

# Older people in Africa: a forgotten generation



Older people play a pivotal role in African society today but their needs are often overlooked by development programmes and services.

**Older people play a vital role in African society today. Across the continent, millions of families would not survive without the contribution of older people – from caring for orphaned grandchildren to providing much-needed household income. Yet older people are often excluded from development programmes and discriminated against by services such as health care.**

**This briefing sets out to make the European Union (EU) and member states, African national governments and European non-governmental organisations aware of the importance of including older people in their development policies and practice. It highlights the pivotal position of older people in Africa today, identifies the key challenges facing this generation, and cites positive examples of interventions that have changed the lives of older people and those who depend on them.**

The face of Africa is changing. Like every other region in the world, its population is ageing, but in Africa this is happening much more quickly. By 2050, the number of people over 60 living in Africa will increase from just under 50 million to just under 200 million.<sup>1</sup> This unprecedented demographic shift is having profound implications for society, influencing people's social, economic and political lives.

Older men and women throughout Africa make vital contributions to their families and communities. Across the continent, 64 per cent of men over 60 years of age continue to work across the formal and informal sectors.<sup>2</sup> Older women tend to live longer than older men, with a life expectancy at 60 of a further 17 years.<sup>3</sup> They continue their domestic and subsistence farming roles. Increasing numbers of older women whose adult children have migrated in search of work or have died as a result

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of HIV and AIDS are bringing up grandchildren too.

Despite this indispensable contribution, many older people in Africa continue to experience deepening poverty, discrimination, violence and abuse, and are unable to access entitlements that are theirs by right. Many older people live in rural areas, where there are fewer services. They experience economic exclusion, and are often denied employment and access to insurance or credit schemes. They also encounter social exclusion due to age discrimination and changing roles and practices within the family. Literacy rates among older people – especially older women – remain low, and are often lower than for the population as a whole.<sup>4</sup>

## Key issues

### Older people and chronic poverty

Older people in Africa are among those who have benefited least from economic growth and development. They, and their children, will make up the majority of the 900 million people who will still be in poverty in 2015 even if the Millennium Development Goals are met.<sup>5</sup> People who are chronically poor all their lives, and are unable to save for old age, become particularly vulnerable when they can no longer work, or if their family cannot support them.

A survey of 15 African countries found that in 11 of these countries the proportion of older people living in poverty was higher than the national average. This is particularly the case when older people live in families with young children.<sup>6</sup> In Uganda, 64 per cent of older people live in poverty compared to 38 per cent of the population as a whole.<sup>7</sup> This poverty prevents older people from participating in society, and from accessing services for themselves and their families. It is imperative that older people and ageing issues are included in national development initiatives, such as poverty reduction processes, strategies and budgets.

Older people in Africa need a basic income generated either through

employment or through social cash transfers such as social (non-contributory) pensions, disability grants or child care grants. Regular income is an essential component of the right to social security and an adequate standard of living, as recognised in international human rights treaties ratified by African states.<sup>8</sup>

The African Charter on Human and People's Rights (1981) includes the right of older and disabled people to special measures of protection in keeping with their physical and moral needs (Article 18). Both the

Madrid International Plan of Action on Ageing (2002) and the African Union Policy Framework and Plan of Action on Ageing (2002) recommend that states provide social pensions for older people. Furthermore, in various communications, statements and agreements on development cooperation the European Union has made commitments to promoting and supporting social protection and security, including for people who are not covered by existing systems.<sup>9</sup>

Evidence from Africa shows that cash transfers such as social pensions are not only affordable but also reduce

### Supporting three generations on one pension

**Mr Mdiya, 65, lives with his two children and five grandchildren in Lamontville Township, KwaZulu-Natal, South Africa. His two children have other children who do not live with them but whom they support. The parents of the five grandchildren who live with him have died. Mr Mdiya has been receiving his pension since January 2006.**

**'I receive R820 (US\$113) a month,' says Mr Mdiya, 'and I spend the money on bills – water, electricity, rates – and food for the children. I also pay for transport for other members of my family to come to the city [Durban] and visit. And I pay for funeral arrangements for family members who have passed away. I also pay for my grandchildren's school fees, school uniforms and fill their lunch boxes because their parents have passed away. My 15-year-old granddaughter suffers from asthma, so after each attack she has to go to hospital to be treated – I pay for this too.**

