

# MDGs must target poorest say older people

Supplement to Ageing and Development



The Millennium Development Goals (MDGs)<sup>1</sup> commit the world to halving extreme poverty by 2015. The prime candidates for this assistance should be the very poorest, including older people, ethnic minorities, people with disabilities and the very young. While the MDGs have specific targets on children and youth they are silent on issues of age, ethnicity and disability. As a result, these invisible groups are unlikely to benefit from the global effort to eradicate poverty.

100 million older people<sup>2</sup> live on less than a dollar a day<sup>3</sup> and 80 per cent of older people in developing countries have no regular income. They are less likely to benefit from interventions because:

- *They are often the most difficult to reach as they live in rural areas, face literacy and language difficulties, and experience physical constraints to participating in conventional development activities.*
- *They are discriminated against on the basis of age and gender, are deemed economically invalid and denied their right to services.*
- *The indicators used to measure MDG achievement obscure marginal groups by failing to disaggregate data by age, gender, disability and ethnicity.*

If the MDGs are to deliver fair and equitable development that reaches the very poorest, an explicitly rights-based approach to poverty reduction is needed, in addition to greater financial commitment.

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Leading global action on ageing



John Cobbo/HelpAge International

**The Millennium Development Goals<sup>4</sup>** provide a roadmap for the international community's efforts for development. They encompass a set of eight goals aimed at halving extreme poverty and hunger, reducing gender inequality, infant, child and maternal mortality, the impact of poverty diseases and environmental damage, and fostering a global partnership for development with fairer trade and more and better aid.

- Goal 1 Eradicate extreme poverty and hunger**
- Goal 2 Achieve universal primary education**
- Goal 3 Promote gender equality and empower women**
- Goal 4 Reduce child mortality**
- Goal 5 Improve maternal health**
- Goal 6 Combat HIV/AIDS, malaria, and other diseases**
- Goal 7 Ensure environmental sustainability**
- Goal 8 Develop a global partnership for development**

## Making the MDGs pro-poor

One way of ensuring equitable development targeted at the very poorest is through a universal social protection package<sup>5</sup>, including education, health and income. Poor older people should be a core beneficiary of such a package, alongside other vulnerable groups, so as to fulfil their own right to development as well as be able to contribute to their families and those in their care.

## The over-60s form an increasing proportion of the poor in developing countries

Already more than 10 per cent of those living on less than a dollar a day are over 60. In coming years the number of older people living in extreme poverty is likely to increase as the proportion of the population in developing countries over 60 rises. In 47 developing countries the number of people over 60 years will double between 2000 and 2015. In another 73 developing countries the population over 60 will rise by 50 per cent during this time period.<sup>6</sup>

## Older people contribute to the survival of young in poor families

Older women and men, when supported, can be effective agents of change and contribute to the aims and aspirations of the Millennium Development Goals through their caring, counselling and educational roles and the contributions they make to the household economy.

The livelihood strategies of poor families around the world operate on a complex set of intergenerational relationships. Older people are frequently at the centre of these survival strategies.

- *Adult children rely on their parents to support their families with childcare or assets such as land and property.*
- *Older parents, in turn, rely on their adult children for economic or material support in old age.*

<sup>1</sup> See box p.2

<sup>2</sup> The United Nations defines older people as those over 60 years of age

<sup>3</sup> HelpAge International, *Age and security: how social pensions can deliver effective aid to poor older people and their families*, HelpAge International, 2004, p.4

<sup>4</sup> [www.unmillenniumproject.org](http://www.unmillenniumproject.org)

<sup>5</sup> The right to social protection is set out in the Universal Declaration of Human Rights and the Madrid International Plan of Action on Ageing

<sup>6</sup> UN Department for Economic and Social Affairs Population Division, *World population ageing 2000-2050*, United Nations, 2002

- *Millions of orphaned children and older relatives are relying on each other for survival when HIV/AIDS, conflict or other shocks destroy families.*

Action is needed within the framework of the MDGs – particularly 1, 3, 4, 5, 6 and 8 – to ensure that benefits of development reach poor older people.

### MDG 1 – Eradicate extreme poverty and hunger

Older people disproportionately experience chronic poverty,<sup>7</sup> something still poorly acknowledged. Households headed by older adults with young dependants are particularly at risk. Poverty rates in households with older people are up to 29 per cent higher than in households without.<sup>8</sup> For the goal of halving extreme poverty to be applied equitably older women and men must be targeted in order to escape the abject poverty they live in today.

