

Implementation Tips for USAID Partners

Sharing Resources and Knowledge Among the Global CSO Community

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Definitions

Older People: A term used to describe someone in later life, which can vary depending on a country's life expectancy. For statistical purposes, age 60 and over is frequently used to describe older people.

Life Expectancy: Reflects the overall mortality level of a population and is calculated as the average number of years that a newborn is expected to live during a given period.

Global Aging: The number of older people is growing faster than the number of people in any other age group, resulting in an increase in older people as a percentage of the total population around the globe.

Older People's Associations (OPAs): Community-based organizations that mobilize older people to improve their own lives and to contribute to the development of their communities across multiple domains.

Older Citizens Monitoring (OCM): An activity where groups of older people monitor access to essential services and advocate for improvements based on their findings. It promotes dialogue between older people, civil society, governments, and service providers.

Older People in International Development

Q How will population aging shape the future of international development?

A The world's population is aging more rapidly than ever before, with over one billion people over the age of 60—and this number is expected to double by 2050. Globally, the proportion of older people is growing, even as the total population continues to increase. This reflects improvements in life expectancy and an ongoing decline in the worldwide fertility rate (which has decreased 50 percent since 1965). In 2018, for the first time in human history, people over the age of 65 outnumbered children under the age of five.¹ This demographic shift will have an undeniable impact across the world on economies, healthcare systems, and the communities and families who care for older people.

Historically, the majority of older people have lived in high-income countries—with the largest percentages living in Europe, North America, Australia, New Zealand, and parts of East Asia. However, in the coming decades, the fastest growth in populations of older people will take place in low- and middle-income countries. By 2050, it is estimated that 80 percent of all older people will live in those countries.² Several regions are projected to age significantly over the next several decades. For Latin America and the Caribbean and for East, West, and Southeast Asia and North Africa, the proportion of the population aged 65 years or over is expected to at least double between 2019 and 2050. In sub-Saharan Africa, the number of people over the age of 65 is expected to increase by 60 percent.³

It is also important to note the gender dimension of the demographic transition. Women now outlive men in most countries of the world by an average of 4.7 years.⁴

Population aging reflects tremendous advances in health and overall quality of life in societies across the world. But the social and economic implications of this phenomenon are profound—extending beyond the individual older person and immediate family, touching broader society and the global community in unprecedented ways. On the positive side, an older population opens up new markets and brings more

1 United Nations, [World Population Prospects 2019](#)

2 United Nations, [World Population Prospects 2019](#)

3 United Nations, [World Population Prospects 2019](#)

4 Rodin J and de Ferranti D., Universal health coverage: The third global health transition?

Definitions, cont.

Ageism: Stereotypes (how we think), prejudices (how we feel), and discrimination (how we behave) with regard to older people and the process of aging. Ageism can be directed at others or at ourselves.

Long-term Care: Refers to a range of services required by persons with a reduced degree of functional capacity (physical or cognitive) and who are consequently dependent for an extended period of time on help with basic activities of daily living (ADL). It frequently includes a combination of “personal care” and “nursing care” (help with wound dressing, pain management, medication, and health monitoring), as well as prevention, rehabilitation, or services of palliative care. Long-term care services can also be combined with lower-level care related to “domestic help” or help with instrumental activities of daily living (IADL).

Source: OECD Health Policy Studies

Life-Course Approach: A life-course approach recognizes the importance of timing and circumstances in understanding causal links between exposures and outcomes across a person's life.

experienced workers, a growing cadre of custodians of culture, and caregivers of grandchildren. These benefits are often referred to as the “longevity dividend.” But at the same time, an aging population presents major challenges to social safety and health systems, which will be increasingly strained as a result of the demographic shift.

What are the primary issues that older people face and why should my organization be concerned with these issues?

People in developing countries face significant challenges as they age, including increasing poverty, ill health and mobility issues, exclusion from programs and policies, and other forms of discrimination.

Inclusion

Challenges and Issues

Despite global aging trends, older people in low-income countries continue to be excluded from many aspects of international development, from project and research design to implementation—covering all major issue areas ranging from health and social protection to gender-based violence and humanitarian emergencies.

A primary reason for this exclusion is the use of age caps in data gathering to monitor poverty, inequality, work patterns, and access to health services. For example, none of the 17 poverty indicators supplied by the UN Statistics Division in the Sustainable Development Goals (SDG) includes data for older segments of the population.⁵ Depending on the indicator, data excludes women over 49 and men over the age of 49, 54, or 59. In practical terms, this means that program implementers do not know if women older than 49 are experiencing domestic violence, or men over 49 practice high-risk sexual behaviors. Excluding people from data collection based on their age eliminates the ability to understand their needs and develop solutions based on evidence—whether regarding gender-based violence, health, income, or civic participation. Programs do *not focus* on targets that are *not known* to be problems. And progress (or failure to progress) toward targets cannot be measured if there are no baselines.

