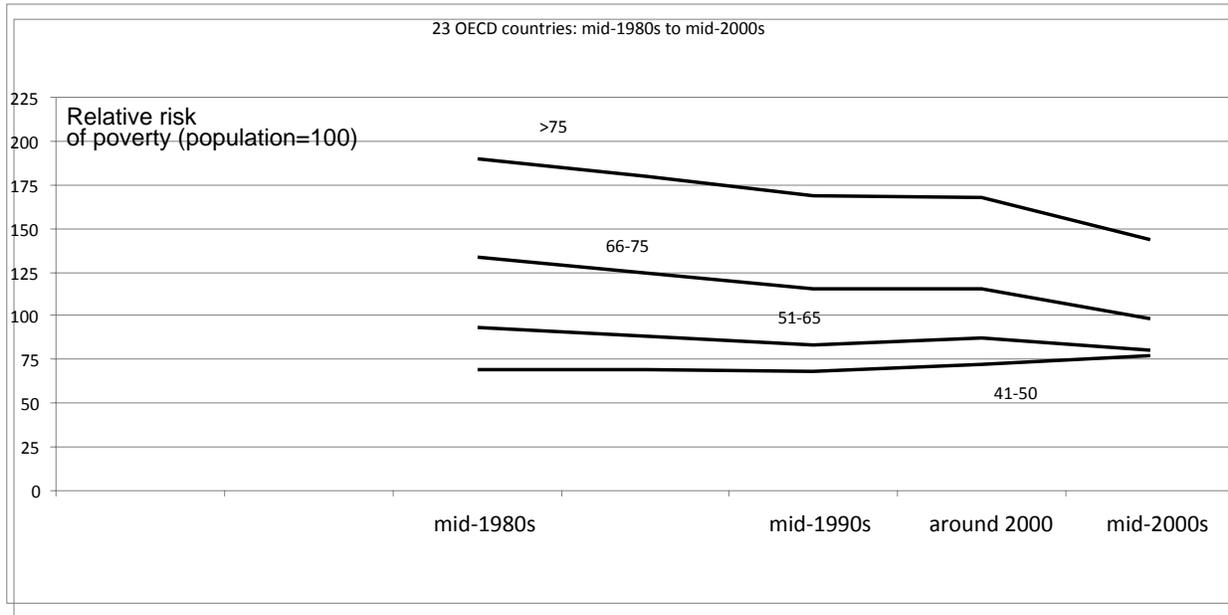
¹⁰⁴ David A. Robalino, Gudivada Venkateswara Rao and Oleksiy Sluchynsky, “Preventing poverty among the elderly in MENA countries: role and optimal design of old-age subsidies” (Washington, D.C.: World Bank, Human Development Department, Middle East and North Africa Region, 2007).

¹⁰⁵ Sarmistha Pal and Robert Palacios, “Understanding poverty among the elderly in India: implications for social pension policy”, IZA Discussion Paper No. 3431 (Bonn: Forschungsinstitut zur Zukunft der Arbeit [Institute for the Study of Labor], April 2008). Available from <http://ftp.iza.org/dp3431.pdf>.

¹⁰⁶ Martin Evans and others, *The Relationship between Old Age and Poverty in Viet Nam* (Ha Noi: United Nations Development Programme in Viet Nam, 2007). Available for download from http://www.un.org.vn/index.php?option=com_docman&task=doc_details&gid=6&Itemid=211&lang=en.

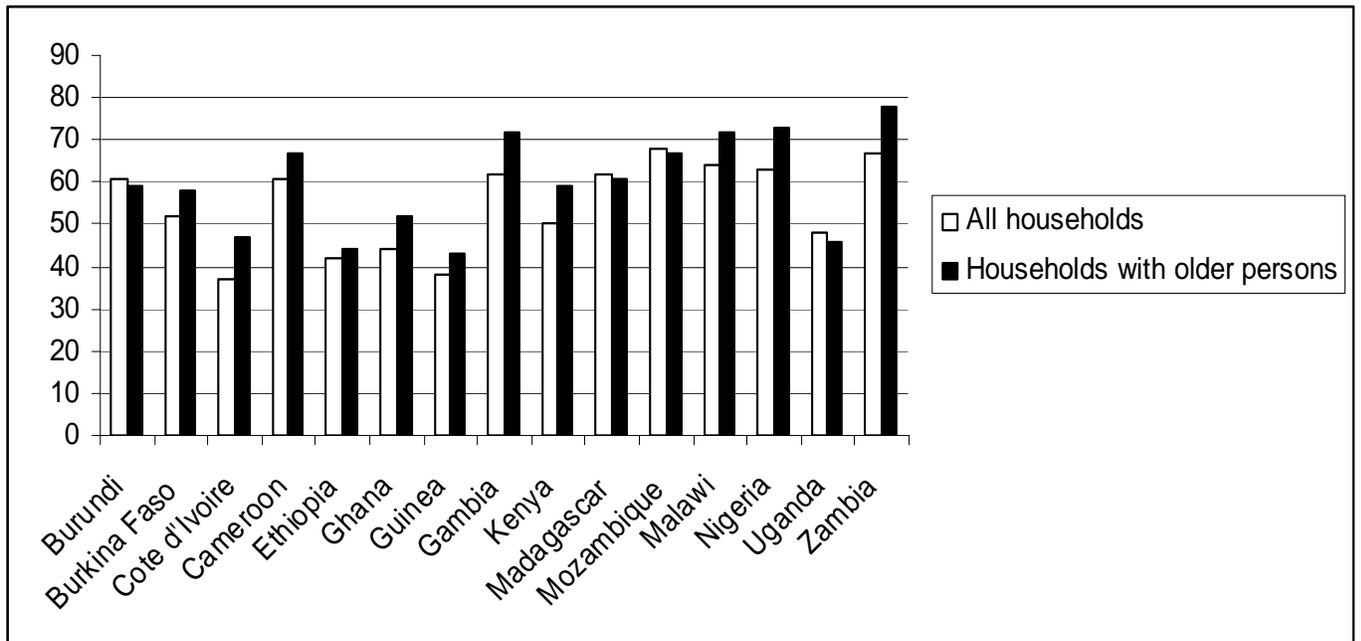
¹⁰⁷ Fujioka and Thangphet, *Decent Work for Older Persons in Thailand*; and United Nations Population Fund, *Demographic Change in China: Ageing of the World’s Largest Population*, Papers in Population Ageing, No. 4 (prepared by the China Research Center on Aging for UNFPA China [Beijing] and the UNFPA Country Technical Services Team for East and South-East Asia [Bangkok], December 2007). Available from [http://asiapacific.unfpa.org/webdav/site/asiapacific/shared/Publications/2007/papers%20in%20pop%20ageing%20no.%204%20\(2007\).pdf](http://asiapacific.unfpa.org/webdav/site/asiapacific/shared/Publications/2007/papers%20in%20pop%20ageing%20no.%204%20(2007).pdf).

Figure IX
Relative risk of poverty by age in 23 OECD countries, mid-1980s to mid-2000s



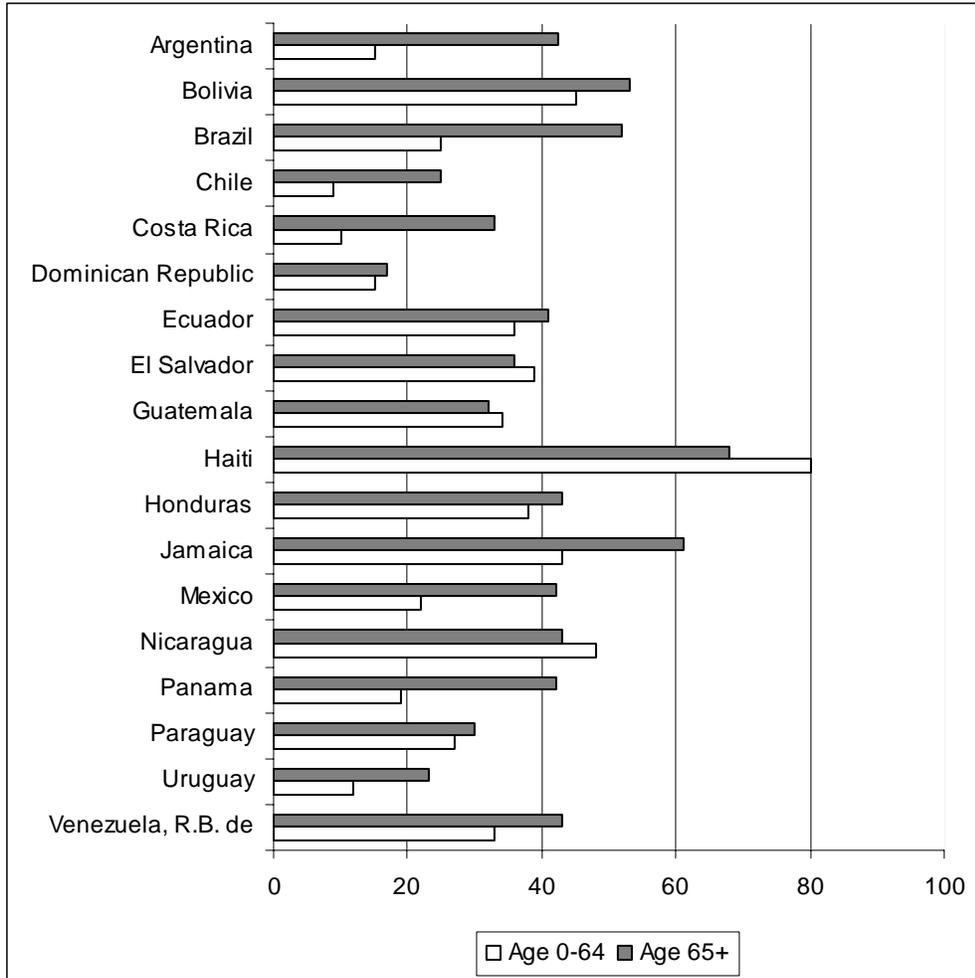
Source: Organization for Economic Cooperation and Development, "Income distribution: poverty", *OECD Social Expenditure Statistics* (database); see *Growing Unequal? Income Distribution and Poverty in OECD Countries*, figure 5.5.

Figure X
Old-age poverty rates in selected sub-Saharan African countries, circa 2000



Source: Kakwani and Subbarao, *Ageing and Poverty in Africa and the Role of Social Pensions*, p. 10.

Figure XI
Old-age poverty rates in Latin America and the Caribbean, 2001-2005



Source: Holzmann, Robalino and Takayama, eds., *Closing the Coverage Gap: The Role of Social Pensions and Other Retirement Income Transfers*, p. 44.

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

III. Health status and access to health care

Advancing health and well-being into old age is among the priority directions of the Madrid International Plan of Action on Ageing. Achieving high health status is both a central aim of development and a key promoter of economic growth and social progress. Older individuals in good health enjoy a greater sense of personal well-being and can participate more actively in the economic, social, cultural and political life of society.

A. Health and survival

The twentieth century witnessed an unprecedented decline in mortality. Between 1950 and 2005, the chances of surviving to old age improved substantially in all world regions (see table 5). Presently, those who survive to age 60 can also expect to live longer than in years past. However, it is unclear how many of the additional years of life are spent in good health.

In the middle of the twentieth century, fewer than half of those born could expect to live to the age of 60. Currently, at the mortality rates for 2005-2010, three quarters of those born (73 per cent of males and 79 per cent of females) can expect to reach that age. Survival probabilities vary widely from one area to another, however, ranging from 55 per cent in Africa to 91 per cent in Northern America for both sexes combined. In all regions, survival prospects are better for females than for males (see table 5).

Table 5
Probability of surviving to age 60 based on 1950-1955 and 2005-2010 mortality rates
(Percentage)

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

Source: United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

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.¹⁰⁸ In terms of interregional variations, life expectancy at age 60 ranges from 15 years for men and 17 years for women in

¹⁰⁸ United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

Africa to 21 years for men and 25 years for women in both Northern America and Oceania (see table 6).

Table 6
Life expectancy at age 60 based on 2005-2010 mortality rates
(Years)

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

Source: United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

Table 7
Causes of death among persons aged 60 years or over, by national income level, 2004
(Percentage of total)

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

Source: Calculated from World Health Organization, *The Global Burden of Disease: 2004 Update*, table A5.