Despite older people's right to be free from hunger,<sup>9</sup> lack of food is a serious cause of poor health in older people. Research in Haiti showed that significant numbers of older people go hungry, and are often sick because of poor nutrition. Over 80 per cent of older men and 75 per cent of older women indicated that they often go hungry and can sometimes go for days without food. Similar situations exist in other Caribbean countries.<sup>10</sup>

The most common risk factors that affect older people's nutritional status are poverty, responsibility for supporting grandchildren, living alone and age-related disabilities (such as immobility, blindness and loss of teeth). In emergency situations older people are particularly at risk, as food distribution points are inaccessible for them or they share their food rations with other family members. Recent research in refugee camps in Sudan<sup>11</sup> revealed that one-fifth of older people were not accessing World Food Programme food rations. 29 per cent of the older people surveyed were caring for orphaned children but they were not targeted by humanitarian organisations for supplementary food aid.

The Millennium Project Task Force<sup>12</sup> on Hunger acknowledges that 'chronic under nourishment affects vast numbers of people across the developing world' and recommends 'a life-cycle approach that ensures adequate nutrition for the hunger-prone at various sensitive ages' which include old age.

Yet the task force concentrates its recommendations for action on children under five years old and pregnant and lactating mothers, as these are identified in the MDGs. Focusing this narrowly is neither equitable nor practical. People live in families with interdependencies and intergenerational transfers of both poverty and wealth.

### MDG 3 – Promote gender equality and empower women

Older men and women, like younger generations face gender discrimination, which is further exacerbated by age, ethnicity and disability. The cumulative gender bias experienced by women throughout life in education, the labour market and saving capacity, spells poverty and exclusion for women in old age.

The third Millennium Development Goal strives for gender equality and women's empowerment. Yet, the indicators are set so narrowly that they put an age limit on gender equality. By focusing on education and literacy for girls and young women, the goal denies the fact that women of all ages fall far short of men's literacy and educational achievements. A recent study in Bangladesh showed that older men had four times more years of education than women, and had incomes over five times higher than women in their age group.<sup>13</sup> At the end of the 1990s, 40 per cent of older women in Latin American and the Caribbean were found to be illiterate.<sup>14</sup>

'There are times when I go for several days without food. At this very moment while I am speaking to you my heart is tearing away with hunger.'

*75-year-old woman, Haiti*



Jon Buggel/HelpAge International

<sup>7</sup> Chronic Poverty Research Centre, *The chronic poverty report 2004-05*, Chronic Poverty Research Centre, 2004

<sup>8</sup> K Subbarao and D Coury, *Reaching out to Africa's orphans: a framework for public action*, World Bank, 2004

<sup>9</sup> The 1996 World Food Summit asserted 'the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger'.

<sup>10</sup> HelpAge International, *State of the world's older people 2002*, HelpAge International, 2002

<sup>11</sup> D Ghylain, 'Health and nutrition assessment of older people in West Darfur', Sudan, 2005, photocopied

<sup>12</sup> The Secretary General of the United Nations tasked a range of development experts with a review of progress towards the Millennium Development Goals in the form of the Millennium Project. These task forces delivered their reports in January 2005. Their recommendations form an action plan outlined in the report *Investing in development: a practical plan to achieve the Millennium Development Goals*, prepared by Dr Jeffrey Sachs, [www.unmillenniumproject.org](http://www.unmillenniumproject.org)

<sup>13</sup> H Chaklader et al, *Baseline survey on older people*, Bangladesh Women's Health Coalition, Dhaka, 2004

<sup>14</sup> E Zepeda, 'The MDG agenda: including older persons in anti-poverty strategies', presentation to Government of Tanzania/ UNDESA/HelpAge International Regional Workshop on Ageing and Poverty, BPD/UNDP Poverty Group, Dar es Salaam, 2003

‘This learning is so important to me because for the first time I can read road signs and notices. I can check bills and accounts when they come. I can understand official letters and deal with pension problems – like why the money is less one month than another.’

*Older woman learner, Lamontville, South Africa*



Neil Cooper/HelpAge International

The Millennium Project Task Force on Education and Gender Equality acknowledges ‘the elderly’ mainly in their guise as a care burden for women, along with children and the sick. It is true that women perform the majority of care work in the home and the community. But older women as well as young girls take on an equal or greater share of this work than women of productive and reproductive age. Furthermore they perform this care work in addition to trying to earn a living for themselves and their families. Research in Bolivia shows that older women and men are often carrying out the most physically taxing, poorly paid and denigrating work, largely in the informal sector.<sup>15</sup>

Gender equality can be made to count for women of all ages. Adult literacy classes for older women have proved extremely effective in empowering older people to access their entitlements, run small businesses and provide better for children under their care.