**'The pension needs to be double the amount to live more comfortably. However, if I didn't receive the pension I wouldn't be able to afford any of the things I have already mentioned, and I think I would die from depression.'**



Mr Mdiya uses his pension to support five grandchildren whose parents have died.

the number of older people and their families living in poverty, as well as enabling them to access other services, such as health care and education. In South Africa in 2002, pensions reached 1.9 million poor older people at 1.4 per cent of GDP. This is money well spent. Having a pensioner in the family reduces the probability of a household being poor by 12.5 per cent,<sup>10</sup> which can have a direct impact on the health of others in the household. Girls living in a household with an older woman who receives a pension are 3-4cm taller than girls in households with older women who do not receive a pension.<sup>11</sup>

Cash transfers also help generate other forms of income. In South Africa, recent research suggests that social transfers, including pensions, facilitate access to and create employment. In northern Namibia, research shows that 25-50 per cent of pension income is invested in productive enterprises,<sup>12</sup> and in Lesotho 18 per cent of recipients of the social pension spent part of their pension on creating cash jobs for other people.<sup>13</sup>

### **Older people and rights**

As the population of Africa ages, older people continue to experience isolation, poverty, violence and abuse, and have limited access to health services, education and legal protection. With no pension income, older people are often forced to work in low-paid or demeaning jobs to provide for themselves and their dependants. Supporting older people to know their rights and to hold duty-bearers to account is essential if the number of older people living in poverty is to be reduced and the quality of their lives improved. Particular attention should be given to older women, who tend to live longer than men and often face discrimination in access to services.

One main barrier that prevents older people from accessing existing entitlements, such as free health services and pensions, is a lack of identification documentation to

### **Helping people obtain identity documents**

**In South Africa, people living with HIV and AIDS may qualify for a disability grant and free medication, and some older people who care for grandchildren are eligible for social grants and school fee exemptions. The social pension provides a regular cash payment, and is a lifeline for older carers, but awareness of other entitlements is low. Meanwhile, problems with identity papers are frequent, and eligibility requirements deter people from applying.**

**People often do not recognise the importance of key documents such as birth certificates, and lose or misplace their papers. Without the necessary documents their grant applications cannot be processed, but obtaining new documents takes time, can be difficult and involves some expense.**

**Muthande Society for the Aged (MUSA), a community-based organisation working in Durban townships, has developed a two-pronged approach. First, it raises awareness of the importance of having identity documents, though its Get Your Documents campaign, which it reinforces through its literacy programme and by peer educators, who take the message into households. Second, it provides a paralegal team to carry out individual casework.**

prove their age and eligibility. A 2005 survey of nearly 4,000 older people in eight communities in Mozambique found that 42 per cent had no identification cards, although they needed these to claim free health care.<sup>14</sup>

This situation is common throughout Africa. Lucitania, a paralegal officer in KwaZulu Natal, South Africa, says: 'There are two females who are about 72 years old in my village. They don't possess IDs and they don't get pensions. They are starving, sleeping without food in their stomach.' This situation often arises because the person was not registered at birth. Even today, about 40 million children are born each year without being registered.<sup>15</sup> Lack of registration will affect their rights throughout their lives into old age.

Governments and local authorities need to develop ways to provide methods of registering and providing identity documentation for people of all ages, to ensure they can access the services to which they are entitled.

### **Older people and the law**

Many older people – particularly women – experience discrimination

in property, inheritance and marriage issues, which are often dictated by discriminatory customary law. Judicial systems are often inaccessible to older people for reasons including cost, distance, lack of literacy, the absence of free legal assistance, and a judiciary unaware of ageing issues.

The provision of free paralegal support can significantly increase the number of cases that can be resolved at the community level. For example, in northern Sukumaland, Tanzania, paralegal support has been used effectively to tackle accusations of witchcraft and related violence against older women. Property, inheritance and marriage disputes are often at the heart of these accusations. Using paralegals and older people's village committees to inform the whole community of older people's rights has had a very positive effect, both on the reduction of accusations and on the number of cases being taken to the primary courts.

### **Older people and policy**

As Africa experiences an unprecedented ageing of its population, older people will have a greater proportion of the vote. At

## Paralegal support in Ghana

In Ghana, older people are sometimes abandoned and neglected by their families, and may be subjected to physical abuse. Older women, especially widows, suffer more rights abuses than older men, and in some cases are accused of witchcraft. However, they rarely report these abuses because of fear and ignorance of their rights.

