A COMPARATIVE STUDY ON THE POLICY ISSUES THAT AFFECTS CARE FOR THE AGED IN NIGERIA AND SOUTH AFRICA

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Abstract

The Policy Framework that binds all Africa Union member countries to develop policies on ageing is already being used as a guide in the formulation of national policies to improve the lives of the continent's older people. Policies on care for the aged in Nigeria and South Africa are considered the governments' intention to provide quality living to older persons. Therefore, this study aims at reviewing the issues of policy approaches, the impact of the policy issues and lessons learnt in accomplishing the objectives of care for the aged in Nigeria and South Africa. This study recognizes care for the aged as a social welfare responsibility of the governments in Nigeria and South Africa, respectively. This study utilized qualitative desktop design which allowed in-depth comparison and review of policy documents in both countries. Data collected were in the form of document analysis which includes policy document, journals, internet and other secondary data on issues that affect care for the aged in both countries. The findings of the study revealed that in Nigeria, the policy is not well enacted; thereby giving room to family and faith-based organisations to care for the aged while in South Africa, the government has a robust policy in place for older persons. The paper concludes that member states of AU should recognize the fundamental rights of older persons and commit themselves to abolish all forms of discrimination based on age; that they undertake to ensure that the rights of older people are protected by appropriate legislation; including the right to organize themselves in groups and to make representation in order to advance their interests in accordance to the United Nations plans for Aging.

Keywords: Comparative study, policy issues, care, aged, Nigeria and South Africa

Introduction

According to the United Nations (2013), older persons in ages 60 years and over doubled from 841 million in 2013 to more than 2 billion in 2050. The UN (2013) further states that developing nations will experience more growth in the number of aged groups as a result of improved quality health care. This indicates that anyone aged 50 at the time of this study will fit into the estimated group by 2050. The World Health Organization (2015) posits the chronological age of 65 years as an acceptable definition of elderly or older persons in developed countries but like many westernized concepts, this does not adapt well to the situations in Africa. Goman (2000) defined ageing in many developing countries to begin at a point where contribution is no longer active. In Nigeria, pockets of local government areas implemented the Older Person 1989 Act of policy put in place by the government. In South Africa, the identification of care for the aged as a public problem by the post-apartheid government led to an integrated policy framework that focuses on balancing economic concerns

with social considerations; this government used public administration agencies to play a key role in service delivery to the aged.

South Africa has a robust and operational policy with "principles and values that underpin services to older persons and maintains that the family, as a fundamental unit of society, should be maintained and protected in accordance with societal values, traditions and customs" (Skyweyiya, 2005) but (Lubisi, 2010) argued whether or not South African Government policies and laws mitigate the vulnerability of the elderly in South Africa and was of the opinion that an examination of the adequacy of public policy responses to the susceptibility of the elderly is required. The primary purpose of the Policy on Older Persons is to facilitate services that are accessible, equitable and affordable to older persons that conform to prescribed norms and standards. Such services should empower older persons to continue to live meaningful lives in a society that recognizes them as important sources of enrichment, expertise and community support. Although the population of older persons in the country has increased by 8% when comparing 1996 and 2015 census data, there is a change in the family structure, which has adversely affected the roles of the older persons within the family and the community.

The main goals of this policy, according to Skyweyiya (2005), are to enable older persons enjoy active, healthy and independent living and to create an enabling and supportive environment that ensures that both frail and mobile older person receive services that respond to their needs. The policy acknowledges that there are principles and values that underpin services to older persons and that the family, as a fundamental unit of society, should be maintained and protected in accordance with societal values, traditions and customs. The fundamental principle that should drive a total transformation of ageing in South Africa is that older persons form an integral part of society. Within the African context, family life is a non-negotiable and reciprocal support network throughout the life cycle of people from birth to death. The needs of older persons and their circumstances must determine the services to be provided. The Older Persons Policy, therefore, takes into consideration this principle and seeks to strengthen family and community systems to enable them to cater for older persons. The policy conceptualizes the three key priorities outlined in the Plan of Action adopted at the 2nd World Assembly on Ageing in Madrid namely: Older Persons and Development, Advancing Health into Well–Being and ensuring an Enabling and Supportive Environment.

