



**Position paper submitted to the  
High-level Political Forum 2017**

**Eradicating Poverty and Promoting Prosperity for Older Persons**

**Summary**

1. The 2030 Agenda's transformational vision and the pledge to "leave no one behind" means that development agendas must include all persons, of all ages. Implementation of all SDGs must be based on equality, social justice and human dignity across the life course and recognise that older persons have an equal right to development.
2. Critical to this recognition is acknowledgment of the diversity and heterogeneity of the population of older persons and an understanding of how the ageism and discrimination reported by older persons themselves<sup>1</sup> are barriers to their inclusion in development responses.
3. By the year 2050, 22 percent of the world's population will be sixty and over and there will be more older persons than children under 15. Ageing is happening in every region of the world and 67 percent of older persons are living in lower and middle income countries.
4. The contributions of older persons are essential for sustainable development. Many older women and men make significant contributions to their communities in all aspects of life, in the formal and informal sectors, and as caregivers and breadwinners. They are essential partners in efforts to eradicate poverty and promote prosperity.

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<sup>1</sup> GAROP, *In Our Own Words*, 2015 and HelpAge International, *Entitled to the Same Rights*, May 2017

5. This paper outlines significant barriers to the realisation of older persons' rights, including income insecurity, inadequate access to age-appropriate health and care services, increased gender inequality in older age, and data gaps.
6. A 2016 survey conducted with 70 older persons' organisations in 40 countries yielded several recommendations<sup>2</sup>. These include more collaboration between CSOs and government authorities; greater recognition of older persons in government policy, particularly in the areas of social protection, health, food, shelter, water, human rights, elder abuse, ageism and palliative care; participation of older persons in the formulation of public policy; dissemination of information; and better data and evidence.
7. The survey also revealed mixed experiences with progress in some countries. However more must be done to guarantee participation of, and build capacity for, older persons to contribute to national, regional and global policy development, and to build the neglected issue of ageing into sustainable development frameworks.
8. There is an urgent need to ensure that structures are in place at regional and national level to guarantee participation of the broad range of stakeholders covered by Agenda 2030, including older persons. This is critical to facilitating effective engagement with government structures. We welcome the Asia Pacific Regional CSO Engagement Mechanism (AP-RCEM) which has created space for 17 constituencies to engage in the HLPF and SDGs process at regional level.
9. Priority must be given to increasing technical capacity and understanding about ageing, developing policy and legal frameworks to promote the rights of older persons, improving the use of data for policy making generated by older persons.
10. The voices of older persons are critical to achieving the SDGs. These must be amplified and to ensure that governments are accountable to their older populations in implementation of the SDGs.

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<sup>2</sup> Survey conducted by Stakeholder Group on Ageing.

## Goal 1 Eradicate poverty for all

1. Chronic poverty and income insecurity in old age is widespread<sup>3</sup>. Income inequalities continue into later life in both developed and developing countries, often compounded by the impact of intersecting forms of discrimination. Older women can be particularly vulnerable to losing their livelihoods due to lower status, lack of knowledge of their rights and local laws and customs that prevent them from inheriting or retaining their property. Mandatory retirement and lack of continuing education and retraining for older persons can also contribute to poverty in older age.
2. Social protection systems are a key poverty reduction tool. However, schemes in most low and middle-income countries are limited. Currently only one in four older persons receives a pension, with largely inadequate coverage and benefits. In low-income economies, only 5.7 per cent of the labour force contribute to a pension scheme, compared with 90.8 per cent in high-income economies.<sup>4</sup>
3. Receipt of an adequate minimum pension reduces the poverty rates of older persons, and provides the means to meet priority expenses such as medicine. For example, in Mauritius the universal pension reduced the old age poverty rate by 40 per cent while, in Brazil, old age poverty has almost been eliminated<sup>5</sup>.
4. Transfers to the older generation have a redistributive effect. In South Africa, children in families that received pensions were taller and had better nutritional status.<sup>6</sup> The universal pension in Georgia yielded a 69 per cent reduction in child poverty rates.<sup>7</sup>
5. Tax-financed social pensions are particularly important for expanding pension coverage in low and middle-income countries with high levels of poverty and informal employment. An increasing number of countries have introduced social pensions in recent years, and over 100 now have some kind of social pension.