Success in controlling communicable diseases has led both to lower mortality and to a shift in the major causes of death. As the share of deaths from communicable diseases has declined, non-communicable illnesses such as cardiovascular disease, stroke and cancer have come to account for a greater proportion of the total.¹⁰⁹ Among older people, non-communicable diseases already account for most deaths and the bulk of the disease burden, even in low-income countries. In 2004, non-communicable diseases caused an estimated 86 per cent of deaths among persons aged 60 years or above worldwide, accounting for 77 per cent of deaths in low-income countries, 89 per cent in middle-income countries, and 91 per cent in high-income countries (see

¹⁰⁹ United Nations, Economic and Social Council, “Report of the Secretary-General on health, morbidity, mortality and development” (E/CN.9/2010/3). Available for download from <http://www.un.org/esa/population/cpd/cpd2010/comm2010.htm>.

table 7). Controlling for differences in population age distributions, the burden of non-communicable diseases—in particular heart disease and stroke—is greater in low- and middle-income countries than in high-income countries. The burden of vision impairment and hearing loss is also greater in low- and middle-income countries.¹¹⁰

B. Chronic conditions and impairments

People living in developing countries not only have lower life expectancies than those in developed countries, but also live a greater proportion of their lives in poor health. For all age groups, levels of moderate and severe impairment are higher in low- and middle-income countries than in high-income countries, and they are higher in Africa than in other low- and middle-income countries. The average global prevalence of moderate and severe impairment is about three times higher among persons aged 60 years or over than among those aged 15-59 years. Studies in both developed and developing countries show that women's advantage in life expectancy is accompanied by a greater burden of chronic disease and impairment in old age. Women can expect to live longer than men and to spend a greater total number of years in good health; however, women spend a greater proportion of their older years in poor health.¹¹¹

Hearing loss, vision problems and mental disorders are the most common causes of impairment overall. Persistent conditions such as dementias, chronic obstructive pulmonary disease and cerebrovascular disease are especially common at higher ages. Hearing loss is extremely prevalent and increases with age; WHO estimates that more than 27 per cent of men and 24 per cent of women aged 45 years or over have some degree of hearing loss. Low-income populations tend to have high rates of impairment attributable to preventable causes such as injuries, and those living in poorer countries often lack access to basic interventions such as eyeglasses, cataract surgery, hearing aids or assistive devices that can keep functional limitations from becoming disabling.¹¹² Several of these long-term physical, mental, intellectual or sensory impairments, in interaction with various barriers, may constitute a disability and interfere with the full and effective participation of older persons in society.

Many of the conditions that represent the leading causes of disability among older persons are the same in high-income and low-/middle-income countries, with hearing loss, vision problems, arthritis, ischaemic heart disease, and obstructive lung disease being among the most common in both groups of countries (see table 8). Alzheimer's and other dementias rank higher in the list for high-income countries, possibly because such conditions are much more common among the older-old than the younger-old, and the richer countries have a relatively large number of people over 80 years of age. Unintentional injuries are among the top ten causes of disability among the older population in low- and middle-income countries.

¹¹⁰ World Health Organization, *The Global Burden of Disease: 2004 Update* (Geneva: WHO Press, 2008), p. 48. Available for download from http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/.

¹¹¹ Kinsella and He, *An Aging World: 2008*; and United Nations, *World Economic and Social Survey 2007: Development in an Ageing World*.

¹¹² World Health Organization, *The Global Burden of Disease: 2004 Update*.

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

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

Source: World Health Organization, *The Global Burden of Disease: 2004 Update*, table 9.

^a Adjusted for the availability of eyeglasses and other corrective devices.

^b Includes age-related causes of vision loss other than glaucoma, cataracts and refractive errors.

The broad conclusions from the WHO Global Burden of Disease project, summarized above, are increasingly being supplemented by more direct and detailed data from surveys of older persons in developing countries. For instance, the Health, Well-Being and Aging (Salud, Bienestar y Envejecimiento, or SABE) Survey carried out in metropolitan areas of seven Latin American and Caribbean countries in the early 2000s found that at least 20 per cent of the population aged 60 years or over had limitations that affected the basic activities of daily living, such as bathing and dressing without assistance.¹¹³ Two thirds of the older adults reported having one or more of the major chronic conditions, including hypertension, diabetes, heart disease, cerebrovascular disease, joint problems and chronic obstructive pulmonary disease.¹¹⁴ In a survey conducted in Thailand, more than a third of older persons reported having at least one functional limitation.¹¹⁵ These surveys also found that individuals over the age of 70 were much more likely than those in their sixties to be disabled, and that women more frequently reported problems and poor health status than did men.

C. Trends relating to chronic conditions and impairments

Education is strongly associated with health and mortality in cross-sectional data. This has led to the supposition that increases in the average level of education can contribute to

¹¹³ C. Albala and others, "Encuesta Salud, Bienestar y Envejecimiento (SABE): metodología de la encuesta y perfil de la población estudiada", *Revista Panamericana de Salud Pública*, vol. 17, No. 5-6 (May-June 2005), pp. 307-322. Available from <http://www.scielosp.org/pdf/rpsp/v17n5-6/26268.pdf>.

¹¹⁴ Enrique Vega, "Health and aging in Latin America and the Caribbean", in *Global Health and Global Aging*, Mary Robinson and others, eds. (San Francisco: Jossey-Bass for the AARP Foundation, 2007).

¹¹⁵ John Knodel and Napaporn Chayovan, "Population ageing and the well-being of older persons in Thailand", Population Studies Center Research Report 08-659 (Ann Arbor, Michigan: Population Studies Center, University of Michigan, October 2008). Available from <http://www.psc.isr.umich.edu/pubs/pdf/rr08-659.pdf>.

extending the number of years spent in good health in old age. Not all trends are favourable, however. Rising levels of obesity, increased tobacco and alcohol consumption in some populations, the emergence of new infectious diseases including HIV/AIDS and the resurgence of old ones such as malaria and tuberculosis, as well as the disruption of health care systems and public safety in times of economic or political crisis, all threaten to undermine advances in health, including among older persons. Recent decades have witnessed serious increases in mortality in some countries and regions. Many countries in Eastern Europe and the former Soviet Union experienced an escalation in adult mortality rates after the 1970s, especially among men, and life expectancy also declined after the early 1990s in the countries hardest hit by HIV/AIDS.¹¹⁶

Evidence linked to the latest disability trends has been mixed. The prevalence of severe disability, as measured by indicators of the need for assistance with activities of daily living, has decreased in some countries but not in others over the past several years. A recent OECD review found clear evidence of a decline in disability among older people in only five of the twelve countries studied (Denmark, Finland, Italy, the Netherlands and the United States). In three countries (Belgium, Japan and Sweden) rates of severe disability among older people had increased during the preceding five to ten years, and two countries (Australia and Canada) reported a stable rate. In France and the United Kingdom, data from different surveys were inconsistent with regard to the direction of the trend.¹¹⁷ The same review identified a trend towards an increase in the number of chronic, but not necessarily disabling, conditions reported.

The health conditions of growing concern for older persons include mental disorders, HIV/AIDS and obesity.

D. Mental health

Depression is known to be common among older persons, though in developing countries precise data are scarce. Country studies show that a high proportion of older people suffer from depression, loneliness and anxiety.¹¹⁸ These problems may arise in connection with major life changes such as the death of a spouse or a sudden decline in health. Depression often occurs together with other disorders such as dementia, heart disease, stroke, diabetes or cancer, further degrading the quality of life among afflicted older persons. Although depression often improves with treatment, the condition is frequently overlooked among the old because of a lack of knowledge among caregivers and health professionals and the widespread belief that it constitutes a normal part of ageing. In developed countries an estimated 1-3 per cent of those over the age of 65 suffer from severe depression, and an additional 10-15 per cent suffer from

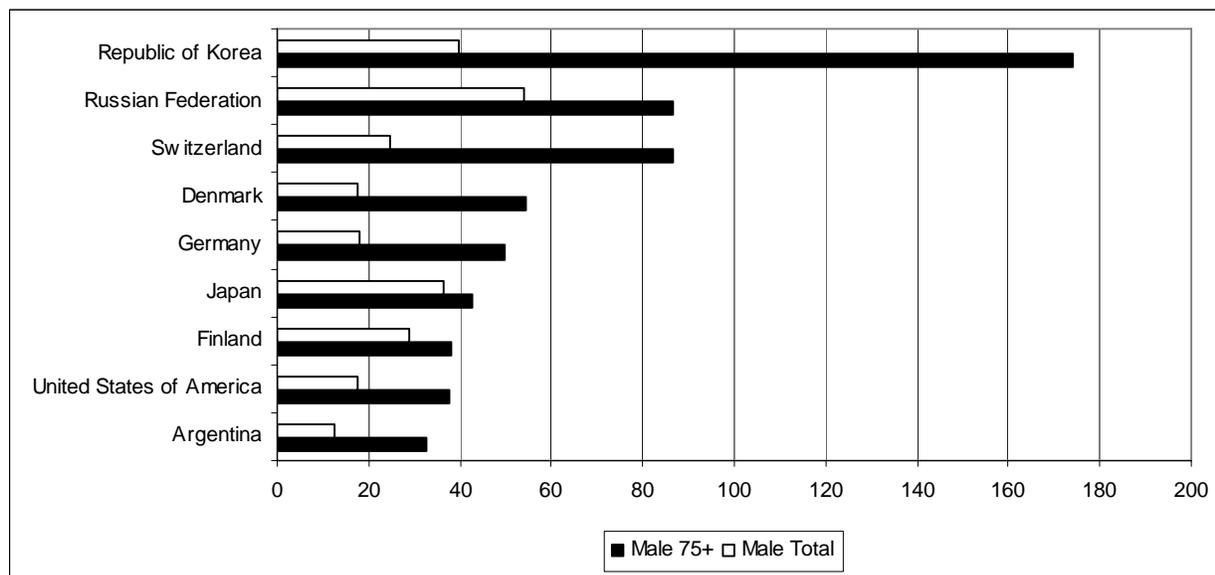
¹¹⁶ United Nations, *World Population Prospects: The 2008 Revision—Population Database*.

¹¹⁷ Gaétan Lafortune, Gaëlle Balestat and the Disability Study Expert Group Members, “Trends in severe disability among elderly people: assessing the evidence in 12 OECD countries and the future implications”, OECD Health Working Papers No. 26 (Paris: Organization for Economic Cooperation and Development, Directorate for Employment, Labour and Social Affairs, 2007) (DELSA/HEA/WD/HWP[2007]2). Available from <http://www.oecd.org/dataoecd/13/8/38343783.pdf>.

¹¹⁸ Peter Lloyd-Sherlock, *Population Ageing and International Development: From Generalisation to Evidence* (Bristol, United Kingdom: Policy Press, January 2010).

milder forms. Depression is linked to the rise in suicide rates with advancing age that has been seen in many countries, especially among men (see figure XII).¹¹⁹

Figure XII
Suicide rates per 100,000 males in selected countries between 2005 and 2009



Source: World Health Organization, “Mental health: country reports and charts available”.

Alzheimer’s and other dementias cause profound disability and often place a severe burden on caregivers. In 2010 an estimated 36 million people worldwide were living with dementia, and the number is projected to nearly double every 20 years.¹²⁰ Much of the increase will occur in low- and middle-income countries. People with dementia are often specifically excluded from residential care and are sometimes denied admission to hospitals. Awareness of the signs of dementia is limited in many countries, and the signs are often dismissed as a normal part of ageing. One study in the United Kingdom, for example, found that 70 per cent of caregivers were unaware of the symptoms of dementia before diagnosis, and 58 per cent of caregivers believed the symptoms were a natural consequence of ageing.

E. HIV and AIDS

The growing burden HIV represents for older persons is another health issue that is often overlooked. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has observed that a substantial proportion of those living with HIV/AIDS are over 50 years old. Statistics indicate that in 2006 an estimated 2.8 million people in this age group were infected with HIV worldwide. The 2007 Kenya AIDS Indicator Survey showed a national HIV prevalence rate of 8 per cent for individuals aged 50-54 years—almost double the rate for the age group 15-21. UNAIDS figures for 2005 reveal similar prevalence rates for youth and adults up through their

¹¹⁹ Kinsella and He, *An Aging World: 2008*.