Older women attending literacy programmes in South Africa commented that literacy made them more independent and gave them a sense of self-respect. They did not have to seek help with so many things and they could help their grandchildren with their homework.<sup>16</sup>

### **MDG 4 and 5 – Reduce child mortality and improve maternal health**

Older women, as mothers, grandmothers and traditional birth attendants play an important role in the family and in supporting young mothers and infants. Targeting older women with support and information can reduce infant, child and maternal mortality and improve maternal health.

Nutrition is known to be key to the survival and health of young children and pregnant mothers. Community research in Senegal showed that older women were key decision-makers in relation to maternal and child health nutrition and welfare practices. A subsequent education programme targeted at grandmothers reinforced this finding. The programme increased the practice of breastfeeding and consumption of iron-rich foods among young mothers. Other impacts included increased moral and material support from grandmothers to pregnant and breastfeeding women; improved relationships between grandmothers, their children and grandchildren and improved knowledge at community level of optimal nutrition and maternal and child health issues.<sup>17</sup>

The Millennium Project Task Force on Hunger, while not specifically acknowledging the role of older women, identifies the need to improve information on nutrition to all household members. ‘Key to long-term nutritional improvement lies in family and community action to prevent malnutrition. It also requires much greater emphasis on enhancing nutrition knowledge at the household level. This means increasing people’s access to both formal and informal sources of nutrition information.’<sup>18</sup>

Furthermore, older men and women often provide vital economic or material support to younger family members, especially single mothers and grandchildren, with a positive effect on the wellbeing of young women and children. In Bolivia, many grandparents take responsibility for young children, using their pension to buy food, clothes and schoolbooks. Likewise, in Namibia and South Africa, many older people spend the greatest proportion of their pension on food, clothing, education and health care for their grandchildren.<sup>19</sup>

<sup>15</sup> E Skinner, ‘Pensions and poverty: a case study of three poor urban areas of La Paz, Bolivia’ University College London, 2005

<sup>16</sup> S Graham-Brown, ‘Case study on literacy programme South Africa’, HelpAge International field report, October 2002

<sup>17</sup> J Aubel et al, ‘Strengthening grandmother networks to improve community nutrition’, *Gender and Development*, vol. 9, no. 2, July 2001

<sup>18</sup> United Nations Millennium Project, *Halving Hunger: it can be done Millennium Project task force on hunger*, United Nations, 2005, p.129

<sup>19</sup> HelpAge International, *Age and security*, p.27



## MDG 6 – Combat HIV/AIDS, malaria and other diseases

HIV/AIDS is having devastating and under-reported economic, social, health and psychological impacts on older women and men. They are carers and providers for those orphaned or ill from HIV/AIDS, and are themselves at risk of infection from the virus. Yet efforts to fight the epidemic exclude older women and men. HIV prevalence rate data is limited to the 15-49 years age group and the indicators for MDG 6 on halting and reversing the spread of HIV/AIDS, tuberculosis and malaria narrow their focus further to the 15-24 year olds. Because older people are not counted, they are being denied their right to information, protection and treatment and care, and are excluded from HIV/AIDS policies and programmes.

Evidence suggests that that HIV infection does occur in people over 50, that it affects older women more than older men, and that it is on the increase. Analysis of infection data collected by AIC-MIS between 1992-2002 from voluntary testing and counselling centres in Uganda found that the over-50s made up 4.6 per cent of those who presented at these centres. Of these, one in five tested HIV positive (23.9 per cent of women and 18 per cent of men). For this period there was a tenfold increase in numbers of people aged 50 or over seeking voluntary counselling and testing services, with a twenty-fold increase in the over 70-year-olds.

Furthermore, global efforts to combat HIV/AIDS have not acted to support the millions of men and women who are taking on the primary caring role for people living with HIV and for orphans and vulnerable children (OVC). Nine-tenths of care for people with HIV/AIDS happens in the home.<sup>20</sup> Women – girls, mothers, wives and especially grandmothers – provide most of this care. The world relies on ‘home and community-based care’ to deal with the epidemic, but few people recognise that the human face of the ‘home’ and ‘community’ is largely that of an older woman, caring for her dying sons and daughters, supported only by the grandchildren these will leave behind.