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The incidence of poverty among persons aged 60 years and older ranges from 2 per cent in the Netherlands in 2013 to 50 per cent in the Republic of Korea in 2009, reaching up to 80 per cent of older persons under the national poverty line in Zambia in 2005.<sup>3</sup>

<sup>4</sup> ILO; *Social Protection for Older Persons – Key Policy Trends and Statistics*. 2014. Page 16

<sup>5</sup> Kaniki, Sheshi. 2007. Mauritius Case Study. Cape Town.

Gasparini, Leonardo, Javier Alejo, Francisco Haimovich, Sergio Olivieri, and Leopoldo Tornarolli. 2007. Poverty among the Elderly in Latin America and the Caribbean. 55. La Plata.

<sup>6</sup> Duflo et al in studies from South Africa (2003)

<sup>7</sup> Stephen Kidd and Bjorn Gelders, *Child Wellbeing and Social Security in Georgia: The Case for Moving to a More Inclusive National Social Security System* (Tbilisi, 2015).

Kenya recently announced its intention to fully fund a universal social pension for people aged 70 and above. Nevertheless, many low and middle-income countries have no form of social pension, and limit pension coverage to the formal sector.

6. In low and middle-income countries, understanding of income security in older age is usually limited to a single measure: “old age poverty” which divides household income and expenditure by the number of household members. This limited approach is based on flawed assumptions, including that households share resources equally and that different ages have the same consumption needs. Recent research in four countries shows that measurement of poverty in old age is highly sensitive to changes in these assumptions<sup>8</sup>. A more multidimensional approach to measuring income security, which assesses the individual situation of an older person, is needed.

## **Goal 2 End Hunger, achieve food security and improved nutrition and promote sustainable agriculture**

1. Malnutrition in older populations is under-recognised and under-treated, and remains a low priority in clinical care<sup>9</sup>.
2. Target 2.2 specifically commits to ending all forms of malnutrition, including addressing the nutritional needs of older persons. To date, there is no corresponding indicator included within the indicator framework.
3. The IAEG-SDGs is currently considering targets for which additional indicators can be added. Target 2.2 must be a priority.
4. Middle upper arm circumference (MUAC) is the best and easiest to implement tool to assess nutritional status of older persons.

## **Goal 3: Ensure healthy Lives and promote well being for all at all ages**

1. As people age their need for both health and social care are likely to become increasingly complex. Older persons are at higher risk for multiple chronic conditions, and are likely to require increased support with tasks of daily living and to be able to continue to do the things they want in the places they want to be.

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<sup>8</sup> Gorman M, Mihnovits A, Albone R and Charles Knox-Vydmanov C, *How data systems leave older people behind*, London, HelpAge International, 2017.

<sup>9</sup> <http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/11/A-review-and-summary-of-the-impact-of-malnutrition-in-older-people-and-the-reported-costs-and-benefits-of-interventions.pdf>

2. In low and middle-income countries, governments are increasingly faced with the challenge of addressing a double burden of communicable and non-communicable diseases, which affect older persons disproportionately.
3. Health and social care systems, in the developed and developing world have responded inadequately to the changing requirements of older populations.
4. Globally, older persons face many barriers to equal and universal access to health care. These include poor physical access to health facilities, particularly in rural areas, high cost of health services, including essential medicines; a lack of awareness of health conditions in older age, and of available health and social care services, discrimination, and the absence or inadequacy of long-term and palliative care services.
5. High out of pocket payments for health services result in impoverishment for many, compounding intergenerational poverty. Older women are especially vulnerable, experiencing worsening economic insecurity as they age. Universal Health Coverage and access to essential medicines under Target 3.8 could mitigate these negative outcomes.
6. There is little evidence to suggest that increasing longevity is accompanied by an extended period of good health.<sup>10</sup> While many persons worldwide remain healthy and active well into their older age, large numbers experience declines in physical and mental capacity.
7. Ill health and disability are not inevitable consequences of older age. A life course approach to health supports the identification of critical points for preventive intervention that can influence the onset of health conditions and delay or avoid the onset of disabilities associated with NCDs.
8. Immunization prevents an estimated 2-3 million deaths annually, and is widely recognized as one of the world's most successful and cost-effective health interventions. Routine immunization is a building block of strong preventative healthcare. It is crucial in childhood for healthy beginnings and serves as a stepping stone to adhering to the comprehensive vaccination schedule for adolescent and adult health. Adults aged 65 years and over face increased risk of infections due to of the normal process of a weaker immune system. Each year thousands of adults suffer illnesses, hospitalizations, and even death from diseases that may have been preventable with adult vaccinations. A life course approach to vaccinations is imperative, as is closer attention to healthy ageing with influenza, pneumonia, shingles and

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<sup>10</sup> WHO 2015 World Report on Ageing and Health.

potentially tetanus, diphtheria and pertussis depending on personal and environmental risk factors.