It further highlights the fourth element which is critical in the South African context, namely, Protection of Older Persons. Mechanisms to ensure protection of older persons have been outlined which, amongst others, include: identification of older persons in need of care and keeping of a register on abuse. The policy takes cognizance of institutional arrangements in the provision of services to older persons. The success of this policy will depend on the commitment by government to allocate substantially more funds to implement this policy, efforts to address the imbalances in service provision through capacity building, infrastructure development and training. The willingness of the civil society and the government to work together will also determine the success of this model as averred by Skweyiya (2005). The aged in

South Africa are confronted with many multifaceted problems, and most of these challenges are issues that deal with poverty.

The Constitution of the Republic of South Africa provides that every person has equal right of access to social security and support. According to Lubisi (2010), over 12 million citizens in South Africa derive their income from the system, and social security is considered to be an effective tool for assisting people who fall under the poverty line. During the days of apartheid, most elderly blacks were disqualified from enjoying social security. With the adoption of the 1996 Constitution, the state of affairs changed, and the government dedicated itself to rectifying the discrepancies created by the apartheid period. A considerable number of the South African population live and work in urban areas, which are said to be growing at approximately 5 per cent per annum. The dysfunctional structure of South Africa's urban areas is an outcome of a number of factors, among them - the now-defunct apartheid policy and associated planning approaches and economic forces, which have influenced city, town and township development for many years (Aliber, 2001). The correct identification of the dynamics that perpetuate poverty and inequality and the introduction of corrective policies have been singled out as priorities by both the government and civil society. The importance of reducing poverty and inequality has been a consistent theme of the post-apartheid South Africa. Statements made by the government have recognized that all efforts need to be focused on the objectives of reducing poverty and inequality and the barriers that limit participation in the economy.

United Nations specific objectives according to the policy plan on aging (1982) are: (a) To further national and international understanding of the economic, social and cultural implications for the processes of development of the aging of the population; (b) To promote national and international understanding of the humanitarian and developmental issues related to aging (c) To propose and stimulate action-oriented policies and programmes aimed at guaranteeing social and economic security for the elderly, as well as providing opportunities for them to contribute to, and share in the benefits of, development; (d) To present policy alternatives and options consistent with national values and goals and with internationally recognized principles with regard to the aging of the population and the needs of the elderly; and (e) To encourage the development of appropriate education, training and research to respond to the aging of the world's population and to foster an international exchange of skills and knowledge in this area.

In an attempt to alleviate the scourge of poverty, the South African government has adopted a multipronged approach, focusing on building institutions and organisations. The government adopted poverty alleviation strategy of social assistance as a policy imperative (Galbraith, 2005). The argument is that social security is essential for healthy economic development, particularly in a rapidly changing economy and will contribute actively to the development process (Department of Social development (DOSD), 1997). The main objective of social security is to reduce poverty among groups that are not expected to participate fully in the labour market and which are, therefore, vulnerable to low income, that is, the elderly, those with disabilities and children. It also aims to increase investment in health, education and

nutrition so as to increase economic growth and development (Samson, 2005). Social security in South Africa has, traditionally, been characterized by a system of state social assistance in the form of direct cash transfers to poor people, the disabled, the elderly and a limited number of women and children (Lund, 2008).

The system of social assistance for whites was started in the twentieth century. Social security for the elderly began with the Old-Age Pensions Act of 1928, which explicitly excluded most black South Africans. In 1937, a disability grant was extended on the same racial basis. In the late 1930s and 1940s, the social security system was broadened, but with racially differentiated benefit levels. Even by 1987, child support grants to blacks remained a small fraction of the size of those awarded to whites (Samson et al., 2005). The state's old-age pension was initially intended to provide a social safety net for the aged poor who were vulnerable in the household because of a decline in job opportunities, increased vulnerability to poor health, limited mobility, discrimination in access to credit and financial markets, and changes in household composition and status (Harding, 1993).

After 1994, the new government was determined to eliminate any racial disparities in the allocation of social assistance. The aim was gradually to remove any racial discrimination at the level of benefits by rapidly increasing the amounts granted to African people, thereby rapidly increasing the amounts granted to Indian and Coloured recipients and eroding White people's levels gradually (Lund, 2008). Section 27(1) (c) of the Constitution of South Africa states that everyone has the right to access social security. Those who are unable to support themselves and their dependant are entitled to appropriate social assistance (RSA, 1996). The Social Assistance Act (No. 59 of 1992) and the Social Security Agency Act (No. 9 of 2004) were signed into law. These acts provided for the establishment of the South African Social Security Agency (SASSA). The Social Assistance Act of 2004 defines the role of SASSA as that of ensuring the administration and payment of social assistance transfers to eligible poor and vulnerable adults and children (RSA, 2004).