¹²⁰ Martin Prince and Jim Jackson, eds., *World Alzheimer Report 2009* (London: Alzheimer’s Disease International, 2009). Available from <http://www.alz.co.uk/research/files/WorldAlzheimerReport.pdf>.

early to late fifties in countries such as Botswana (21-25 per cent) and Uganda (around 7 per cent).¹²¹ In Swaziland in 2006-2007, one in four adults aged 50-54 years and one in ten adults aged 60 years or over were infected with HIV.¹²² HIV prevention, care and treatment programmes the world over pay little attention to older persons owing to the mistaken belief that they are at little or no risk. In the United States, research has shown that those aged 50 years or over are generally not screened for HIV infection because doctors are less likely to think it necessary for older persons. Likewise, older people are often left out of assessments of HIV prevalence and risk. For instance, the National Health and Nutrition Examination Survey in the United States does not collect relevant data from individuals older than 49, even though the estimated number of people over age 50 living with HIV/AIDS in that country jumped from 20 to 25 per cent of the total between 2003 and 2006. Women over age 49 and men over age 54 or 59 are rarely included in the HIV screening conducted as part of many recent Demographic and Health Surveys in developing countries.¹²³

F. Overweight and obesity

Many experts worry that rising levels of obesity are undermining prospects for improved health in old age. Rates of obesity typically increase with advancing age, reaching a peak in the late sixties to late seventies, depending on the country.¹²⁴ Overweight and obesity are linked to a higher risk of cardiovascular disease (mainly heart disease and stroke), diabetes, arthritis, and some cancers. Obese people are also more likely to be disabled from carrying out activities of daily living.

The upward trend in overweight and obesity is best documented in the United States and Europe. In the United States, adult obesity rose by 20 percentage points between the early 1970s and 2005-2006;¹²⁵ by the end of that period, two thirds of adults aged 20 years or above were overweight and just over a third were obese. In Europe, rates of obesity are not as high but are also increasing at an alarming pace.¹²⁶ Statistics for 10 European countries indicate that in 2004, among adults aged 50 years or over, 59 to 71 per cent of men were overweight or obese, as were 41 to 67 per cent of women. While the combined rates of overweight and obesity were higher for men, in some countries women were more likely than men to be obese.

In developing countries undernutrition has long been the main nutrition-related problem. That is still the case in many countries, especially in sub-Saharan Africa and Southern Asia.

¹²¹ HelpAge International, *Mind the Gap: HIV and AIDS and Older People in Africa*, HelpAge briefing (London, December 2008). Available for download from <http://www.helpage.org/download/4c3cfb8656b72/>.

¹²² Erica Nybro and Bernard Barrère, *HIV Prevalence Estimates from the Demographic and Health Surveys* (Calverton, Maryland: Macro International, 2008).

¹²³ Of the 32 surveys included in Nybro and Barrère's *HIV Prevalence Estimates from the Demographic and Health Surveys*, the upper limit for men was 49 in seven cases, 54 in four cases, 59 in nineteen cases, and 64 or over in two cases.

¹²⁴ Franco Sassi and others, "The obesity epidemic: analysis of past and projected future trends in selected OECD countries", OECD Health Working Papers, No. 45 (Paris: OECD Publishing, 2009). Available for download from <http://dx.doi.org/10.1787/225215402672>.

¹²⁵ United States, Centers for Disease Control and Prevention, "Prevalence of overweight, obesity and extreme obesity among adults: United States, trends 1960-62 through 2005-2006", NCHS Health E-Stat (2010). Available from http://www.cdc.gov/nchs/data/hestat/overweight/overweight_adult.htm#table1 (accessed 27 May 2010).

¹²⁶ Kinsella and He, *An Aging World: 2008*.

Recently, however, obesity has also become a serious health problem in developing countries, especially in urban areas. In the less developed countries undernutrition may exist side-by-side with rising levels of obesity. Inadequate nutrition early in life, followed by exposure to high-fat, energy-dense, micronutrient-poor foods and the lack of physical activity later on, yields a high risk of obesity at older ages.¹²⁷ As national income levels increase, obesity within developing countries is shifting from being a problem of the relatively affluent to becoming one primarily concentrated among those with lower social and economic status—which is already the typical pattern in high-income countries.¹²⁸

G. Access to health care

Although health care should be available, affordable and accessible to individuals of all ages, meeting the needs of older people is especially critical because chronic health conditions and disabilities become more prevalent with advancing age. Financial barriers often make it impossible for poor families to obtain essential medical and other health-related care. As shown in table 9, out-of-pocket expenditure as a proportion of total health-care expenditure averages 43–48 per cent for families on the lower half of the income scale but only 14 per cent for those in high-income countries. In Southern Asia, out-of-pocket spending accounts for more than two thirds of the total.¹²⁹ Such statistics reflect spending by those who are able to pay. In settings where much of the population lives on the equivalent of less than US\$ 1 or US\$ 2 per day, vital health services are unaffordable for many families. In countries that have introduced user fees for services that were once publicly funded, the use of such services has often dropped dramatically, particularly among the most vulnerable population groups.¹³⁰ According to the results of a survey in China, the introduction of user fees was the main reason older persons did not visit doctors or attend hospitals.¹³¹ In some cases fee exemptions are guaranteed by Government regulation, but if this is not well-publicized, older persons do not know to request an exemption. A survey of older people in Ghana found that most were unaware they were exempt from paying user fees in public hospitals, effectively resulting in greatly reduced access.¹³² Even though developed countries provide much higher levels of health-care coverage, there is evidence that some needs go unmet for those with low incomes. The Survey of Health, Ageing and Retirement in Europe found that the poorest spent the highest share of their income on health care and that out-of-pocket expenses were heaviest for the oldest, the less healthy, and women.¹³³

¹²⁷ World Health Organization, “Obesity and overweight”, Fact Sheet No. 311 (2006). Available from <http://www.who.int/mediacentre/factsheets/fs311/en/index.html> (updated March 2011).

¹²⁸ Carlos A. Monteiro and others, “Socioeconomic status and obesity in adult populations of developing countries: a review”, *Bulletin of the World Health Organization*, vol. 82, No. 12 (December 2004), pp. 940–946. Available for download from <http://www.who.int/bulletin/volumes/82/12/en/index.html>.

¹²⁹ The estimated share of out-of-pocket spending is lower in sub-Saharan Africa than in Southern Asia. This largely reflects the recent infusion of foreign assistance to combat and treat HIV/AIDS, especially in the least developed countries in sub-Saharan Africa. Most of that targeted spending does not directly benefit the older population.

¹³⁰ International Labour Office, *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version.

¹³¹ Lloyd-Sherlock, *Population Ageing and International Development: From Generalisation to Evidence*.

¹³² Ibid.

¹³³ Axel Börsch-Supan and others, eds., *Health, Ageing and Retirement in Europe—First Results from the Survey of Health, Ageing and Retirement in Europe* (Mannheim, Germany: Mannheim Research Institute for the Economics of Aging, April 2005). Available from http://www.share-project.org/t3/share/fileadmin/pdf_documentation/FRB1/FRB1_all_chapters.pdf.

Table 9
Out-of-pocket health expenditure as a percentage of total expenditure on health,
by national income level and region, 2006

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

Source: World Bank, World Development Indicators.

Access to health care is also constrained by a shortage of qualified medical staff. According to WHO, 57 countries (mainly in Africa and Asia) have a critical shortage of health workers and are unable to meet the essential health needs of their populations.¹³⁴ Using a higher threshold to measure staff sufficiency, ILO estimates that around one third of the world's population lacks access to the services of an adequate number of trained medical providers.¹³⁵ Staff shortages are particularly acute outside urban centres; older rural residents, whose mobility is often limited, are especially likely to have trouble reaching service providers.

One problematic issue in developing countries is that health-care systems have been set up with a primary focus on combating communicable diseases and are poorly adapted for the care and prevention of chronic disease. Furthermore, international assistance for health care has tended to concentrate on targeting specific communicable diseases, often through vertically integrated programmes that do little to support the primary health-care services upon which both older and younger people rely for routine care. Services that are inaccessible to the older population, dismissive or impolite treatment by health service staff, and the lack of appropriate medicines for dealing with chronic health conditions are among the problems mentioned repeatedly in regional assessments of services for older people in Africa, Asia, and Latin America and the Caribbean.¹³⁶

Age discrimination in health care has also been reported in a growing number of developed countries. Age-based inequalities in clinical treatment derive in part from the lack of gerontological or geriatric training for medical staff and a consequent lack of knowledge about the specific care needs of older persons. A review of published medical research from 18

¹³⁴ World Health Organization, *The World Health Report 2006: Working Together for Health* (Geneva: WHO Press, 2006). Available for download from <http://www.who.int/whr/2006/en/>.

¹³⁵ International Labour Office, *World Social Security Report 2010: Providing Coverage in the Time of Crisis and Beyond*, preliminary version.

¹³⁶ Hermalin, "Ageing in Asia: facing the crossroads".

developed countries offers evidence that many physicians have preconceived beliefs and negative attitudes with regard to older people, and that this sometimes leads to a de facto rationing of care based on age rather than on an objective assessment of the patient's likelihood of benefiting from treatment.¹³⁷ Compounding this problem is the fact that because older people are severely underrepresented in clinical trials of new medicines and procedures, there is very little information available on treatment outcomes among older patients.

Even when there is solid evidence that older people would benefit, they may be referred for diagnosis and treatment at a lower rate than are younger people with similar symptoms. The aforementioned research review found, for instance, that statin drugs used to lower cholesterol and help prevent cardiovascular disease are less often prescribed for older than for younger patients. There is evidence from several countries that older people who would benefit from cardiac testing, interventions and rehabilitation services have frequently not been offered them; that older women with breast cancer have tended to receive different treatments than younger women; and that eligible older people have been less likely than younger patients to receive kidney transplants or to be referred for joint-replacement surgery. A survey in the United Kingdom in 2009 found that more than half of the doctors who cared for older persons believed that the National Health Service was "institutionally ageist"; 66 per cent claimed that older persons were less likely to have their symptoms investigated, and 72 per cent thought that older people were less likely to receive referrals for surgery or chemotherapy.¹³⁸

H. Long-term care

In many developed countries long-term care is most often provided informally in the home by family and friends, principally by spouses and adult children. Formal care options are also available in the developed world; specific systems vary considerably among countries but generally include provisions for both institutional and home-based care. Individuals aged 80 years or over are much more likely than the younger-old to receive long-term care, and women in every age group are more likely than men to receive formal care services and to be in an institution (see figures XIII-XV).¹³⁹ The likelihood of women being widowed and living alone in old age is relatively high, and it may be infeasible for such women to remain at home when serious illness or impairment strikes. Being married reduces the likelihood of living in an institution for both sexes, but especially for men.¹⁴⁰

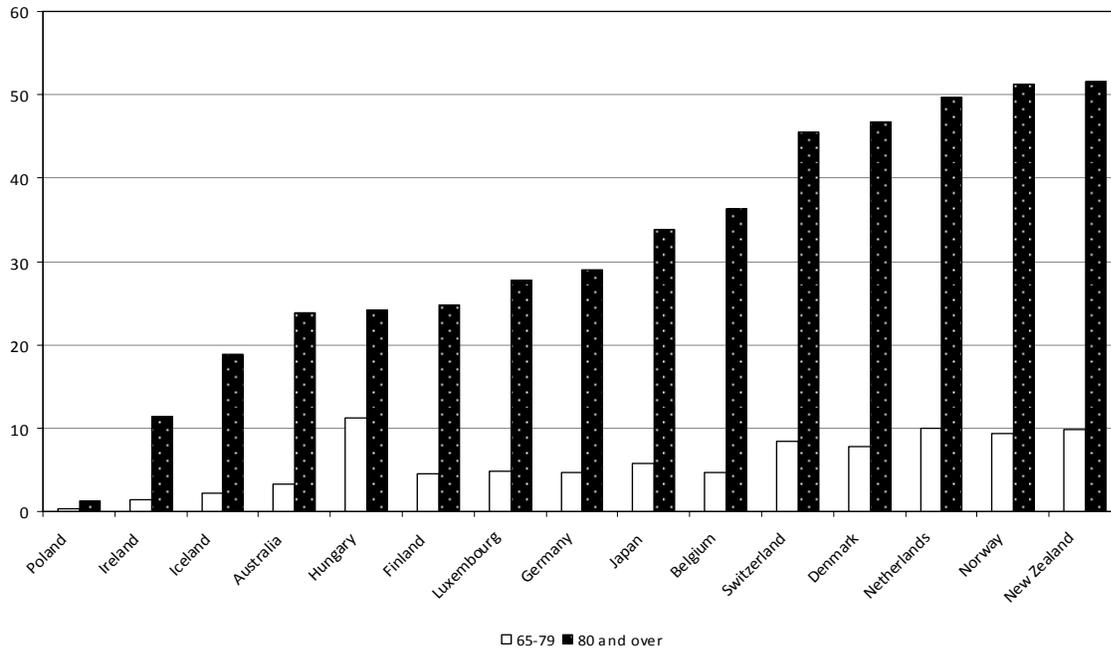
¹³⁷ Constantina Safiliou-Rothschild, "Age-based inequalities in medical treatment", *AARP International: The Journal* (Winter 2010), pp. 56-59. Available from http://journal.aarpinternational.org/File%20Library/Journals/AARPJournal_winter2010.pdf.