9. The link between NCDs, tobacco use, alcohol consumption, poor diet, physical inactivity and exposure to pollutants,<sup>11</sup> means that behavioural changes such as better nutrition and more physical activity throughout the life course can prevent or delay many NCD deaths. Prevention strategies targeting these risk factors remains important in older age and should be promoted as part of a comprehensive response alongside diagnosis, treatment and care. WHO has stated that 80% of NCD deaths occur in low- and middle income countries and that people over 60 account for 75% of deaths.<sup>12</sup>
10. While the inclusion of target 3.4 is a welcome development, established methodologies for measuring progress in relation to NCDs focus on ‘premature mortality’ and exclude persons over 70 from data collection. Although the indicator 3.8.1 includes measures relating to blood pressure and diabetes, the surveys used to collect this data frequently excludes older persons.
11. Depression and dementia together affect 15 per cent of the global older adult population. Meanwhile, injuries and ageing-related sensory impairments that can be treated easily and inexpensively are leading to preventable disability.
12. Communicable diseases remain prevalent. HIV rates are increasing among older persons, with an estimated 5.8m people aged 50 and over now living with HIV globally.<sup>13</sup> This is partly because affected persons are living longer and also because more people aged 50+ are becoming infected.<sup>14</sup>
13. In the absence of adequate health and social care services, family members, mostly women, carry the burden of care for older persons with declining health and disabilities, with significant consequences to their own economic security and health.
14. Development programmes that exclude adequate, integrated and universal access to promotive, preventive, curative, rehabilitation and palliative health services will leave older persons and family caregivers –most of whom are women – behind, unable to earn a decent income, and with limited opportunities for social and political participation.

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<sup>11</sup> WHO, Non-Communicable Diseases Factsheet, March 2013, [www.who.int/mediacentre/factsheets/fs355/en](http://www.who.int/mediacentre/factsheets/fs355/en) (23 August 2016) and WHO, *World Report on Ageing and Health*, 2015

<sup>12</sup> Global Status Report on NCDs, 2010, p.9, WHO, Geneva

<sup>13</sup> UNAIDS <http://aidsinfo.unaids.org/> accessed April 2017

<sup>14</sup> UNAIDS, HIV and Ageing, 2013 [http://www.unaids.org/sites/default/files/media\\_asset/20131101\\_JC2563\\_hiv-and-ageing\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/20131101_JC2563_hiv-and-ageing_en_0.pdf)

15. The WHO's Global Strategy and Action Plan on Ageing and Health provides critical guidance for rethinking health systems to meet the needs of ageing populations. Initiatives in Brazil, India, Pakistan, Turkey and South Africa featured in the WHO World Report on Ageing and Health demonstrate that it is possible to provide accessible, age-inclusive care within existing community-based health programmes and to mobilize community support for health promotion and for long term care.
16. The UNGASS 2016 Outcome Document and the Report of the High Level Panel on Access to Medicines provide new entry points for improving access to essential medicines.
17. Achieving healthy lives and wellbeing for all at all ages will require:
  - Accelerated implementation of the WHO Global Strategy and Action Plan on ageing and health<sup>15</sup>
  - Tracking of SDG3 indicators across the entire lifecourse.
  - Increased and expanded government support to finance health care services and reduce risk of catastrophic health costs for individuals and families.
  - NCD responses that include persons of all ages and provide prevention and diagnosis services, treatment and care.
  - Implementation of the operational sections of the [Outcome Document](#) of the UNGASS 2016 on improving access to controlled medicines and the recommendations in the [Report of the High Level Panel on Access to Medicines](#).
  - Implementation of laws and policies prohibiting age discrimination against older persons in access to health services and to preventive medicine.

### **Goal 5: Achieve gender equality and empower all women and girls**

1. Despite Goal 5's clear recognition of the importance of achieving gender equality and women's empowerment, international development programmes, policy and discourse often overlook the rights of older women.
  2. Older women outnumber older men and their share of the older population increases with age<sup>16</sup>. They are more likely to live alone and in poverty<sup>17</sup>. Understanding gender inequality in
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older age is critical to ensuring effective gender equality interventions in sustainable development.