Another overlooked aspect of inclusion is making programs accessible to older people with disabilities. Mobility, sight, and hearing issues can exclude older people from programs or community events, such as public awareness campaigns, food distribution, voter education, feedback mechanisms, or social service provision.

Actions and Recommendations

- **Collect data on people of all ages that may be affected by a problem.** At a minimum, data needs to be disaggregated by sex, age, and disability. Data on older people shouldn't be analyzed as a single cohort, for example, over 50 only, as it masks large inequalities among age groups. Ideally, data should be

⁵ HelpAge, [Global AgeWatch Insights 2018](#)

disaggregated in five-year age bands where possible, otherwise in 10-year age bands.

- **Make better use of existing data** (such as World Health Organization (WHO)'s Study on global AGEing and adult health (SAGE) data⁶) and eliminate age caps from monitoring frameworks and survey collection when possible and relevant.
- **Ensure that older people are consulted and engaged in programmatic and policy initiatives.** Older people's experiences and roles as community leaders are an important but often untapped resource that can help address humanitarian and development challenges. Older people's perspectives can be ascertained through surveys or by working through Older Person's Associations (OPAs) that are run by and for older people in their communities.
- **Support advocacy initiatives that increase older people's political participation and inclusion in civil society.** Older people represent a growing constituency, are among the most reliable voters in some countries, possess strong knowledge of their communities' history and social fabric, and want to be heard.

Rights

Challenges and Issues

Fundamental human rights that are protected under the Universal Declaration of Human Rights—such as the right to health, social protection, and equal protection from discrimination and abuse—are routinely violated in later stages of life. Furthermore, the existing human rights mechanisms and legal frameworks do not adequately protect the rights of older people and leave gaps where their rights can be denied. According to national survey data from 133 countries, only 41 countries have fully enforced national laws to prevent violence, abuse, and neglect of older people.⁷ Older women are particularly vulnerable, as they suffer from decades of gender discrimination in addition to age discrimination.

Actions and Recommendations

- **Support the establishment of a UN Convention on the Rights of Older People and leverage existing regional human rights treaties on the rights of older people.** This can be accomplished through advocacy work with national governments and partnerships with local civil society organizations. Both the Convention and current regional human rights treaties present opportunities to engage older people in your organization's network—as constituents, beneficiaries, or partners.
- **Review your human rights advocacy agenda and network of stakeholders** to assess how older people fit in and determine if there is a way to include older advocates to engage government ministries

⁶ WHO, [Study on global AGEing and adult health \(SAGE\)](#)

⁷ WHO, UNODC, UNDP, [Global Status Report on Violence Prevention](#)

A global campaign to combat ageism

Ageism can be defined as the stereotypes, prejudices, and discrimination towards people on the basis of age. Ageism is highly prevalent and, unlike other forms of discrimination, including sexism and racism, it is often considered socially acceptable and usually unchallenged.

In 2016, the WHO developed the Global Campaign to Combat Ageism. Since then, the WHO has invested efforts into three key areas:

1. Gathering evidence on ageism (i.e., what it is, how it is experienced, how it is measured, its consequences, and strategies to tackle it), and how to develop campaigns to tackle ageism (i.e., what works, what doesn't work);
2. Building a global coalition of stakeholders to lead the way towards a non-ageist world; and
3. Raising awareness about the need to tackle ageism.

See the Resources section for more information on ageism.

or departments on policy change benefiting all generations.

- **Ensure that information your organization provides about rights and entitlements is accessible to older constituents,** recognizing the many barriers that older people face in terms of physical access and exclusion.

For more information, see the *Implementation Tip* on [The Rights of Older People](#).

Livelihoods and Social Protection

Challenges and Issues

Among the most urgent concerns of older people worldwide is income security.⁸ As people age in low- and middle-income countries, they face multiple barriers to financial security. These include declines in health and mobility that may force them to stop working, fewer opportunities to gain training and skills, and widespread age discrimination. In many countries, people are denied access to jobs, capital, and credit because of their age. The majority of older people who are poor work in the informal sector. As a result, they have little or no access to social protection systems and are therefore more vulnerable to increased poverty in old age. Older people are also at risk of catastrophic health expenditures and face greater difficulties recovering their livelihoods after a disaster or crisis.

Older women tend to be more marginalized and disadvantaged than older men, with data showing higher rates of poverty among older women in both developed and developing countries. Inequalities in income, access to education and decent work, and health challenges faced across the life course accumulate and expose many women to poverty in old age. This risk is exacerbated by barriers to social security entitlements and, in some cultures, lack of control over financial resources and denial of the right to own and inherit property.⁹

Actions and Recommendations

- **Support universal social pensions.** These can be powerful tools to reduce chronic poverty and stimulate investment in physical, human, and social capital. Evidence-based studies indicate that even minimal pension plans and/or small-sum loans to older people make a significant difference in the wellbeing of their households. Older people often invest in their families and communities—including supporting adult children and grandchildren. Older people are generally highly responsible borrowers and have higher rates of paying back small loans than other age groups.¹⁰