HelpAge Ghana has sought to address the situation by training paralegals and co-sponsoring and addressing a conference for lawyers.

As a result:

- Older people have gained a greater knowledge of their rights and the confidence to fight for them when they are violated.
- Rights-based organisations such as the Ghana Legal Aid Board, the Commission on Human Rights and Administrative Justice and Women in Law and Development in Africa are increasingly addressing violations of older people's rights.
- Older people's issues are now mainstreamed in Ghana's National Health Insurance Bill and Poverty and Growth Reduction Policy.



Simon de Trey-Whiter/HelpAge International

Volunteer paralegal advisor Florence Schandorf advises Daniel Mensah on his rights to health care.

present, people over 60 make up just 11 per cent of the voting population, but by 2050 this will increase to 16 per cent.<sup>16</sup> With this increased voting power, older people will be more able to influence the policies that affect them and their families.

Another way of making older people and their contributions more visible is to support better data, disaggregated by age and sex, on older people's poverty and caring roles. Meanwhile,

access to services is needed to design and implement policies that are accessible to, and meet the needs of, older people. Currently, in many African countries little data is available on older people and the impact of ageing.

Nevertheless, even now, older people can be a powerful force for change when they engage with national or local governments to influence policies that affect them, such as

entitlements to health services or pensions. Older people themselves, when organised in associations or groups, make an important contribution by collecting data at local levels. In countries such as Tanzania, Jamaica and Bangladesh, this activity has contributed to the design and implementation of improved government policies. Monitoring service delivery has also been proven as an effective way for older people to articulate their demands and bring about improvements to those services.<sup>17</sup>

## Older people and health care

As people get older, their health care needs change. Older people often do not know the clinical effects of ageing, or lack the resources to meet their health care needs. Many older people experience chronic poverty, and this exacerbates the degenerative effects of ageing, such as hypertension, malnutrition, anaemia, diabetes, osteoporosis, rheumatism, and hearing and eyesight problems. In a recent household survey in Mozambique, 47 per cent of the people who reported an illness in the previous two weeks were over 50.<sup>18</sup>

Older people's access to health care is limited by a number of factors, including:

- being unable to pay for transport to get to the health centre, or for the medication
- lacking the right identity documentation to prove their eligibility for free or subsidised services
- being unaware of what they are entitled to
- being physically unable to queue for a long time while waiting to be seen, or to take an arduous journey to the health centre by public transport
- being geographically isolated from services, with a lack of public transport.

These factors are compounded by the fact that health care staff may not be trained in geriatric care, and may discriminate against older people.

## Monitoring health care in Tanzania

Primary areas of concern for older people in Tanzania are the quality of health care they receive, the cost of treatment, and the distance to services. HelpAge International provided members of the Arusha Retired People's Association (CHAWAMA) and local leaders at village and ward levels with information on Tanzanian policies, and trained them in leadership, lobbying and advocacy skills, and on gathering evidence on health services. These facilitators then formed older people's committees, which took part in the monitoring process.

As part of the project, older people were asked to monitor and log their experiences during every hospital visit. The findings revealed the following:

- Forty per cent said the tone of language used by medical staff was mocking.
- Ninety-four per cent were charged for the consultation.
- Thirty per cent were unaware of how to apply for free health care.
- Over one-third had to wait four to six hours to see a doctor.
- Almost half had to pay their own fare to get to the hospital.

As a result of the project, the local government has granted free health treatment to all vulnerable older people, including those with disabilities, severe health problems or who live alone. The Community Health Fund funds this service.

The project has also given older people a sense of respect, and many say they now feel that their concerns are being listened to.



Older people in Tanzania say that medical staff often treat them disrespectfully. One was told: 'Go home. You are not ill, just old.'

## Older people and HIV and AIDS

Over the past decade, the HIV and AIDS epidemic has had devastating economic, social, health and psychological effects on older people – especially in sub-Saharan Africa. Yet the impact of HIV and AIDS on older people remains under-reported, and has not been properly addressed.

HIV and AIDS place a burden on older people as carers, and also puts them at risk of infection. Many older people provide home-based care for people living with AIDS, but are not directly targeted by prevention and awareness campaigns. They therefore lack knowledge of how to treat the disease and protect themselves against infection.