3. Data collection frequently excludes women aged 50 and above, although they account for 24 per cent of the world's women. Data on violence against older women is a particular concern, as surveys are usually limited to ages 15-49 years. However, abuse and violence against women continue in older age, and the Commission on the Status of Women has recognised violence against older women as an urgent concern.<sup>18</sup> A study conducted in five EU countries reported that 28 per cent of women aged 60-97 years experienced some form of abuse in the previous year; for all forms of abuse, the most common perpetrator was the intimate partner. In some regions, older women are subject to harmful practices such as widow-burning, discrimination and physical violence resulting from accusations of witchcraft.<sup>19</sup>
4. Although removal of upper age caps in indicators for target 5.2 is welcome, more needs to be done to accelerate the collection of data on violence against older women. Effective policy responses must be underpinned by data disaggregated by age and gender across the life course.
5. Older women make significant contributions to economies both directly and indirectly. More than 37 per cent of older women in the least developed countries continue to participate in the labour force. In Malawi, almost 90 per cent of women over 65 work.<sup>20</sup> Those who don't work in the formal economy often provide unpaid care for family members who are then able to have remunerated work.<sup>21</sup>
6. Throughout every stage of life, women represent a substantial workforce of caregivers and informal sector workers who contribute a vast yet unacknowledged amount to their communities, families and economies.
7. Those women who do work outside the home usually earn less than men, a gap that widens with age. The fact that women often have reduced access to paid work, lower wages and are more likely to work in the informal sector, means they have less opportunity to gain an

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<sup>16</sup> UNDESA Population Division

<sup>17</sup> UNDESA Statistics Division, *The World's Women 2015: Trends and Statistics*, New York, 2015

<sup>18</sup> UN Commission on the Status of Women, Report on the fifty-seventh session, 4-15 March 2013, Economic and Social Council

<sup>19</sup> (Violence against Women and Girls. Brief on Violence against women. May 2016.

[http://www.un.org/esa/socdev/documents/ageing/vawg\\_brief\\_on\\_older\\_women.pdf](http://www.un.org/esa/socdev/documents/ageing/vawg_brief_on_older_women.pdf)).

<sup>20</sup> UNFPA and HelpAge International, *Ageing in the 21st Century, A Challenge and an Opportunity*, 2012

<sup>21</sup> *ibid*



entitlement through contributory pension schemes,<sup>22</sup> making universal non contributory pensions vital. Large gender gaps are evident in pension benefits derived from contributory schemes with the largest gaps for women with children<sup>23</sup>. In the United States for example, the National Council on Aging reports that older women typically receive about \$4,000 less annually in Social Security than older men due to lower lifetime earnings, time taken off for caregiving, occupational segregation into lower wage work, and other issues.<sup>24</sup>

### **Goal 17 Strengthen the means of implementation and revitalise the partnerships necessary for sustainable development**

1. The collection and utilisation of better data is one of the keys to successful implementation of the Sustainable Development Goals, in particular the call to ‘Leave no one behind’.
2. Target 17.18 recognises the need to enhance capacity and significantly increase the availability of high-quality, timely and reliable disaggregated data, including data disaggregated by age. Implementation of this target must be accelerated. The Stakeholder Group on Ageing strongly welcomed the establishment of a work stream of the IAEG-SDGs on data disaggregation but progress to date has been disappointing.
3. Consistent application of age disaggregation is critical for SDG indicators to ensure that no one is left behind. Age disaggregation should be in 5 year cohorts across the life course in adulthood. Catch-all cohorts of 60 or 65+ must be rejected.
4. The issues however extend beyond disaggregation. Many surveys used to collect data on core development issues routinely exclude older age groups<sup>25</sup>.
5. We welcome the ongoing work to develop a Multiple Indicator Survey on Ageing (MISA), through the collaboration of UN DESA and the governments of Malawi, Uganda and Kenya.
6. Efforts led by the UK National Statistical Office to establish a City Group on Ageing and Age Disaggregated Data are also welcome and timely. Strong commitment from National Statistical Offices in every region will be critical to making the group a success.

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<sup>22</sup> Kidd S, ‘Equal pensions, equal rights: achieving universal pension coverage for older women and men in developing countries’, *Gender & Development* 17(3), 2009, pp.377-388

<sup>23</sup> UN Women *Transforming economies, realizing rights*, 2015.

<sup>24</sup> **National Council on Ageing, Social Security of America, 2015.**

<sup>25</sup> These surveys include Multi Indicator Cluster Surveys, Demographic and Health Surveys, Living Standards Measurement Study (World Bank) and STEPS (WHO).