¹³⁸ Lloyd-Sherlock, *Population Ageing and International Development: From Generalisation to Evidence*.

¹³⁹ United Nations, *Living Arrangements of Older Persons around the World*; and Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators*.

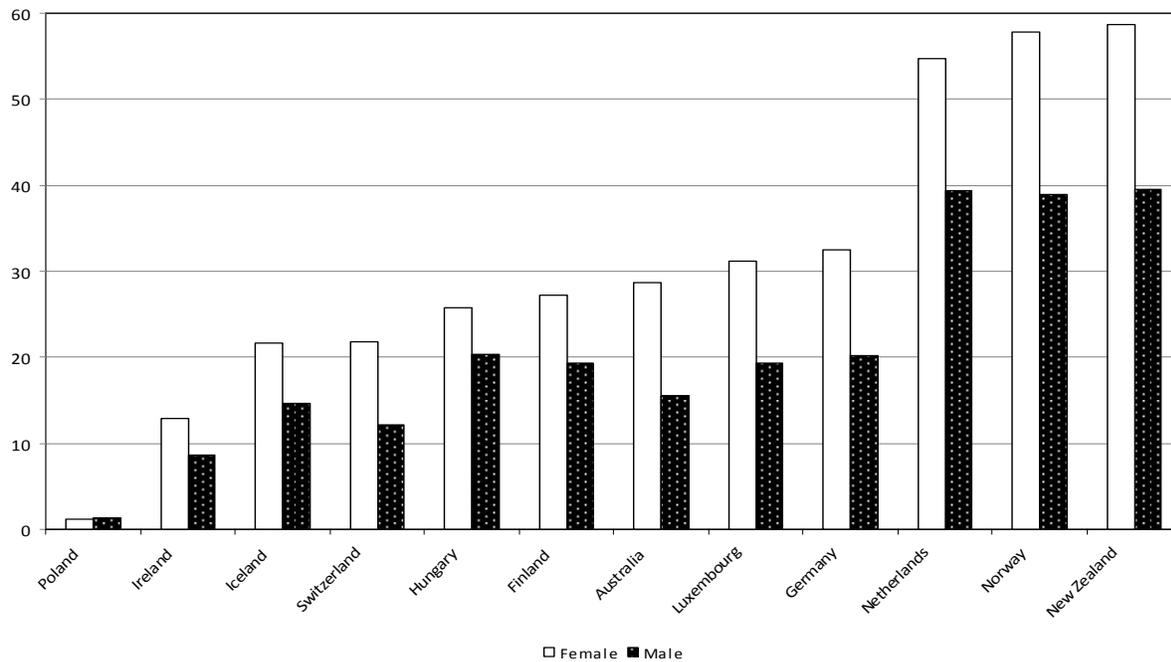
¹⁴⁰ United Nations, *Living Arrangements of Older Persons around the World*; and Kinsella and He, *An Aging World: 2008*.

Figure XIII
Proportion of older persons receiving formal long-term care in selected OECD countries, by age group, circa 2006



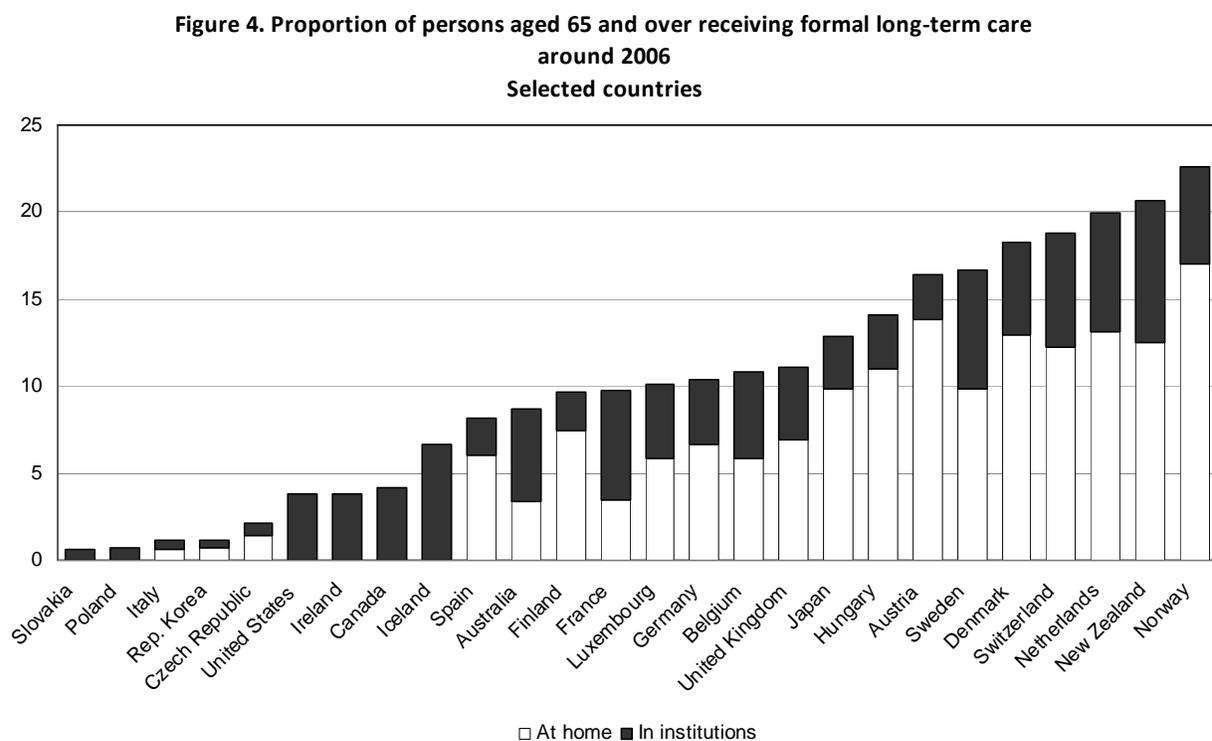
Source: Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators*.

Figure XIV
Proportion of persons aged 80 years or over receiving formal long-term care in selected OECD countries, by sex, circa 2006



Source: Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators*.

Figure XV
Proportion of persons aged 65 years or over receiving formal long-term care in selected OECD countries, by care environment, circa 2006



Source: Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators*.

Figures from around 2006 indicate that among OECD countries, the proportion of those aged 65 years or over receiving formal care either at home or in an institution was highest (above 15 per cent) in the Nordic countries and in Austria, New Zealand, the Netherlands and Switzerland (see figure XV).¹⁴¹ Countries with universal and relatively comprehensive long-term care systems include Austria, Germany, Japan, Luxembourg, the Netherlands, and the Nordic countries. In Italy, the Republic of Korea and most of Eastern Europe (excluding Hungary), systems of long-term care are less widespread, and in those countries the proportion of individuals aged 65 years or over receiving services ranged from under 1 per cent to about 4 per cent in 2006.

Both for purposes of cost containment and because older persons generally prefer to continue living at home, there has been a gradual shift away from institutional care in many OECD countries. However, this trend has not been universal within the developed world; during the first decade of the twenty-first century, countries with a relatively low proportion of older people receiving formal long-term care registered an increase, while the reverse was true for many of the countries that started the decade with a relatively high proportion of recipients.

¹⁴¹ Organization for Economic Cooperation and Development, *Society at a Glance 2009: OECD Social Indicators*.

In developing countries, the responsibility for providing long-term elder care usually falls entirely on the family. This can be a heavy burden for families with already stretched resources, especially when it prevents adults from working and children from attending school. A series of case studies sponsored by WHO found nascent efforts to develop some type of assistance services in several developing countries.¹⁴² However, the reach of those programmes remained limited up through the early 2000s, when the proportion of persons aged 60 years or over living in institutions was only about 1 per cent in Africa and not more than 2 per cent in Asia and in Latin America and the Caribbean.¹⁴³

Within the family, women provide most of the day-to-day care for older persons who need assistance in both developing and developed countries. The SABE Survey found that the typical caregiver was a woman over the age of 50, and that caregivers experienced high levels of stress.¹⁴⁴ Sixty per cent of caregivers reported that they could not do more than they were already doing, and more than 80 per cent reported having difficulty meeting expenses.

I. Neglect, abuse and violence

In some instances, stress related to caregiving can lead to the neglect of older care recipients and their exposure to different forms of abuse, including violence. In countries that have established residential/institutional long-term care facilities for older people, elder abuse is documented as having been perpetrated by staff, visiting family members and friends, and other residents.

Some research suggests that the occurrence of elder abuse may be higher in residential than in domestic settings, and that certain forms of abuse may be more common in institutional care. In the late 1990s, 7 per cent of the complaints to long-term care ombudsmen in the United States involved abuse, gross neglect and exploitation.¹⁴⁵ In a survey of American nursing home personnel, 10 per cent of nurses and nursing assistants admitted to at least one incident of physical abuse and 81 per cent admitted to at least one incident of psychological abuse during the preceding year.¹⁴⁶ In a German survey of nursing home staff, 79 per cent acknowledged having abused or neglected a resident at least once during the prior two months, and 66 per cent claimed to have witnessed comparable actions by other members of staff, with neglect and psychological abuse representing the most common forms.¹⁴⁷ Similarly high percentages of resident abuse were found from a survey of licensed facility managers in New Zealand: 92 per cent identified at least

¹⁴² Jenny Brodsky, Jack Habib and Miriam Hirschfeld, eds., *Long-Term Care in Developing Countries: Ten Case-Studies*, World Health Organization Collection on Long-Term Care (Geneva: WHO Press, 2002). Available for download from http://www.who.int/chp/knowledge/publications/Case_studies/en/.

¹⁴³ United Nations, *Living Arrangements of Older Persons around the World*, figure II.17.

¹⁴⁴ Albala and others, "Encuesta Salud, Bienestar y Envejecimiento (SABE): metodología de la encuesta y perfil de la población estudiada".

¹⁴⁵ George S. Ingalls, Linda T. Layton and Nomiki B. Weitzel, "Elder abuse originating in the institutional setting", *North Dakota Law Review*, vol. 74 (1998), pp. 312-339.

¹⁴⁶ Karl A. Pillemer and David W. Moore, "Highlights from a study of abuse of patients in nursing homes", *Journal of Elder Abuse & Neglect*, vol. 2, No. 1/2 (1990), pp. 5-29.

¹⁴⁷ Thomas Goergen, "Stress, conflict, elder abuse and neglect in German nursing homes: a pilot study among professional caregivers", *Journal of Elder Abuse & Neglect*, vol. 13, No. 1 (2001), pp. 1-26.

one resident who had experienced elder abuse—usually psychological abuse—during the previous year; however, in 63 per cent of the situations a family member was responsible.¹⁴⁸

WHO estimates that between 4 and 6 per cent of older persons worldwide have suffered physical, psychological, emotional, financial or other forms of abuse or neglect.¹⁴⁹ Some risk factors for elder abuse include social isolation, the societal depiction of older persons, and the erosion of bonds between generations. In many societies, older women are at special risk of being abandoned and having their property seized when they are widowed. Institutional abuse occurs most often when there are poorly trained and/or overworked staff and when care standards are low or inadequately monitored.

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

¹⁴⁸ Mark Weatherall, “Elder abuse: a survey of managers of residential care facilities in Wellington, New Zealand”, *Journal of Elder Abuse and Neglect*, vol. 13, No. 1 (2001), pp. 91-99.

¹⁴⁹ World Health Organization, “Abuse of the elderly”, fact sheet (2002). Available from http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf (accessed 4 December 2006).