Older people are also increasingly responsible for caring for children orphaned by HIV and AIDS. Many of these orphans now live in grandparent-headed households. Older people have to meet the costs of daily living – providing food and clothes, as well as funding their grandchildren's education.

In Botswana, Malawi, Namibia, South Africa, Tanzania and Zimbabwe, up to 60 per cent of orphaned children live in grandparent-headed households.<sup>19</sup> Similarly, in Zambia, which has 1.1 million orphans, a third of orphans live in households headed by grandmothers.<sup>20</sup> It is often older women who provide this care: households headed by older women are twice as likely to include orphans as those headed by older men.<sup>21</sup>

But HIV and AIDS not only affect older people in terms of their caring role. Older people themselves are also susceptible to infection, but because they are often presumed to be no longer sexually active, and therefore at low risk, they are not targeted with information or training on HIV and AIDS. Even data on HIV prevalence among the over-50s is limited, as data collection focuses on 15-49 year olds. If older people remain invisible in the statistics, it will not be possible for governments or other institutions to mount a proper response to the HIV and AIDS pandemic.

## Improving HIV and AIDS data in Uganda

Uganda had excellent success rates in its response to HIV and AIDS, but it was recently revealed that the epidemic was on the rise again. The Uganda Reach the Aged Association (URAA) has been working closely with government to press for older people's inclusion in health, education and HIV and AIDS policies and programmes for some time. In 2006, it invited key contacts to a presentation of data collected from voluntary counselling and testing centres. Using this data, URAA was able to link the increase in HIV prevalence in Uganda to the neglect of older people's role in responding to the epidemic. This alerted government representatives to the fact that older people need HIV and AIDS services for the children and adults in their care – and for themselves.

## Supporting older people from Darfur

Darfur is considered to be the world's worst ongoing humanitarian crisis. Violence in Darfur has displaced more than two million people from their land, leaving them without shelter and unable to access their crops.

Many displaced people have sought security in camps. Approximately 8 per cent of these are older people, half of whom live alone. Women outnumber men, and 40 per cent of women in the camps in west Darfur are widows. Almost a third of older people living in the camps care for orphaned children.

Older people in the camps are rarely targeted in international humanitarian food and health programmes. They suffer from food insecurity, as reduced mobility prevents them from reaching food registration points. They do not always have access to proper shelter and sanitation, and health treatment for chronic diseases and illnesses, such as eye problems, is not available. Older women are particularly vulnerable because they are sent to collect firewood outside the camp, as they are considered to be less at risk of rape than younger women.

The effects of prolonged displacement create problems in health care, nutrition and social interaction that go beyond basic needs.

HelpAge International has been working in 10 camps with particularly high proportions of older people, in activities including:

- setting up older people's committees to represent the needs and rights of older people
- going from home to home to identify those older people most in need
- working with other agencies to raise awareness of older people's needs in development strategies
- carrying out health and nutrition assessments and providing extra food to those at risk
- setting up social activity centres to build a sense of community
- setting up materials and training for income-generating activities such as shoe making, basket weaving, bakery, horticulture and livestock regeneration, to help older people earn some money.



Gina Bramucci/HelpAge International

Older refugees are rarely targeted by humanitarian food and health programmes. HelpAge International works in refugee camps to identify older people in need and provide a range of support.

## Older people and emergencies

Older people face particular threats from the increasing number of conflicts and natural disasters affecting Africa, but are seldom identified as a vulnerable group. As communities flee, many older

people – particularly those who are housebound – can be left behind, without support. Many choose to stay, fearing a long journey or death in a foreign country, becoming extremely vulnerable during periods of violence.

Most non-governmental organisations (NGOs) emphasise primary health care programmes that target children and women, and tend to neglect older people. Emergency food and nutrition programmes are rarely adjusted to their needs – for example, older people may find hard grains inedible

because of dental or other health problems, and there is a tendency to see supplementary food programmes for older people as a 'waste'.

When communities return home, older people typically face difficulties in accessing land and other scarce resources. Exclusion from credit, income-generation and food-for-work programmes is common and exacerbates their loss of independence, status and dignity.