The state's old-age pension grant is the second-largest social grant in terms of the number of recipients, but it is the largest grant when it comes to the monetary cost. The number of beneficiaries increased from 1.8 million in 2000 to 2.3 million in 2009. Consolidated expenditure on social protection has increased from R72.3 billion in 2005/06 (4.6 per cent of the Gross Domestic Product) to a projected R118.1 billion in 2009/10 (4.8 per cent of the GDP). In 2009/10, spending on the state's old-age pension grant was R28.5 billion (National Treasury, 2009). Lubisi (2010) writes on right to social security and social assistance with particular reference to older persons in the Eastern Cape Province that an extensive Constitutional protection of rights is available in South Africa, and this is reinforced by various statutory protections. The Constitution contains a Bill of Rights which guarantees both political and socio-economic rights in which the latter includes the right to social security and social assistance.

The Bill of rights provides in section 27, as follows: Everyone has the right access to: Health care services, including reproductive health care, sufficient food and water and Social security, including if they are unable to support themselves and their dependant, appropriate and social assistance.

The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights. No one may be refused emergency medical treatment because the Constitution protects 'everyone' including the elderly. Under the Constitution, elderly persons are entitled to a number of rights such as the right to equality, the right to dignity, protection against arbitrary deprivation of property, the right to have access to adequate housing, the right to have access to food and water and the right to just administrative action, among others. In addition to the protection offered to older persons by the above rights, the Constitution also provides for the right to social security and assistance. Aging is a natural process of life, and older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining inter-generational links.

Statement of the Problem

Constant failure and negligence of the aged in Nigeria has been blamed on government policy. Ajomale (2007) blamed the situation on weak policy and institutional framework. Angwe (2012) viewed this as the failure of the Nigerian government to define and establish the importance of care for the aged as part of national development. Aboderin (2010) elucidated 3 concerned factors: (i) obstacle to the endorsement of drawn up policies, as is the case, for example, with Nigeria's Revised National Health Policy (2004) and National Policy on Ageing (2008), (ii) wobbly policy formulation that is not capable to direct comprehensive programme plan, and (iii) compromised execution owing to inadequate budget allotment as reasons for policy impasse or bottlenecks. According to Williamson (1992:20), one of the most serious problems that Nigeria has faced since independence in 1960 has been that of national integration. He further stated that most of the population has had stronger identification with and allegiance to a sub-national unit such as the ethnic group (where ethnic conflict poses one of the greatest threats to national integration), state, or region rather than to the national integration role of public policy in the health and education sectors. There has been very little effort to analyze the link between old age security policy and national integration objectives, noting that most Sub-Saharan nations introduced such programmes within a few years after attaining independence.

Comparatively in South Africa, there is a clear definition and establishment of care for the aged as a fundamental public problem. Against this background, the South African government identifies care for the aged as a public problem that has to be properly placed on the public policy agenda. Skweyiya (2005:5) noted that much of the scholarly attention given to the issue of care for the aged in Nigeria, in comparison to South Africa, is on institutional perspectives and not on policy basis. The key to addressing aging-related issues is to have these on the policy agenda. It is this agenda setting process that must be understood before any actions can take place to induce change.

In Nigeria, Angwe (2012:3) explained that the Nigerian Constitution requires the state to direct its policy towards ensuring old age care and pensions. Regrettably, that section of the Constitution as laudable as it is, non-justifiable and thus cannot be enforced. Apart from Angwe (2012:3), Okoye (2013:2) stressed that there are no services and programmes dedicated to

elderly persons apart from the pension scheme, which is only for the elderly persons that have been in government employment. Aboderin (2010:4) averred that in spite of the need for enquiry into policy implementation, recent analyses by health policy, stakeholders from Sub-Sahara African (SSA) countries pointed to three concerned factors: (i) obstacle to the endorsement of drawn up policies, as is the case, for example, with Nigeria's Revised National Health Policy (2004) and National Policy on Aging (2008), (ii) wobbly policy formulation that is not capable to direct comprehensive programme plan, and (iii) compromised execution owing to inadequate budget allotment as reasons for policy impasse or bottlenecks.