IV. Social and civil participation among the ageing, attitudes towards older persons, and perceptions of old age

A. Societal attitudes towards old age

There are few dedicated studies available on attitudes to old age and older persons, and those that do exist tend to be based on surveys in developed countries, though there are some surveys that include relevant information on selected developing countries. Studies and anecdotal evidence relating to ageism in specific national contexts also shed some light on the way older persons are perceived in a given country.

One study on ageism in the United States explores how the evolution of society has affected attitudes towards older persons. In primitive societies old age was often highly valued, with older persons representing a source of knowledge and experience. As the number and percentage of older persons grew and their frailty became a liability, they began to be seen as a burden to the family and society. The decline in elder status became widespread as societies moved from an agrarian economy, where older men traditionally owned land, to an industrialized economy, where work was no longer centred in or around the home and older persons lost authority. In this study the status of older persons and attitudes towards them are defined in historical and economic terms. At a more fundamental level, however, perceptions of ageing and older people are a reflection of the concerns and fears everyone has about vulnerability and old age.¹⁵⁰

Although attitudes are based in part on the social and economic position of older persons in society, ageist stereotypes abound in all societies and play a key role in dictating how older persons are perceived and treated—even when societal agreement on the necessity of material support for the ageing population is strong. Key findings from a study carried out in the United Kingdom¹⁵¹ included the following:

- Almost half (48 per cent) of the respondents viewed age discrimination as a serious issue.
- For individuals of all ages, ageism was experienced more frequently than any other form of prejudice.
- Stereotypes of older persons seemed to be based largely on the perception that they were “warmer” and more moral but less competent than younger people.
- People over age 70 were perceived as posing a threat to society more in terms of the burden they placed on the economy than in terms of their impact on others’ access to

¹⁵⁰ Robert N. Butler, “Introduction”, in *Ageism in America* (New York: International Longevity Center-USA, 2006). Available from <http://www.ilcusa.org/media/pdfs/Ageism%20in%20America%20-%20The%20ILC%20Report.pdf>.

¹⁵¹ Dominic Abrams, Tiina Eilola and Hannah Swift, *Attitudes to Age in Britain, 2004-08*, Department for Work and Pensions, Research Report No. 599 (Norwich, United Kingdom: Her Majesty’s Stationery Office for the Department of Work and Pensions, 2009). Available from <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep599.pdf>.

services or way of life. Younger people perceived this threat more seriously than did older respondents.

- The social separation between older and younger people was significant; respondents viewed people under age 30 and people over age 70 as having little in common.
- While media images of older persons were generally seen as positive, 51 per cent of respondents agreed that people over the age of 50 were “written off as old”.

In 2004, researchers at the University of Southern California conducted a survey for AARP that sought to better understand the knowledge, perceptions and attitudes relating to ageing and older people in the United States. Among those surveyed, 91 per cent believed that older persons received less than or about their fair share of local Government benefits, and 89 per cent believed that older persons had too little or the right amount of influence in the country. The survey also revealed that certain misconceptions remained. One third of the respondents felt that older persons were all alike and considered themselves bored or miserable. More than one in four believed that the majority of older people were senile. Younger respondents were more likely than older respondents to perceive the ageing population as having more problems than other groups.¹⁵²

Over the past few years, the HSBC Group has undertaken a series of studies¹⁵³ about retirement and older persons in selected developed and developing countries, allowing some cross-cultural comparisons. The countries and areas surveyed include Brazil, China, Canada, France, Hong Kong (Special Administrative Region of China), India, Japan, Mexico, the United Kingdom and the United States. The findings indicate that countries have different perceptions about what constitutes old age. In developed countries, in particular, retirement is viewed as a new beginning, and the onset of old age is defined as the point at which personal abilities begin to decline. In countries such as India, however, old age is more likely to be linked to family events such as becoming a grandparent. In those developing countries with limited financial security coverage for ageing residents, relatively few see old age as a period of life to look forward to. Clearly, cultural and socio-economic considerations play an important role in determining how old age is perceived. For instance, even though life expectancy is only seven years less in China than in France, the Chinese believe that old age typically begins at age 50, while the French say it is age 71.

The HSBC study reveals some significant generational tendencies in views of old age in Asia. In China, for instance, members of the younger generation are inclined to believe that their elders have too little to do and spend too much time living in the past. However, both generations still see the family as central to the operation of society and expect to rely on their children for care and support in old age. Some of the same generational similarities and differences are

¹⁵² AARP Press Center, “Intergenerational conflict? Think again!”, 22 November 2004. Available from http://www.aarp.org/about-aarp/press-center/info-2004/aging_1.html.

¹⁵³ HSBC, *The Future of Retirement in a World of Rising Life Expectancies: Attitudes Towards Ageing and Retirement—A Study across 10 Countries and Territories* (2005). Available from http://www.hsbc.com/1/PA_1_1_S5/content/assets/retirement/hsbc_future_of_retirement.pdf.

evident in Japan, with the study findings indicating that the status of Japanese elders has diminished.

The United Nations Economic Commission for Europe (ECE), which has been dealing with population ageing and related policy implications for a longer period than other regional commissions, has carried out extensive research on the status of intergenerational relations, most notably through its Generations and Gender Survey of 12 ECE member States. Initial conclusions from the Survey show that there are culturally driven differences of opinion in the region with regard to how much responsibility the State versus the family should bear to ensure the well-being of older persons. There are widely disparate views on this issue between countries such as Norway and Georgia and between countries in Eastern and Southern Europe, for example (see table 10). Nevertheless, throughout the region, overall levels of family and societal solidarity remain high and resilient to change. The Survey also reveals that older persons are generally reluctant to depend on others, including their own children, and that they value personal contact and emotional support more highly than practical and financial support.¹⁵⁴

Table 10
Elder care seen as primarily or wholly a societal (versus family) responsibility
(Percentage)

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

Source: Daatland, Slagsvold and Lima, “Population ageing, intergenerational solidarity and the family-welfare state balance: a comparative exploration”, table 51.

According to research conducted under the National Transfer Accounts (NTA) project, covering a large portion of both the developed and developing world, “in most countries, even Third World countries, older people on average are making transfers to their younger family members rather than the reverse”.¹⁵⁵ Typically, older persons rely on their own assets combined

¹⁵⁴ Svein Olav Daatland, Britt Slagsvold and Ivar A. Lima, “Population ageing, intergenerational solidarity and the family-welfare state balance: a comparative exploration”, in *How Generations and Gender Shape Demographic Change: Towards Policies Based on Better Knowledge—Conference Proceedings* (United Nations publication, Sales No. E.09.II.E.8). Available for download from <http://www.ggp-i.org/bibliography/conference-2008.html>.

¹⁵⁵ Ronald Lee, “Population aging, intergenerational transfers, and economic growth: Latin America in a global context”, paper prepared for the Expert Group Meeting on Population Ageing, Intergenerational Transfers and

with varying amounts from public transfers to support themselves in old age and provide for younger family members. However, this situation may be changing somewhat; the research data, though limited to 23 countries, are fairly representative of the situation in Latin America, Asia and Europe and indicate a downward trend in intergenerational transfers from the older to the younger generation.

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

B. Education and literacy

Although global levels of education and literacy have risen significantly over the past century, they tend to be lower for older persons than for younger cohorts, largely because younger individuals have benefited from the increased attention given to education in recent decades. There are also considerable differences between developing and developed countries in terms of educational attainment and literacy levels among older people.

By 2005, at least half of the population aged 55-64 years had obtained a secondary or higher education in the majority of OECD countries. Secondary education completion rates for this age group were considerably lower in most developing countries, ranging from 0.6 per cent for females in Bangladesh to 22 per cent for males in Peru. The corresponding rates for individuals aged 65 years or over were generally about half those recorded for the age group 55-64 in developing countries. In most of the countries sampled, fewer than 4 per cent of women aged 65 years or above had completed secondary school.¹⁵⁶

Literacy levels are also low for much of the older population in developing countries—in particular older women. For the reference years 2005-2007, the United Nations Educational, Scientific and Cultural Organization (UNESCO) reported a global literacy rate of 71 per cent among those aged 65 years or over, based on averages of 97 per cent in the more developed regions and 54 per cent in the less developed regions. The female literacy rate was also 97 per cent in the developed world but only 42 per cent in the developing world (see table 11).

As shown in table 11, rates of literacy among the older population vary widely between world regions. For the reference years mentioned above, literacy rates for individuals aged 65 years or over were 33 per cent (43 per cent for males and 22 per cent for females) in Africa, 56 per cent (71 per cent for males and 47 per cent for females) in Asia, 96 per cent (98 per cent for males and 95 per cent for females) in Europe, and 73 per cent (77 per cent for males and 71 per cent for females) in Latin America and the Caribbean. In Northern America the corresponding

Social Protection, Santiago, Chile, 20-21 October 2009, p. 7. Available for download from <http://www.ntaccounts.org/web/nta/show/WP09-06>.

¹⁵⁶ Kinsella and He, *An Aging World: 2008*.

rates were 99 per cent for women and men alike, and in Oceania they were just under 96 per cent for both sexes.¹⁵⁷

Table 11
Literacy rates among persons aged 65 years or over, by region, 2005-2007

| | Total | Male | Female |
|---------------------------------|-------|------|--------|
| World | 71.3 | 78.0 | 65.4 |
| Less developed countries | 53.8 | 66.5 | 41.8 |
| More developed countries | 97.2 | 98.1 | 96.6 |
| Regions | | | |
| Africa | 32.7 | 42.5 | 22.0 |
| Asia | 58.5 | 71.1 | 46.7 |
| Europe | 96.1 | 97.5 | 95.2 |
| Latin America and the Caribbean | 73.5 | 76.6 | 71.0 |
| Northern America | 99.0 | 99.0 | 99.0 |
| Oceania | 95.5 | 95.4 | 95.6 |

Source: UNESCO Institute for Statistics, “Education indicators and data analysis: literacy statistics metadata information table, pre-April 2009 data release (reference years 2005-2007)”.

During the period 2005-2007, the countries with the highest levels of literacy among those aged 65 years or over were Cuba, Estonia, Latvia and Lithuania (100 per cent for both women and men). Countries with the lowest literacy levels for this age group included Burkina Faso, with 9 per cent (12 per cent for males and 5 per cent for females), Ethiopia, with 10 per cent (16 per cent for males and 4 per cent for females), and Guinea-Bissau, with 9 per cent (14 per cent for males and 5 per cent for females).¹⁵⁸

As indicated above, levels of educational attainment and literacy are relatively low for the older cohorts, especially in developing countries. Literacy rates are likely to improve among the ageing population during the next few decades, however, as the better educated younger generation grows older. In 2000, the population aged 25-44 years in China was almost completely literate. The oldest members of this age group will turn 65 in 2021, which means that in the decades to come, illiteracy within the older population will decline substantially.

Levels of educational attainment among older people are expected to rise as well, building on the substantial gains already made. Data indicate that in the United States, the proportion of individuals aged 55 years or older who completed at least secondary school rose

¹⁵⁷ United Nations Educational, Scientific and Cultural Organization, Institute for Statistics, “Education indicators and data analysis: literacy statistics metadata information table, pre-April 2009 data release (reference years 2005-2007)” (Toronto: UNESCO Institute for Statistics, Literacy and Adult Education Statistics Programme, 2009). Available for download from

http://stats.uis.unesco.org/unesco/ReportFolders/ReportFolders.aspx?IF_ActivePath=P,55&IF_Language=eng.

¹⁵⁸ Ibid.

from around 15 per cent in 1940 to more than 80 per cent in 2007. The overall trend towards higher educational attainment is apparent throughout the developed world; for all OECD members (27 countries during the period of comparison), the percentage of those aged 55-64 years who completed the upper secondary cycle was higher in 2005 than in 1998.¹⁵⁹ Similar data compiled by UNESCO for a subset of developing countries generally show the same trend.¹⁶⁰

For most countries, particularly in the developing world, levels of literacy and educational attainment are lower in rural than in urban areas, though age and sex are also factors. In India, for example, literacy rates are lower for rural males and females than for their urban counterparts. However, among Indian residents over the age of 50, rural men are more likely than urban women to be literate. Fewer than 15 per cent of India's rural women over age 60 can read and write.

C. Organizations of older persons

Organizations of older persons facilitate participation through advocacy and the promotion of multigenerational interaction. Such groups can help harness the political influence of older persons and ensure that they are able to contribute meaningfully to decision-making processes at all levels of Government.