The feelings of loss, trauma, confusion and fear that are familiar to all people in emergencies can be even more damaging for older people, and isolation sharply increases the levels of risk. Loss of family, carers and community ties can leave older people without support mechanisms, and abandonment, discrimination and self-exclusion are common. Socially or physically isolated older people need to be identified and given targeted support.

Although older women tend to make up a high proportion of refugee populations, age and gender barriers are more likely to exclude them from decision-making and resources than older men. Social and religious restrictions on women's movement, speech and public exposure can also increase their vulnerability during emergencies.

### EU policy commitments

The European Union (EU) is committed to poverty eradication and the furthering of human rights. On poverty eradication, the Lisbon Treaty of 2007 states: 'Union development cooperation policy shall have as its primary objective the reduction and, in the long term, the eradication of poverty. The Union shall take account of the objectives of development cooperation in the policies that it implements which are likely to affect developing countries.'<sup>22</sup>

The EU also has a number of important commitments to take forward in relation to chronically poor people, including older women and men. For example:



Many older people have orphaned grandchildren who depend on them. By providing support to older people, governments also improve the lives of their entire families.

Kate Holt/HelpAge International

■ **The European Consensus on Development** This document, adopted in December 2005, recognises the multi-dimensional aspects of poverty eradication, stating that combating poverty will only be successful if equal importance is given to investing in people at the same time as investing in wealth creation.

It states that: 'the Community aims to prevent social exclusion and to combat discrimination against all groups. It will promote social dialogue and protection, in particular to address gender inequality... Social and fiscal policies to promote equity will be supported.'<sup>23</sup>

■ **The Cotonou Agreement** Social protection is moving up the development agenda, including that of the EU. Social protection is highlighted as a strategy within the Cotonou Agreement as follows: 'Cooperation shall promote and support the development and implementation of policies and of systems of social protection and security in order to enhance social cohesion and to promote self-help and community solidarity.'<sup>24</sup>

■ **The EU Strategy for Africa** Investing in all people is an important development principle for the EU. This communication states that the EU should contribute 'to the establishment of a social safety net for the most vulnerable: women, elderly, children and disabled people.'<sup>25</sup>

■ **Investing in People** This thematic strategy also supports the four pillars of the Instrument for Development Cooperation (DCI), which is closely linked to the Millennium Development Goals. The strategy recognises poor progress in health and education and the need for more effective strategies.

It recommends 'combining budget support with innovative mechanisms for pooling resources and disbursing them fast, predictably and efficiently', and goes on to specify that: 'social security schemes and social inclusion are key elements to tackle vulnerability and reduce the risk of poverty. They support households and contribute to the gender equality agenda as well as to combating child labour. It will be necessary to address the lack of social protection in the informal economy.'<sup>26</sup>

## What the EU and governments should do

### Recommendations for EU and government action

To take forward these policy commitments, HelpAge International calls on the EU and its member states to:

1. Include social protection, as a response to chronic poverty, in EU development policy.

All EU governments should support African government and African Union efforts to invest in their poorest people through social protection in order to:

- tackle chronic poverty
- realise the commitments of the four pillars of the ILO's Decent Work Agenda<sup>27</sup>
- achieve the Millennium Development Goals
- tackle food insecurity.

This involves implementing the commitment to social protection in the EU Strategy for Africa, and ensuring that development action plans focus on social protection.

2. Improve aid mechanisms to support long-term investment in social protection systems that reach the poorest people, including older women and men.

### Recommendations for African government action

In response to calls from their older people, African governments should:

- provide social (non-contributory) pensions for all older people
- provide access to appropriate, secure primary health care facilities for people of all ages
- establish non-discriminatory practice and legislation offering the most vulnerable older people effective physical security and protection of property rights
- support older carers to access existing services – for example,

by helping with transport costs, providing identity papers, assisting with legal paperwork, providing access to anti-retroviral drugs and waiving school fees

- improve data collection, disaggregated by age and sex, on the roles of older carers and the impact of HIV and AIDS on them
- guarantee protection and support in all relevant areas of humanitarian law and practice
- mainstream older people's concerns and voices into policy issues and capacity building, including in humanitarian and community development issues.

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**HelpAge International has a vision of a world in which all older people fulfil their potential to lead dignified, healthy and secure lives. HelpAge International is a global network striving for the rights of disadvantaged older people to economic and physical security; healthcare and social services; and support in their caregiving role across the generations.**

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