The Nigerian Government is, therefore, determined to enhance the recognition of the dignity of older persons and to eliminate all forms of discrimination, neglect, abuse and violence. The scope of this policy encompasses wide-ranging problems and needs of older persons identified in the following areas: income, health care, food/nutrition, family upkeep, gender, housing and related utilities, transportation, clothing, recreation, social contact, interaction, social-cultural participation and economic/voluntary employment services. The goal of this policy is to provide an enabling environment and support for older persons to achieve their personal goals and realize their potentials through participation in the family, community and the larger society. The general objectives of this policy are to:

1. create and sustain awareness of the situation of older persons in society;
2. guarantee an improved quality of life for older persons in Nigeria;
3. ensure total integration of older persons in the society;
4. strengthen the traditional support systems for older persons;
5. guarantee adequate and sustainable income security of older persons; and
6. see that fundamental human rights of older persons upheld and protected.

At an annual World Elders' Day event in 2014 in Nigeria, marked every 1st of October by the United Nations, some of the senior citizens suggested to the Government that there is a need to create a Ministry for Senior Citizens to cater for all aged people's needs; that older persons should not be served in same department with social welfare, youth and sport development, as in the case of Nigeria. They further argued that they should not be seen as feeble and non-productive after contributing their useful adulthood serving the nation, and it is the duty of the Government to cater for their well-being and utilize their years of experience by formulating a working policy. The concerned organizations and persons see the actions by the Government as laxity in preparation for elderly explosion in the near future.

A comparison study of the aged policy in Nigeria from 1960-2016 and South Africa, from 1994-2016 is based on data drawn from the Social Welfare Department of the two nations. The research looks at the two countries in relation to care for the aged policy approaches. This review and comparison is expected to shed light on the policy issues that affects care for the aged Nigeria and South Africa. The study examines the similarities and differences in the policy approaches in the two nations. The study reviews policies of the two nations with regard to care for the aged to ascertain

if it aligns with the United Nation's goals on universal care for the aged on healthy aging.

It also compares the policies, using the policy agenda setting in each case to determine whether they ameliorated the long-term care needs of the elderly community and whether gaps existed during the study's time frame. Such gaps would be whether there were clear indications that the elderly were assisted or needed the provision of long-term support; but policymakers were found not responsive to their needs. In addition, historical records were reviewed for any instances of mismatch of long-term care reforms to the needs of an increasing number of elderly people wherein this study linked public administration and public policy. According to Ijeoma (2013:211), a government has a strong commitment to address the social challenges in the society such as adopting economic policies that favour job creation, industrialization, and good service delivery at the community urban and rural levels. Government can achieve these through proper goal identification; proper combination of resources and also understanding the expected outcome, i.e. the policy impact on the society.

Methodology

This study used qualitative desktop research. In this study, the researcher started by building relationships with the identified departments in their settings via desktop research method. In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria and consequently made comparisons, looked for gaps and drew conclusions.

Data collection

The qualitative data collection procedure was used to review documents on care for the aged so as to determine policy issues that affects the South African and Nigerian Government policies with regards to care for the aged. However, the researcher in this study made use of documentary analysis. The researcher consulted various tools such as internet, journals, published and unpublished articles, papers and conference papers to collect secondary data.

Therefore, from the above related documents, review and comparison of research on Government policy on care for the aged was carried out. In this study, the researcher applied the review of existing documents based on its added advantages, as suggested by prevailing literature. Some of the advantages highlighted in the reviewed document from other literature validate the authenticity of work done.

Secondly, the advantage of using reviewed documents is that it allowed the researcher to collect data for answering questions without the involvement of participants as per Government policy on care for the aged in the two countries. This was relevant in the study because the researcher's interest was in finding similarities and differences on Government policy with relation to older people (Maree, 2007). Against this background, data from desktop research were reviewed and served as written evidence from the sources of reviewed document.