UNICEF data shows that over 60 per cent of orphaned children<sup>21</sup> live in grandparent headed households in Namibia, South Africa and Zimbabwe, and over 50 per cent in Botswana, Malawi and Tanzania. As the epidemic progresses, the care responsibility of grandparents increases as fewer other relatives are available. In Namibia the percentage of orphaned children living with their grandparents increased from 44 per cent in 1992 to 61 per cent in 2002. A large proportion of these grandparent-headed households are headed by older women.<sup>22</sup>

### The special needs of Africa

**The Millennium Declaration makes a special commitment to supporting the needs of Africa. Today Africa is home to some 47 million people aged 60 and over, most of whom live in rural areas. The over-60s – and particularly the over-80s – represent the fastest-growing population group on the continent. Africa’s older population is set to increase by 50 per cent between 2000 and 2015, and by nearly fivefold by 2050. Thirty per cent of households in sub-Saharan Africa are headed by a person aged 55 and over, 68 per cent of these include at least one child under the age of 15.**

**Discrimination and limited policy and legislation on ageing, combined with the declining economic situation, the impact of HIV/AIDS and ongoing conflict and emergency situations mean that older people in Africa are denied access to basic rights and services and live in poverty. This applies particularly to older women and widows who are often discriminated against in issues of inheritance and land ownership.**



E. Skinner/HelpAge International

Doña Fernanda, 83, lives in La Paz, Bolivia. She never went to school or learnt to read but spent her childhood working. Now, in her old age she collects rubbish in the streets. She works all day every day picking up paper and plastic on the street. For each kilo of rubbish she collects, she gets paid US\$0.05.

<sup>20</sup> UNAIDS, *Women and aids, UNAIDS Epidemic update 2004*, UNAIDS/WHO, 2004

<sup>21</sup> Double orphans and single orphans not living with surviving parent. *Africa’s orphaned generations*, UNICEF, 2003

<sup>22</sup> HelpAge International, *Ageing and Development 16*, HelpAge International, 2004, p.6

If policies, programmes and resource allocations to combat HIV/AIDS are to be effectively deployed, information is needed on who the carers are, where they live, what resources they command and what support structures they can rely on.



Jon Bugge/HelpAge International

**Because of HIV/AIDS many older women and men are facing the task of providing for themselves as well as their sick adult children and orphaned grandchildren, at a time when they themselves expected to be supported by these same family members.**

**The report of the Commission for Africa, *Our Common Interest*, calls on the international community to double foreign aid to US\$50 billion and make the fight against AIDS a priority. It highlights the role of child grants, disability allowances and pensions in poverty reduction and calls for social protection strategies to be developed by the Africa Union's NEPAD programme by 2007, including 'for orphans and vulnerable children, supporting their extended families and communities'.**

**HelpAge International welcomes the report, and wants to see cash transfers to the poorest and most vulnerable, the young and old, implemented as a cost-effective way to tackle long-term, extreme poverty. Action is needed so that Africans of all ages can enjoy basic human rights.**

## **MDG 8 – Develop a global partnership for development**

The international community has an important role to play in tackling the MDG targets in a more inclusive way. If interventions designed to achieve the MDGs in 2015 and beyond followed the principles of equity, participation, intergenerational development and effective aid, the most vulnerable people, including those over 60, could fulfil their right to development.

### **Equity**

Non-discrimination is a right enshrined in international human rights instruments and the accompanying body of law. If internationally agreed goals of equity, social integration and pro-poor development are to succeed, the rights and aspirations of all age groups must be addressed. To ensure equity in the MDGs their achievement and impact must go beyond macro-level statistics and national averages and reach the most vulnerable in families, households and communities.

### **Participation**

Fundamental to inclusive development is the participation of all citizens in the development of their communities and countries. Participatory and consultative policy-making and active policy monitoring by citizens can ensure bottom-up and transparent development processes with downward accountability and effective and equitable service delivery.

### **Intergenerational development**

Strategies that recognise and support the reciprocal intergenerational relationships between old and young in poor households and communities, are key to effective and inclusive development policies and programmes. Intergenerational approaches to development include age as well as gender disaggregated poverty analysis, targeted income and support for vulnerable households, and the promotion of transfers of knowledge and support between generations.

### **Effective aid**

Aid that effectively targets the poorest promotes a package of social protection including health, education and social pensions. This is an especially effective mechanism for supporting vulnerable households such as those comprising older people and children. The international community can assist national governments to incorporate social protection measures, including social pensions, into poverty

reduction strategies and support ways of strengthening 'traditional' or 'informal' social security for poor people in developing countries.