⁸ UNFPA and HelpAge, [Ageing in the Twenty-First Century: A Celebration and A Challenge](#)

⁹ UNDP, AARP, and HelpAge, [Ageing, Older Persons, and the 2030 Agenda for Sustainable Development](#)

¹⁰ United Nations General Assembly, [Report of the Secretary General on follow up to the Second World Assembly on Ageing](#)

Resources

Global Aging:

[Ageing in the 21st Century](#)

[UN World Population Prospects 2019](#)

[Global Age Watch Insights 2018](#)

[Ageing, Older Persons and the 2030 Agenda for Sustainable Development](#)

[WHO Global Strategy & Action Plan on Ageing and Health](#)

Inclusive Data Practices

[Inclusive Data Charter](#)

[Washington Group](#)

[How Data Systems Leave Older People Behind](#)

Organizations

[Global Alliance on the Rights of Older People](#)

[HelpAge International](#)

Combatting Ageism

[WHO's Global Campaign to Combat Ageism](#)

[Frequently Asked Questions: Ageism](#)

- **Include older people in income-generating activities** and support age-friendly income-generating programs that include skills trainings. Support lifelong learning opportunities for older people. All of these enable older people to remain independent and productive members of their communities.

For more information, see the *Implementation Tip* on [Livelihoods and Social Protection](#).

Health

Challenges and Issues

In recent years, the increase in life expectancy has gone hand-in-hand with a shift in the global pattern of disease. A smaller proportion of deaths is due to infectious diseases (such as childhood diarrhea and pneumonia) and a greater proportion of deaths is due to non-communicable diseases (NCDs), including cardiovascular disease, diabetes, and cancers. NCDs have a disproportionate impact on older people. In 2011, people aged 60 and over accounted for an estimated 75 percent of deaths from NCDs in low- and middle-income countries.¹¹ Older people also suffer from higher rates of multiple morbidities. As people age, they are more likely to experience more than one chronic condition at a time.

The health-related challenges represented by the high rates of NCDs and multi-morbidity in older people are often accompanied by the need for more support with tasks of daily living to sustain independence and autonomy. This in turn leads health and social care to become increasingly complex and interdependent. Health, care, and support systems have so far failed to address this complexity. In fact, the political declaration of the High-Level Meeting on Universal Health Coverage in 2019 noted that “many health systems are not sufficiently prepared to respond to the needs of a rapidly ageing population.”¹² The demographic and epidemiological (morbidity and mortality) transitions require health systems to adapt to a new reality, moving away from the vertical structures that address specific diseases towards more integrated and coordinated services that respond holistically and include provision for long-term care support.

Actions and Recommendations

- **Advocate for Universal Health Coverage (UHC) as part of the SDGs**, because it provides a potential pathway for the adaptations needed to meet the demands of the demographic and epidemiological transitions taking place in low- and middle-income countries.¹³
- **Support policies and programs that promote healthy lifestyles, assistive technology, medical research, and rehabilitative care**

¹¹ HelpAge, [Global Age Watch Insights 2018](#)

¹² United Nations, [Political Declaration of the High Level meeting on UHC](#)

¹³ HelpAge, [Response to UN high level meeting on UHC](#)

For More Information

For this or other issues of *Implementation Tips*, please visit [NGOConnect.net](https://ngoconnect.net).

The website is a dynamic and interactive portal dedicated to connecting and strengthening CSOs, networks, and CSO support organizations worldwide.

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as well as training of home- and community-based caregivers and health professionals to ensure that those who work with older people are well trained.

- **Develop health programs and services that take a life course approach**¹⁴ as recommended by [WHO's Global Strategy on Ageing](#). Support health promotion throughout the life span, enabling people to maintain independence for as long as possible.
- **Ensure that programs work with the informal and formal health sectors** to include the prevention, management, and treatment of NCDs and address the need for long-term care solutions.

Humanitarian Settings

Challenges and Issues

Older people are disproportionately affected by emergencies and face a higher risk of mortality in disasters. Those with physical challenges such as limited mobility, visual and hearing impairment, and reduced muscle strength are particularly vulnerable in emergency situations. They are often unable to flee and may not be able to access assistance. Furthermore, their specific needs related to diet and nutrition, access to NCD medicines, and mobility devices are rarely accounted for in emergency planning and responses.¹⁵ As a result of these factors, as well as others, older people are generally more likely to die in emergency situations.

Actions and Recommendations

- **All humanitarian actors should follow the Humanitarian inclusion standards for older people and those with disabilities** that have been developed for emergency planning, response, and recovery efforts.
- **Include and consult older people throughout the humanitarian response**, as well as during disaster risk-reduction initiatives.
- **Ensure that older beneficiaries are included in humanitarian information management systems**, including post disaster surveys and data collection.

For more information, see the *Implementation Tip* on [Humanitarian and Emergency Response](#).

¹⁴ See Definitions section and [WHO reference to life course](#).

¹⁵ HelpAge, [What older people say about their experiences in humanitarian situations](#)