Result

In Nigeria, to address the imbalance in the care for the aged sector for many years, the government identified the policy issues and is aware that older persons have special needs and face some major constraints in their bid to satisfy their needs (National Policy on Ageing 2007). The Federal Government also stresses its primary

responsibility in promoting, providing and ensuring access to basic social services, bearing in mind the specific needs of older persons. The Government formally declares its firm resolve and commitment to protect the human rights of older persons and in particular to undertake and promote all relevant measures to safeguard and continuously advance the care and well-being of all older persons. While accepting primary responsibility for providing leadership on aging matters on the implementation of this policy, the Government recognizes the need for effective collaboration with States and Local Governments, International Agencies, Older persons themselves and their organizations, the Media, Faith–Based organizations (FBOs), Community Based Organizations (CBOs) the Organized Private Sector, Professional Organizations, Institutions and other stakeholders. The government noted that the National Policy on Ageing in Nigeria is rooted in the traditional respect for and high regard in which older persons are usually held. It flows from the realization that older persons, as a social category, have special needs, socio-economic and health problems requiring specialized attention and treatment. It is informed by the fact that due to current demographic changes, there is a steady increase in the number and proportion of the Nigerian population now attaining old age.

The paper examined the policy issues on care for the aged in Nigeria in the context of public interest, noting that the government respects the fundamental human rights of the older persons as enshrined in the Constitution of the Federal Republic of Nigeria (1999) and the United Nations Declaration on Human Rights (1948) and AU Policy Framework and Plan of Action on Ageing (2002). Consequently, this National Policy on Ageing seeks to ensure that the older persons in Nigeria enjoy a life of health, security, fulfillment and contentment within their own families and communities. The vision of the policy, according to the government, is to respond to the opportunities and challenges of population ageing and to promote development which will provide guidance in areas of independence, participation, care, self-fulfillment and dignity for older persons.

However, the public interest agenda on care for the aged in the study context implies the provision of services for the general welfare of older persons. Incontrovertibly, the socio-economic contexts of the country depict massive poverty, inequality, high level of corruption, injustice, nepotism and unemployment. However, the policy is still on the drawing board and not yet implemented as at the time of this research and therefore, has not made a considerable impact in the challenging issue that confronts the elderly. The implication is that the majorities of older persons in Nigeria are still denied access to quality needs such as social security, food, health care, education and so on; this stifles opportunities for longevity. Comparatively in South Africa, care for the aged policy was derived from the need of the post-apartheid ANC government to address care for the aged bottleneck created by several decades of the apartheid government. This has enabled the identification of care for the aged as a public problem and its proper placing in the public policy agenda. The policy emphasizes the following three focus areas as adopted during the Second World Assembly Plan of Action held in Madrid in 2002:

a) Older persons and development: To be addressed by active participation in society, work and the ageing labour force, rural and urban development, access to knowledge, education and training, inter-generational solidarity, income security, social protection and poverty prevention and provision in emergency situations;

b) Advancing health and well-being into old age: To be addressed by lifelong health promotion, universal and equal access to health services, HIV/AIDS, training of care providers and health professionals, mental health services and disabilities; and

c) Ensuring enabling and supportive environments: To be addressed by housing and the living environment, care and support for caregivers, addressing neglect, abuse and violence and communicating positive images of ageing;

These three priorities reflect the needs of older persons at different stages of their life cycle. While the "development" component is of greater pertinence to mobile and active older persons, the "health" and "supportive environments" are more closely associated with the (particular) needs of the older and frailer, amongst the broad category of older persons. As a result, the government identifies policy issues of addressing older person's poverty in the country by improving social equity and poverty alleviation. The study further identified these issues in the context of public interest. Due to the historical and social contexts of South Africa, the older population constitutes the poor majority. The policy issues of access to social security and affordability are found to be central in achieving the policy goal of active aging in South Africa. Through the implementation of older person's policy in 2006, the South African aged group has inroads to some of the social security services put in place by the government. The policy, therefore, has facilitated the provisions of basic needs such as food, health care and accessibility to social amenities in-order to enhance active aging. The policy concern of addressing the care for the aged backlog through social considerations of social equity and poverty alleviation is in line with achieving the policy goal of universal access. These issues are aligned to the public benefit agenda of grass roots socio-economic development.