## Social protection – a means of reaching the poorest

A proven means to tackle vulnerability, reduce old-age poverty and support multi-generational households is to introduce a basic social pension.<sup>23</sup> As the Millennium Project Task Force on Hunger notes 'households are most vulnerable when they have few options for earning a living. A family that receives income through remittances and public safety nets, is more likely to survive a shock than households that depend entirely on farm income... The benefits delivered through regular safety nets can make the difference between life and death when shocks or disasters occur.'<sup>24</sup>

There is extensive evidence that cash transfers to older people reduce household poverty. In South Africa the old age pension is the main source of income in many poor households and has an important re-distributive effect. It is the most effective of any social programme in targeting and reaching economically vulnerable groups. Evidence has shown that the effect of pensions in households of older people with young dependents is to improve the nutritional status and school attendance of children and the health of all household members.

Studies in Brazil, South Africa and Zambia showed that older people spent 42-48 per cent of their pension on food.<sup>25</sup> Without this income, a significant proportion of older people would not be able to afford to eat regular meals, with adverse effects on their nutrition and health. Case studies from Dominica and Bolivia illustrate how pension income improves the diet of older people and the children they care for.

The first target of MDG 1 is to halve, between 1990 and 2015, the proportion of people whose income is less than a dollar a day. Analysis, below, demonstrates how social pensions could contribute to the achievement of this target, using the three indicators set to measure the target.

- *Social pensions can reduce the number of people living below a dollar a day. In South Africa, the pension reduces the number of people living below the poverty line by 5 per cent (2.24 million).*
- *Social pensions can reduce the poverty gap ratio (incidence x depth of poverty). The pension reduces the ratio by more than 13 per cent in South Africa and nearly 8 per cent in Brazil.*
- *Social pensions can increase the share of the poorest quintile in national consumption. Social pensions increase the income of the poorest 5 per cent of the population by 100 per cent in Brazil and 50 per cent in South Africa.<sup>26</sup>*

Introducing a social pension would also contribute to the achievement of MDG 3 as the Millennium Project Task Force on Gender Equality identifies.

'Public pensions, which tend to have a re-distributive role and do not require minimum contributions, are better [than private ones] for women in low income countries where informal employment and widespread poverty coexist.'

Cash transfers to carers of orphaned and vulnerable children and people living with HIV/AIDS (or other chronic diseases) are an effective way to stop those families sliding further into poverty. The Kingdom of Swaziland has set a precedent by receiving money from the Global Fund to fight AIDS, TB and Malaria to finance a stipend of roughly US\$30 a month to 10,000 carers looking after orphans,<sup>27</sup> the vast majority of whom are likely to be older women. Although small, the stipend makes a real difference to the livelihoods of these households.



Neil Cooper/HelpAge International

<sup>23</sup> By social pension, HelpAge International refers to regular, universal non-contributory cash transfers

<sup>24</sup> UN Millennium Project, *Halving hunger: it can be done*, Millennium Project Task Force on Hunger, United Nations, 2005, pp.145/6, [www.unmillenniumproject.org](http://www.unmillenniumproject.org)

<sup>25</sup> HelpAge International, *Age and security*, p.29

<sup>26</sup> HelpAge International, *Non-contributory pensions and poverty reduction: a comparative study of Brazil and South Africa*, HelpAge International, 2003

<sup>27</sup> Kingdom of Swaziland, *Proposal to Global Fund to fight AIDS, Tuberculosis and Malaria, Fourth Round*, Kingdom of Swaziland, 2004

## Action required to ensure MDGs target poorest

**The MDGs can make a difference to the lives of many millions of poor people around the world. To do so and to deliver on a sound human rights agenda for equitable development for all, development interventions to achieve the MDGs should:**

- 1.** Acknowledge older women and men as effective agents of change and contributors to the aims and aspirations of the Millennium Development Goals.
- 2.** Ensure poverty analysis is disaggregated by gender and age as well as ethnicity and disability.
- 3.** Make gender equality a reality for women and men of all ages and throughout the life cycle, through lifelong education and employment rights for women.
- 4.** Ensure an equitable and rights-based approach to HIV/AIDS which gives the over-50s equal access to testing, counselling and treatment and acknowledges and alleviates the burden of care on women of all ages.
- 5.** Encompass the principles of equity, participation, intergenerational development and effective aid.
- 6.** Incorporate social protection measures, including social pensions into poverty reduction strategies.

**HelpAge International** is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

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