There are a number of highly influential organizations of older persons around the world. AARP in the United States has a total of 40 million members, and half of Sweden's older residents belong to the National Pensioners' Organization. HelpAge International is a global network of NGOs whose mission is to improve the lives of disadvantaged older persons by supporting practical programmes, giving a voice to older persons, and influencing policy at the local, national and international levels. Another prominent NGO is the International Federation on Ageing (IFA), a network of organizations charged with improving the quality of life of older persons around the world through policy change, grass-roots activities, and strengthening public-private partnerships to support ageing issues. The International Federation of Associations for Elderly People (FIAPA) consists of 150 associations or federations comprising about 300 million older persons from 60 countries in both developing and developed regions. The mission of the European Federation of Older Persons (EURAG) is to improve the quality of life for older persons at the societal, social and political levels.

Some countries also have political parties of older persons. Among these are the Grays in Germany, the Party of Pensioners of Ukraine, and the Russian Pensioners' Party, which recently merged with another party to become one of the most important political parties in the Russian Federation.

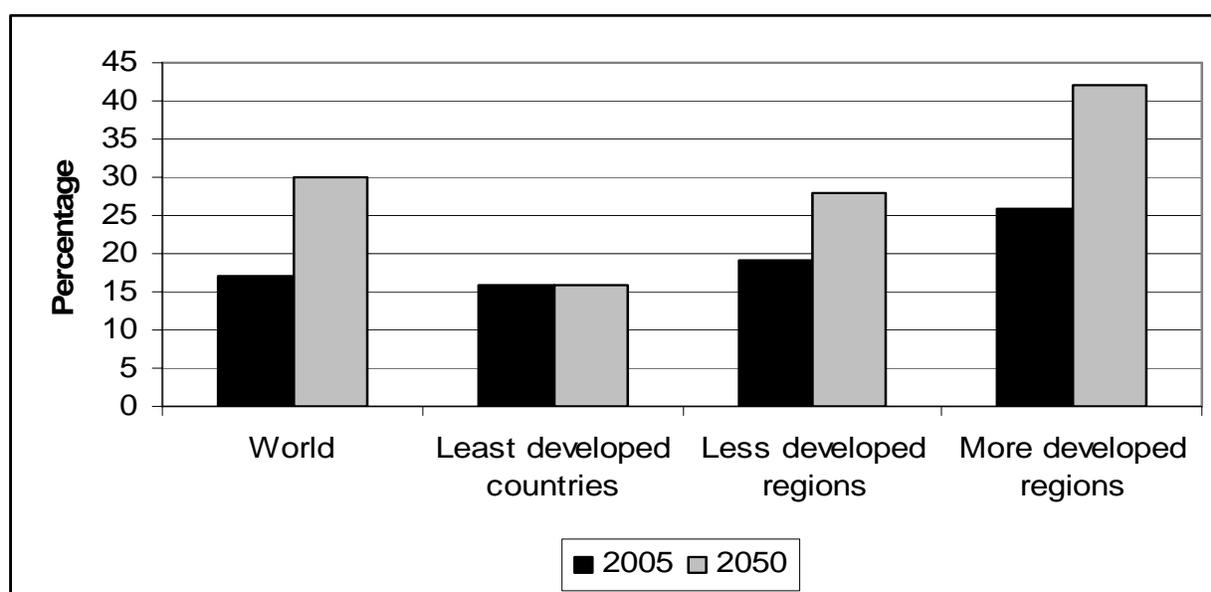
¹⁵⁹ Organization for Economic Cooperation and Development, *Education at a Glance 2001: OECD Indicators* and *Education at a Glance 2007: OECD Indicators* (Paris: OECD Publishing, 2001 and 2007).

¹⁶⁰ Organization for Economic Cooperation and Development, *Investing in Education: Analysis of the 1999 World Education Indicators* (Paris: OECD Publishing, 2000), available from <http://richardphelps.net/WEIndicatorsReport1.pdf>; and United Nations Educational, Scientific and Cultural Organization, *Education Counts: Benchmarking Progress in 19 WEI Countries—World Education Indicators, 2006* (Montreal: UNESCO Institute for Statistics, 2006), available from <http://unesdoc.unesco.org/images/0014/001470/147071e.pdf>.

D. Political influence

In 2005, those who were age 60 or over and eligible to vote constituted 17 per cent of the global voting population, accounting for slightly more than 15 per cent of eligible voters in the least developed countries, a little under 20 per cent in the less developed regions, and around 25 per cent in the more developed regions (see figure XVI). By 2050, roughly one third of the voting population worldwide will be at least 60 years of age, accounting for slightly more than 15 per cent of eligible voters in the least developed countries, around 27 per cent in the less developed regions, and slightly over 40 per cent in the more developed regions.

Figure XVI
Percentage of the voting population aged 60 years or over, 2005 and 2050



Source: HelpAge International, "Global ageing statistics", available from <http://www.helpage.org/resources/ageing-data/> (from United Nations, *World Population Prospects: The 2004 Revision—Population Database*, available from <http://esa.un.org/unpp/index.asp?panel=2> [accessed 23 November 2006]).

The high rate of voter turnout among older persons is an indicator of their abiding interest in public affairs and their desire to influence the political process. Many countries have large constituencies of older persons who regularly exercise their democratic right to vote, which helps to ensure that their voices are heard and their concerns are addressed. Policies supporting older persons have garnered increased attention in some parts of the world; such policies have been adopted in part because of changing demographics, but perhaps even more importantly because older people in certain countries are, on the whole, more politically and socially active than are members of other age groups.

In those few countries for which relevant data are available, the political participation of older persons has greatly influenced decision-making processes relating to pension schemes and the provision of social security. When countries that provide social protection for older persons are compared with those that do not, clear distinctions emerge. Not surprisingly, the highest-

income countries—which also happen to be those with the highest proportion of residents over the age of 60—are far more likely than lower-income countries to provide their citizens with social protection coverage. In the 27 EU countries as a group, 21 per cent of the population is older than 60 years of age, and in 2001 expenditures on social protection averaged 27.3 per cent of gross domestic product (GDP). The countries of the EU not only have the financial capacity to provide sufficient social protection coverage, but with one in five persons over the age of 60, they also have large constituencies of older persons that regularly exercise their democratic rights to ensure that their concerns are acknowledged and their needs are met.

By contrast, most countries in sub-Saharan Africa are struggling to build both the financial resources and the political will to implement social protection policies. A recent analysis by the United Nations Development Programme (UNDP) indicates that the cost of providing a universal non-contributory social pension for all older persons in the region would be 2-3 per cent of GDP, an amount rivalling public spending on education and health care in some countries.¹⁶¹ Given that only 5 per cent of the population in the region is aged 60 years or above, while 41 per cent are under the age of 15, the relatively low priority given to policies for older persons is not entirely unexpected. Their proportional minority status is compounded by the fact that these older persons are unlikely to be empowered to draw attention to their concerns.

Some countries in Eastern Europe and Western Asia are facing the dual challenge of a rapidly ageing population and limited financial resources to meet their needs through social security coverage. In several countries of the former Soviet Union the ageing population exercises significant political influence; voter participation rates tend to be very high among older persons, who feel an obligation to go to the polls on election day. In Kazakhstan, for instance, older persons constitute an active electorate, with 72 per cent of those over age 65 having voted in recent elections, compared with just over 50 per cent of those in the age group 35-40.¹⁶²

¹⁶¹ Kakwani and Subbarao, *Ageing and Poverty in Africa and the Role of Social Pensions*.

¹⁶² Aikan Aikanov and others, *The Great Generation of Kazakhstan: Insight into the Future*, National Human Development Report (Almaty: United Nations Population Fund and United Nations Development Program in Kazakhstan, 2005). Available for download from <http://hdr.undp.org/en/reports/national/europethecis/kazakhstan/name,3351,en.html>.

V. Human rights of older persons

A. International human rights principles and standards

The present section offers an overview of international human rights norms as they pertain to older persons. It includes a number of illustrative examples of how international human rights mechanisms have applied relevant norms to critical human rights issues affecting the older population.

Human rights are by definition universal, and the core international instruments developed to protect human rights therefore apply to all members of society—including the ageing population. However, older persons do not constitute a homogeneous group, so the challenges they face in exercising their human rights are highly variable and often complex. In any analysis of older persons' human rights, multiple forms of discrimination figure prominently; in particular, age-related discrimination may be linked to discrimination based on sex, ethnicity, disability, health status, or socio-economic status.

The International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights include highly relevant provisions for protecting the human rights of older persons, acknowledging the right of all individuals to good health, an adequate standard of living, freedom from torture, legal capacity, and equality before the law. The Convention on the Elimination of All Forms of Discrimination against Women, the International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Rights of Persons with Disabilities also contain provisions that can be operationalized to promote and protect the human rights of older persons.

The norms in existing international human rights treaties apply to older persons in the same way they apply to others; nonetheless, it has been suggested that there is a conspicuous gap in the international human rights system. More precisely, there are no universal human rights instruments or comprehensive provisions that focus specifically on older persons,¹⁶³ as there are for other vulnerable groups such as women or persons with disabilities. However, two international human rights instruments do contain explicit references to age. Article 7 of the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families includes “age” in the list of prohibited grounds for discrimination. The Convention on the Rights of Persons with Disabilities includes references to age in subparagraph (p) of the preamble and in articles 8, 13 and 16, as well as specific references to older persons in article 25 (b) on the right to health and in article 28 (2) (b) on the right to an adequate standard of living and social protection.¹⁶⁴

¹⁶³ Conversely, older persons are specifically mentioned in many regional human rights instruments, including the African Charter on Human and Peoples' Rights (article 18, para. 4), available from http://www.achpr.org/english/_info/charter_en.html; the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (the Protocol of San Salvador) (article 17), available from <http://www.cidh.oas.org/Basicos/English/basic5.Prot.Sn%20Salv.htm>; and the Revised European Social Charter (article 23), available from <http://conventions.coe.int/treaty/en/treaties/html/163.htm>.

¹⁶⁴ See United Nations, *Treaty Series*, vol. 2220, p. 3, available from http://treaties.un.org/doc/Treaties/1990/12/19901218%2008-12%20AM/Ch_IV_13p.pdf; and United Nations

Not all older persons are disabled, and ageing in itself does not constitute a disability; however, the Convention on the Rights of Persons with Disabilities offers a number of significant opportunities for the promotion and protection of the human rights of older persons. Provisions focusing on such concepts as accessibility and universal design, for instance, are likely to benefit all older persons, whether they are disabled or not. Although growing older should not be equated with disability, it is not uncommon for physical, mental, intellectual or sensory impairments to develop during the ageing process, sometimes resulting in disability as older persons find it increasingly difficult to negotiate external barriers. Along with the articles that expressly refer to age and older persons, the Convention contains numerous provisions that address challenges and establish protection safeguards relevant to situations of risk often faced by the older population. Notable examples include article 12, which affirms the right to equal recognition before the law, and article 19, which relates to independent living and community inclusion. The potential offered by this Convention to address human rights issues affecting older persons should be fully explored.

In the absence of a specific instrument on the rights of older persons, the formal bodies of independent experts responsible for monitoring the implementation of international human rights instruments by States parties have ensured that existing norms are explicitly applied to older persons. In 1995, the Committee on Economic, Social and Cultural Rights adopted General Comment No. 6,¹⁶⁵ which offers a detailed interpretation of the obligations of States parties to the International Covenant on Economic, Social and Cultural Rights as they apply to older persons. Similarly, in late 2010, the Committee on the Elimination of Discrimination against Women adopted General Recommendation No. 27, which deals with older women and the protection of their human rights under the Convention on the Elimination of Discrimination against Women.

Human rights treaty bodies have also referred to non-binding United Nations documents and other international documents on ageing to clarify existing provisions, and to assist them in the interpretation of the content of a given right. For example, the Committee on Economic, Social and Cultural Rights, in its General Comment No. 6, has made extensive reference to the 1982 Vienna International Plan of Action on Ageing, the 1991 United Nations Principles for Older Persons, the 1992 global targets on ageing for the year 2001, and the 1992 Proclamation on Ageing.¹⁶⁶

General Assembly resolution 61/106 of 13 December 2006, 24 January 2007 (A/RES/61/106), annex I, available from http://treaties.un.org/doc/Publication/CTC/Ch_IV_15.pdf.