Conclusion

In Nigeria, the study findings show that policy development in care for the aged between1960-1999 was affected by a series of military incursions into politics and the general undemocratic and unstable nature of the society. The care for the aged policy from 1960-2016 is, therefore, in response to aging challenges as intended by government in the democratic dispensation. The government of Nigeria is yet to provide the necessary legislation to formalize and encourage the provision of care for the elderly and initiate massive campaigns/education to increase awareness on the need for all to see the elderly as repositories of collective wisdom and custodians of a country's heritage. Such a policy would ensure prompt payment of appropriate gratuity and pension to every citizen who has served the nation meritoriously; pensioners should be encouraged to continue to participate in the National Housing Fund and benefit from the Scheme. The government aims to make available soft loans to the elderly to mobilize and integrate the elderly into development as a human resource to engage in massive advocacy on issues of interest to older persons. The Government expects the family

to actively play its role of ensuring generations of care givers and a tradition of mutual support for the senior citizens and the elderly. These realities are also found to affect good governance and public participation in policy processes pertaining to caring for the aged.

In South Africa, comparatively, the study findings show that the care for the aged policy depicts the intention of the post-apartheid ANC government to address care for the aging bottlenecks created by several years of apartheid regime. Care for the aged policy during the apartheid era was implemented along lines of racial differentiation in so many areas. The majority of blacks were excluded from the social security policy in favour of the white minority. The post-apartheid government identified the imbalance as a public problem and strategically placed it on the public policy agenda for policy making. A central policy agenda favoring both blacks and whites was regulated during the post-apartheid period. In view of this, the policy emerged out of rare social considerations of social equity and poverty alleviation and environmental concerns. The policy addressed older persons who were victims of the historical and socio-economic pandemonium. Furthermore, the care for the aged policy in the country was found to be in line with the public interest perspective of active aging demanded by the United Nations. Care for the aged in the policy context is, therefore, part of the government's social welfare responsibility.

Recommendations

The recommendations are based on the findings of the study regarding policy issues that affect care for the aged in South Africa as compared to Nigeria.The study investigated the policy issues that affect the aged on achieving the goal of the United Nations in providing quality active aging environment to all older persons in the two countries. The International Plan of Action on Aging is the first International instrument on aging guiding thinking and the formulation of policies and programmes on aging. It was endorsed by the United Nations General Assembly in 1982 (resolution 37/51) and adopted earlier the same year at the World Assembly on Aging at Vienna, Austria. It aims at strengthening the capabilities of Governments and civil society to deal effectively with the aging of populations and to address the development potential and dependency needs of older persons. It also promotes regional and international cooperation and includes 62 recommendations for action addressing research, data collection and analysis, training and education and other relevant sectors. The recommendations of the study derive from a comparative problem-solving approach which forms the central objective on care for the aged in Nigeria and South Africa.

The African Union Policy Framework and Plan of Action on Aging (2002) guides African Union Member States as they design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of older people with the following recommendations:

Rights

Recommendation I: That Member States recognize the fundamental rights of older persons and commit themselves to abolish all forms of discrimination based on age; that they undertake to ensure that the rights of older people are protected by

appropriate legislation; including the right to organise themselves in groups and to representation in order to advance their interests.

Actions:

a) Elaborate and adopt an additional protocol to the African charter on Human and Peoples Rights relating to the rights of older persons.

b) Review and amend, as appropriate, the Constitution or legislation to guarantee the fundamental rights of older people are protected.

c) Provide direct and permanent legal assistance to older persons to defend their rights.

d) Include older persons in the development, review and implementation of a comprehensive and integrated national policy to meet the needs of older people.

e) Ensure that the UN Principles for Older Persons (independence, dignity, self-fulfillment, participation and care) are legally binding and implemented.

f) Develop and review legislation to ensure that older people, especially women, receive equitable treatment from customary and statutory laws, including reviews of legislation on property and land rights; inheritance laws; social security legislation and so on.

Recommendation II: Member States should undertake all the necessary measures to ensure that older people can access all their rights.

Actions:

a) Ensure that information is collected regarding the number of older people who are victims of crime.

b) Implement programmes of civic and public education, including schools, to address issues arising from witchcraft allegations and other human rights abuses.

c) Improve older people's access to legal services through public education targeting (i) older people to ensure they are aware of their rights and (ii) communities to ensure that they understand the rights of older persons.

d) Ensure that sensitization and information programmes relating to the rights of older persons involve older people at all levels.

e) Ensure that the training of all public servants includes information on the rights of older persons.

f) Develop and review the training curricula for social workers, care givers and all those working with older people to ensure that they adequately include the rights of older persons.

Information and Co-ordination

Recommendation I: Member States undertake to standardize the definition of older people.

Actions:

a) Review and harmonize definitions of older persons in line with the UN common usage of older persons, namely, those aged 60 years and above.

Recommendation II: Member States undertake to ensure that comprehensive data on the situation of older persons is compiled and made accessible.

Actions:

a) Ensure that the collection and analysis of national census data include issues specific

to the needs of older people and that data are fully disaggregated by age (without upper age limits) and gender.

b) Ensure that all household surveys and other information collection activities compile, analyse and present issues and questions related to older people in society and that data are fully dis-aggregated by age (without upper age limits) and gender.

c) Ensure that the collection, compilation and analysis of data includes socio-economic and other indicators specific to issues affecting older people (including number of dependant and family support) for utilization in policy and programme planning.

d) Ensure that all information on aging is collected, analysed and published in a format that expresses the differences in aging between men and women.

e) Undertake research to identify the impact of differences in longevity between women and men in terms of living arrangements, income, health care and other support systems.

f) Improve data collection about the contributions of older people to the economy, including their participation in the informal economy and in un-remunerated work including household work and subsistence agriculture as reflected in the United Nations System of National Accounts.

g) Collect, compile, analyse and utilize data on contributions made and benefits received from State and other social security systems for the purpose of improving older people's access to such systems.

Recommendation III: Member States undertake to ensure that the needs and rights of older people are integrated into all existing and new policies in all sectors.

Actions:

a) Ensure that older people are actively involved at all levels of policy development, strategy formulation, action, implementation, monitoring and evaluation.

b) Formulate and modify existing policies (in all sectors) to ensure that the specific needs of older people are included and that they complement the national policy on aging.

c) Ensure that the concerns of older persons with disabilities are placed on the agenda of existing national policy-making and co-ordination bodies dealing with both disabilities and older persons.

d) Draw up guidelines to facilitate the implementation of appropriate policies regarding older persons.

Recommendation IV: Member States should undertake to ensure that coordinating and monitoring mechanisms are established, at all levels, so that issues affecting older people are addressed effectively.

Actions:

a) Establish a Ministerial position responsible for issues affecting older people.

b) Strengthen or establish national coordinating structures (bringing together representatives of older people, different Ministries and other stakeholders as appropriate) to ensure that the needs of older people are addressed.

Poverty

Recommendation I: Member States undertake to ensure that the rights and needs of older people are comprehensively addressed in poverty reduction strategies.

Actions:

a) Collect, compiles, analyse and disseminate information on the factors that contribute to the poverty experienced by older people.

b) Develop and review policies and programmes on poverty reduction programmes that ensure that the specific needs of older people are taken into account.

c) Involve older people in the assessments, planning, implementation, monitoring and evaluation of poverty alleviation programmes.

d) Conduct research prior to the implementation of structural adjustment programmes to determine the potential impact of such programmes on older people.

e) Implement poverty reduction programmes specifically targeting the needs of older people; including, for example, specially designed credit programmes.

Health

Recommendation I: Member States undertake to ensure that older people's rights to appropriate health care are legally constituted and guaranteed.

Actions:

a) Develop and review all national health policies and strategies to ensure they respond to specific needs of older people.

b) Involve older people in the development and revision of health policies and strategies.

c) Implement legislation to ensure that health workers do not discriminate against older people.

Recommendation II: Member States undertake to guarantee the delivery of health services that meet the specific needs of older people.

Actions:

a) Undertake research to establish the nature and extent of the physical, social and mental health needs of older people, with due consideration to promotive, preventative, curative and rehabilitative health issues. Ensure that research reflects the different health issues affecting older women and older men.

b) Develop and review health budgets to ensure that adequate funding is devoted to the provision of services for older people, taking into account the higher per ca-pita health requirements of older people.

c) Involve older people in the design, provision and monitoring of health services targeting older women and men.

d) Develop and review the pre-service and in-service training curricula of health professionals to ensure that the health needs of older people are adequately reflected.

e) Ensure appropriate and continuous training on aging issues for family and community health workers and thereby enable them to provide support to older people and their families.

f) Provide support and training to older persons in their role as caregivers.

g) Ensure national coverage of promotive, preventive, curative and rehabilitative health services, including HIV/AIDS services,

designed to meet the needs of older people and particularly those in the rural areas.

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