¹⁶⁵ United Nations, Committee on Economic, Social and Cultural Rights, General Comment No. 6, “The economic, social and cultural rights of older persons”, in *Official Records of the Economic and Social Council, 1996, Supplement No. 2* (E/1996/22), annex IV, available for download from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>; and United Nations, Committee on the Elimination of Discrimination against Women, General Recommendation No. 27, “Older women and the protection of their human rights” (CEDAW/C/GC/27), available for download from <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>.

¹⁶⁶ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, paras. 4-7, 19, 21, 31-34 and 37-42.

B. Non-discrimination

The prohibition of discrimination is one of the pillars of international human rights law. Discrimination has been defined as “any distinction, exclusion or restriction ... which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field”.¹⁶⁷

The principle of non-discrimination applies to every individual in the consideration of their civil, economic, political, social and cultural rights. It is linked to and complemented by the principle of equality and must be carefully crafted into legislation, policies, programmes, procedures and practices. States are required to refrain from discrimination (negative obligations) and to take action to combat formal and substantive discrimination and exclusion (positive obligations).¹⁶⁸ Any distinction, exclusion or restriction may constitute a violation if it has the effect or the intent of impairing or nullifying the exercise of any right by a particular individual.

Specific reference is made to age as a prohibited ground of discrimination in article 7 of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and in various articles of the Convention on the Rights of Persons with Disabilities; the latter articles mention age, inter alia, as a potential source of multiple or aggravated discrimination when combined with disability.¹⁶⁹ Other international human rights instruments typically incorporate lists of prohibited grounds of discrimination that include race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.¹⁷⁰ Although “age” is not explicitly listed as a prohibited ground in these instruments, the lists are illustrative and non-exhaustive and usually include an open-ended category (“other status”), which has provided the monitoring and implementation committees with the opportunity to consider age-related discrimination.

¹⁶⁷ See, for example, article 2 of the Convention on the Rights of Persons with Disabilities; also see article 1 of the Convention on the Elimination of All Forms of Discrimination against Women (United Nations, *Treaty Series*, vol. 1249, p. 13, available from http://treaties.un.org/doc/Treaties/1981/09/19810903%2005-18%20AM/Ch_IV_8p.pdf).

¹⁶⁸ See United Nations, Human Rights Committee, General Comment No. 18, “Non-discrimination” (HRI/GEN/1/Rev.6 at 146) (2003), paras. 7-10, available for download from <http://www2.ohchr.org/english/bodies/hrc/comments.htm>; and Committee on Economic, Social and Cultural Rights, General Comment No. 20, “Non-discrimination in economic, social and cultural rights” (E/C.12/GC/20), paras. 7-9, available for download from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

¹⁶⁹ See the preamble, item (p), and article 8 (1) (b) of the Convention on the Rights of Persons with Disabilities. The Convention also requires States parties to provide “age-appropriate accommodations” in facilitating access to justice (article 13 (1)), “age-sensitive assistance” to prevent “exploitation, violence and abuse” (article 16 (2)), and “services designed to minimize and prevent further disabilities, including among ... older persons” in the context of the right to health (article 25); article 28 (2) (b) requires States parties to “ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes”.

¹⁷⁰ See, for example, article 2 (1) of the International Covenant on Civil and Political Rights (United Nations, *Treaty Series*, vol. 999, p. 171, and vol. 1057, p. 407, available from http://treaties.un.org/doc/Treaties/1976/03/19760323%2006-17%20AM/Ch_IV_4p.pdf); and article 2 (2) of the International Covenant on Economic, Social and Cultural Rights (United Nations, *Treaty Series*, vol. 993, p. 3, available from http://treaties.un.org/doc/Treaties/1976/01/19760103%2009-57%20PM/Ch_IV_3p.pdf).

The Committee on Economic, Social and Cultural Rights has consistently applied this interpretation,¹⁷¹ holding that age is a prohibited ground of discrimination in several contexts.¹⁷² In this regard, it has called attention to “discrimination against unemployed older persons in finding work or accessing professional training” and “unequal access to universal old-age pensions due to ... place of residence”.¹⁷³

Article 26 of the International Covenant on Civil and Political Rights provides for the protection of equality before the law, including the guarantee of “equal and effective protection against discrimination on any ground”. The Human Rights Committee has asserted that “a distinction related to age which is not based on reasonable and objective criteria may amount to discrimination on the ground of ‘other status’ under the clause in question, or to a denial of the equal protection of the law”.¹⁷⁴ This assertion has been affirmed in a number of individual cases brought before the Committee for consideration.¹⁷⁵

Multiple discrimination often constitutes a special challenge in terms of both identification and remediation. In the preamble to its resolution 7/24, the Human Rights Council expressed its deep concern “that all forms of discrimination, including ... multiple or aggravated forms of discrimination and disadvantage, can lead to the particular targeting or vulnerability to violence of girls and some groups of women, such as ... women with disabilities, elderly women, [and] widows”.¹⁷⁶ Violence against women has been “understood to encompass, but not be limited to ... physical, sexual, and psychological violence occurring in the family, ... within the general community, ... [or] perpetrated or condoned by the State, wherever it occurs”.¹⁷⁷ Some elements of this definition could be used to generate a better understanding of abuse and violence

¹⁷¹ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, paras. 11-12; and General Comment No. 20, para. 29.

¹⁷² See Committee on Economic, Social and Cultural Rights, General Comment No. 20, para. 29.

¹⁷³ *Ibid.*; also see General Comment No. 6, para. 22.

¹⁷⁴ United Nations, Human Rights Committee, *Love et al. v. Australia*, Communication No. 983/2001, Views of 25 March 2003 (CCPR/C/77/D/983/2001), para. 8.2. Available from <http://www.humanrights.is/the-human-rights-project/humanrightscasesandmaterials/cases/internationalcases/humanrightscommittee/>.

¹⁷⁵ Including *Schmitz-de-Jong v. The Netherlands*, Communication No. 855/1999, Views of 16 July 2001 (CCPR/C/72/D/855/1999), relating to the minimum age limit for a senior citizen’s partner’s pensioners’ pass; *Love et al. v. Australia*, Communication No. 983/2001, Views of 25 March 2003 (CCPR/C/77/D/983/2001), relating to the compulsory age-based retirement policy for pilots; *Solis v. Peru*, Communication No. 1016/2001, Views of 27 March 2006 (CCPR/C/86/D/1016/2001), relating to age as a criterion for dismissal from public service for reasons linked to the reorganization of public bodies; and *Althammer et al. v. Austria*, Communication No. 998/2001, Views of 8 August 2003 (CCPR/C/78/D/998/2001), relating to the abolition of monthly household payments. All case documents available for download from <http://www.humanrights.is/the-human-rights-project/humanrightscasesandmaterials/cases/internationalcases/humanrightscommittee/>.

¹⁷⁶ United Nations, Human Rights Council, resolution 7/24 of 28 March 2008 on the elimination of violence against women, adopted by the Council at its seventh session (A/HRC/RES/7/24), available from http://ap.ohchr.org/Documents/E/HRC/resolutions/A_HRC_RES_7_24.pdf. Multiple discrimination is also a critical dimension in the consideration of reports by the Committee on the Elimination of All Forms of Discrimination against Women and the Committee on Economic, Social and Cultural Rights; see, for example, the latter Committee’s General Comment No. 20, para. 17.

¹⁷⁷ United Nations, General Assembly, Declaration on the Elimination of Violence against Women, resolution 48/104 of 20 December 1993, adopted by the Assembly at its forty-eighth session (A/RES/48/104), article 2. Available from <http://www.un.org/documents/ga/res/48/a48r104.htm>. and <http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0711/88/IMG/NR071188.pdf?OpenElement>.

directed against older men and women, its human rights connotations, and its direct link with discrimination.

C. Vulnerabilities and special protection measures

Human rights mechanisms have identified older men and women as being a group at particular risk of human rights violations and requiring specific measures of protection. The heightened risk to which older persons are exposed is explicitly recognized, for example, in article 16 (2) of the Convention on the Rights of Persons with Disabilities, which requires “age-sensitive assistance and support for persons with disabilities and their families ... [to prevent] exploitation, violence and abuse”.

The aforementioned definition of violence against women—physical, sexual, psychological or other forms aggression that occur within the family or the general community, or that are carried out or condoned by the State—applies to all. From a human rights perspective, States are required to take appropriate legislative, administrative, social, educational and other measures to combat violence and to protect all individuals in their private and public spheres, including from the abusive behaviour of their families, relatives and caregivers.¹⁷⁸ WHO estimates that 4-6 per cent of older persons at home and in community settings have suffered some form of abuse—including physical, psychological, emotional, sexual or financial abuse or neglect—and the corresponding figure for elder abuse in institutional settings is believed to be significantly higher. Some risk factors for elder abuse include social isolation, the societal depiction of older people, and the erosion of bonds between generations.¹⁷⁹

The Committee on Economic, Social and Cultural Rights has maintained that “side by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups”.¹⁸⁰ The Committee has consistently included older persons in its list of groups that could potentially suffer disadvantages, vulnerability or marginalization.¹⁸¹ Similarly, the Committee on the Elimination of Discrimination against Women has identified older women as a potentially vulnerable and disadvantaged group in two of its general recommendations.¹⁸²

¹⁷⁸ Ibid., articles 2 and 4.

¹⁷⁹ World Health Organization, “Abuse of the elderly”.

¹⁸⁰ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, para. 17.

¹⁸¹ See Committee on Economic, Social and Cultural Rights, General Comment No. 4, “The right to adequate housing”, in *Official Records of the Economic and Social Council, 1992, Supplement No. 3 (E/1992/23)*, annex III, paras. 6 and 8 (e); General Comment No. 7, “The right to adequate housing (article 11 (1) of the Convention): forced evictions”, in *Official Records of the Economic and Social Council, 1998, Supplement No. 2 (E/1998/22)*, annex IV, para. 10; General Comment No. 12, “The right to adequate food” (E/C.12/1999/5), para. 13; General Comment No. 14, “The right to the highest attainable standard of health” (E/C.12/2000/4), para. 12 (b) (ii); and General Comment No. 15, “The right to water” (E/C.12/2002/11), para. 16 (h). The full text of each General Comment may be downloaded from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

¹⁸² See Committee on the Elimination of All Forms of Discrimination against Women, General Recommendation No. 24 on article 12 of the Convention, “Women and health” (A/54/38 at 5) (1999), para. 6; and General Recommendation No. 27, “Older women and the protection of their human rights”. The full text of each General Recommendation may be downloaded from <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>.

Several human rights mechanisms have addressed the situation of older persons in old-age institutions and detention facilities. The Committee against Torture has recommended that States parties should “prohibit, prevent and redress torture and ill-treatment in all contexts of custody or control, for example, in ... institutions that engage in the care of ... the aged”.¹⁸³ The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has underscored that the elderly are among the highly vulnerable (“the bottom of the hierarchy”) in general detention facilities and in psychiatric institutions, noting that they suffer double or triple discrimination.¹⁸⁴ The Human Rights Committee has underlined “the vulnerable situation of elderly persons placed in long-term care homes, which in some instances has resulted in degrading treatment and violated their right to human dignity”.¹⁸⁵

D. Special measures for specific groups

Some human rights mechanisms have acknowledged the relative vulnerability of younger and older persons by incorporating provisions for specific age groups. For example, article 25 (b) of the Convention on the Rights of Persons with Disabilities requires that health services be “designed to minimize and prevent further disabilities, including among children and older persons”. The Committee on Economic, Social and Cultural Rights has recommended that health policies take into account the needs of the elderly, “ranging from prevention and rehabilitation to the care of the terminally ill”,¹⁸⁶ and has reaffirmed the importance of “periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity”.¹⁸⁷

Similarly, the Committee on Economic, Social and Cultural Rights has held that “older persons should have access to suitable education programmes and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc.”¹⁸⁸

The Committee on Economic, Social and Cultural Rights has also consistently identified accessibility—including physical and economic accessibility, access to education and information, and non-discrimination—as a key component of the normative content of the rights contained in the International Covenant on Economic, Social and Cultural Rights. Essentially,

¹⁸³ See United Nations, Committee against Torture, General Comment No. 2, “Implementation of article 2 by States parties” (CAT/C/GC/2), para. 15. Available for download from <http://www2.ohchr.org/english/bodies/cat/comments.htm>.

¹⁸⁴ United Nations, Human Rights Council, “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak: study on the phenomena of torture, cruel, inhuman or degrading treatment or punishment in the world, including an assessment of conditions of detention” (A/HRC/13/39/Add.5), paras. 231, 237 and 257. Available from http://www2.ohchr.org/english/bodies/hrcouncil/docs/13session/A.HRC.13.39.Add.5_en.pdf.

¹⁸⁵ See United Nations, Economic and Social Council, “Concluding observations of the Human Rights Committee: Germany” (CCPR/CO/80/DEU), para. 17. Available from [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CCPR.CO.80.DEU.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CCPR.CO.80.DEU.En?Opendocument).

¹⁸⁶ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, para. 34; also see para. 35.

¹⁸⁷ See Committee on Economic, Social and Cultural Rights, General Comment No. 14, para. 25.

¹⁸⁸ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, para. 37.

accessibility should be ensured to allow older persons the full exercise and enjoyment of their rights, including a reasonable standard of living (adequate food, water and housing), health and education.¹⁸⁹

E. The right to social security and the issue of social protection

Age plays a prominent role in the right to social security; “survival beyond a prescribed age” is generally acknowledged as one of the minimum standards for social security eligibility in international law.¹⁹⁰ The Committee on Economic, Social and Cultural Rights has recognized that old age is one of the contingencies to be covered by social security,¹⁹¹ and has held that article 9 of the International Covenant on Economic, Social and Cultural Rights “implicitly recognizes the right to old-age benefits”.¹⁹² The Committee has also clarified that social security encompasses both contributory insurance-type schemes and non-contributory tax-funded schemes (sometimes referred to as “social assistance”), and has emphasized the importance of the following:

- Taking appropriate measures to establish general regimes for compulsory old-age insurance, starting at a particular age, to be prescribed by national law;
- Establishing a retirement age range that is flexible, taking into account national circumstances (including demographic, economic and social factors), the type of work performed (with special consideration given to hazardous occupations, for example), and the ability of older persons to remain in the workforce;
- Ensuring that survivors and orphans receive benefits upon the death of a breadwinner who was covered by social security or receiving a pension;
- Providing non-contributory old-age benefits, within available resources, and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to old-age pension or other social security benefits or assistance and have no other source of income.¹⁹³

¹⁸⁹ See Committee on Economic, Social and Cultural Rights, General Comment No. 4, para. 8 (e); General Comment No. 12, para. 13; General Comment No. 14, para. 12 (b); General Comment No. 15, para. 12 (c); and General Comment No. 21, “Right of everyone to take part in cultural life” (E/C.12/GC/21), para. 16 (b), available for download from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

¹⁹⁰ See International Labour Organization, Social Security (Minimum Standards) Convention (Convention No. C102, adopted in Geneva on 28 June 1952), part V, article 26 (1). Available from <http://www.ilo.org/ilolex/cgi-lex/convde.pl?C102>.

¹⁹¹ See Committee on Economic, Social and Cultural Rights, General Comment No. 6, paras. 26-30; and General Comment No. 19, “The right to social security” (E/C.12/GC/19), para. 15, available for download from <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

¹⁹² See Committee on Economic, Social and Cultural Rights, General Comment No. 6, para. 10.

¹⁹³ Quoted or paraphrased from Committee on Economic, Social and Cultural Rights, General Comment No. 6, paras. 27-30; and General Comment No. 19, paras. 4 and 15.

In its concluding observations on the implementation of the International Covenant on Economic, Social and Cultural Rights by various States parties in both developed and developing regions, the Committee on Economic, Social and Cultural Rights has expressed concerns relating to the low coverage of old-age pensions and the broader context of social protection systems for older persons. Over the past several years, the Committee has recommended the extension of “the network of integrated health and social care services, including home help, for older persons with physical and mental disabilities”; the adoption of “a welfare programme enabling older persons to live a decent life”; and the application of special measures in Poverty Reduction Strategies “to alleviate the extent of poverty among older persons ... [with] priority ... given to home care rather than institutionalization of older persons in need of care”.¹⁹⁴

The Committee has also raised concerns about the potential for discrimination against specific groups in the distribution of old-age pension benefits.¹⁹⁵ In its concluding observations on Austria’s implementation of the International Covenant, the Committee requests “comparative statistical data on the levels of old-age pensions, disaggregated by sex, number of children, income groups and other relevant criteria, so as to enable an assessment of the impact of the Law [on the Harmonization of Pensions of 2005] on the pension benefits of women and of members of disadvantaged and marginalized groups who are frequently exposed to interruptions of their professional careers”.¹⁹⁶

The Independent Expert on the question of human rights and extreme poverty has contended that non-contributory or social pensions for older persons constitute an important dimension of social security systems. Her report highlights the low coverage of contributory pension schemes and asserts that “non-contributory pensions can significantly reduce poverty and vulnerability among old people, in particular for women, who live longer and are less likely to benefit from contributory systems”.¹⁹⁷

F. The right to health and the right to adequate housing

Various reports issued by the former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health underscore the need for measures to ensure the health and well-being of older persons and other vulnerable groups, with particular attention given to the provision of targeted training for health professionals, the

¹⁹⁴ United Nations, Economic and Social Council, “Concluding observations of the Committee on Economic, Social and Cultural Rights: Slovenia” (E/C.12/SVN/CO/1), para. 35, available from <http://www.universalhumanrightsindex.org/documents/827/857/document/en/pdf/text.pdf>; “Concluding observations of the Committee on Economic, Social and Cultural Rights: Nicaragua” (E/C.12/NIC/CO/4), para. 22, available from <http://www.universalhumanrightsindex.org/documents/827/1533/document/en/pdf/text.pdf>; and “Concluding observations of the Committee on Economic, Social and Cultural Rights: Serbia and Montenegro” (E/C.12/1/Add.108), para. 8, available from <http://www.universalhumanrightsindex.org/documents/827/739/document/en/pdf/text.pdf>.

¹⁹⁵ United Nations, Economic and Social Council, “Concluding observations of the Committee on Economic, Social and Cultural Rights: Austria” (E/C.12/AUT/CO/3), para. 25. Available from <http://www.universalhumanrightsindex.org/documents/827/858/document/en/pdf/text.pdf>.

¹⁹⁶ Ibid.

¹⁹⁷ See United Nations, Human Rights Council, “Report of the Independent Expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona” (A/HRC/14/31), summary. Available from http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.31_en.pdf.

integration of a human-rights-based approach in the design and implementation of national health systems, and the role of pharmaceutical companies in addressing the needs of those at risk.

The former Special Rapporteur notes in his 2006 report that a national health system “must be responsive to both national *and* local priorities. Properly trained community health workers such as village health teams know their communities’ health priorities. Also, inclusive participation can help to ensure that the health system is responsive to the particular health needs of women, children, adolescents, the elderly and other disadvantaged groups. Inclusive, informed and active community participation is a vital element of the right to health”.¹⁹⁸

An interim report submitted to the General Assembly by the former Special Rapporteur in 2008 includes a set of Human Rights Guidelines for Pharmaceutical Companies in Relation to Access to Medicines. It is recommended in Guideline 5 that “whenever formulating and implementing ... strategies, policies, programmes, projects and activities that bear upon access to medicines, ... [pharmaceutical companies] should give particular attention to the needs of disadvantaged individuals, communities and populations, such as children, the elderly and those living in poverty”.¹⁹⁹

The former Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, recognizing the special challenges faced by vulnerable populations in securing sufficient shelter, incorporated a set of basic principles and guidelines on development-based evictions and displacement in his 2007 report to the General Assembly, recommending that “priority in housing and land allocation should be ensured to disadvantaged groups such as the elderly, children and persons with disabilities”. The same section of the report emphasizes that “impact assessments must take into account the differential impacts of forced evictions on women, children, the elderly, and marginalized sectors of society. All such assessments should be based on the collection of disaggregated data, such that all differential impacts can be appropriately identified and addressed”.²⁰⁰

G. Final remarks

In recent years, concerns relating to older persons have been increasingly addressed from a human rights perspective by civil society, with growing public support. NGOs and other stakeholders have pushed for the adoption of a new, comprehensive international instrument to

¹⁹⁸ United Nations, Economic and Social Council, “Economic, social and cultural rights: report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt” (E/CN.4/2006/48), para. 7. Available from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G06/114/69/PDF/G0611469.pdf?OpenElement>.

¹⁹⁹ United Nations, General Assembly, “The right to health: note by the Secretary-General. Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, submitted in accordance with Human Rights Council resolution 6/29” (A/63/263), annex, para. 5. Available from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/456/47/PDF/N0845647.pdf?OpenElement>.

²⁰⁰ United Nations, Human Rights Council, “Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, Miloon Kothari” (A/HRC/4/18), annex I, paras. 31 and 33. Available from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G07/106/28/PDF/G0710628.pdf?OpenElement>.

protect the rights of the ageing population. Advocates point to the current lack of a specific instrument, the fragmentation of relevant issues across existing human rights treaties, the inconsistency in focus among the different mechanisms, and the rising demand for States to implement comprehensive measures to address the demographic shift. They contend that a specialized committee could provide a focal point and centre of authority for advocacy, offering guidance to policymakers, legislators and courts about the rights of older persons and working to increase the visibility of issues affecting older persons in national law-making and policy design.

Others have advocated for the creation of a special procedure mandate under the Human Rights Council with a focus on the rights of older persons, which would signal the support of the international human rights machinery for raising the visibility of the older population and their key concerns. It has been pointed out that a special rapporteur could play a critical role in bringing to light the many human rights issues faced by older men and women around the world, drawing from multiple instruments to develop the scope and content of his or her mandate, analysis and recommendations. The rapporteur could potentially provide guidance and support to States in the design, implementation and monitoring of legislation, policies and programmes developed to address the issues of older persons.

VI. Summary and concluding remarks

The ageing population is growing at an unprecedented rate. There are presently 740 million individuals in the world aged 60 years or over, and that number is expected to rise to 1 billion by the end of the present decade and possibly to 2 billion by mid-century. Most older people live in developing countries, where the bulk of the increase will occur.

An analysis of the current social and economic status and participation of older persons points to a high degree of heterogeneity and the occurrence of rapid and complex changes. A sizeable majority of older persons are female, especially among those aged 80 years or above. Older men are more likely than older women to be married, in part because women tend to live longer and are often widowed. A growing number of older persons live in urban areas, though many are still rural residents. As is true for other populations, the health status, living conditions and socio-economic circumstances of older persons vary considerably.

Older persons in developing countries tend to live in multigenerational households, though this practice has begun to decline with the changes in family structure driven by migration and other factors. In developed countries, older residents are more likely to live alone or with a spouse than with their children. The quality of housing for older persons is often better than that for the general population in developed countries, while the opposite is true in developing countries.

Older persons, in particular women and the oldest-old, tend to be poorer than the members of other age groups. Ageist stereotypes and high levels of unemployment continue to undermine older persons' access to the labour market. In countries where social security and pensions cover the vast majority of the labour force, older persons tend to retire from the workforce at around age 60 or 65, with women typically retiring earlier than men. However, in the more developed countries, older persons who want to continue working are often subject to age discrimination and mandatory retirement rules. In less developed regions of the world, where social security and pension coverage is relatively limited, many older persons—especially older men—continue to work out of economic necessity. Many countries faced with rapid demographic ageing are taking steps to revise existing retirement provisions as part of their effort to achieve greater pension system sustainability.

Life expectancy, especially at older ages, has improved significantly in most countries over the past several decades. The extent to which the increased survivorship of older persons has been accompanied by good health remains unclear, however. Presently, the health conditions of greatest concern for older persons include vision and hearing loss, cardiovascular diseases, dementia, and obesity. In most countries, members of the older population do not have sufficient access to health services, and training in geriatric medicine is lagging behind the demand for this type of care. Worldwide, there is a growing need for long-term care services, which have traditionally been provided by family members but are increasingly being carried out by paid caregivers. Significant levels of elder abuse and neglect have been reported in both developed and developing countries, cutting across all economic and social strata.

Older persons still face a number of major challenges, but the outlook for the ageing population is positive in many respects. Ageist stereotypes persist, and low levels of literacy and educational attainment have hindered the full participation of older persons in society. However, the older generation is gradually coming into its own. Within the next few decades, as the better educated younger population ages, education and literacy rates will increase significantly. Even now, as the number of older persons increases, there is a growing awareness of the importance of active ageing. Older individuals are gradually being recognized for their considerable contributions to intergenerational caregiving and for their ongoing involvement in community life. They are becoming a powerful and ever-expanding political force, especially in developed countries, and organizations of older persons are helping to ensure that the ageing population has a greater voice in decision-making processes.

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