THE THIRD REVIEW AND APPRAISAL CYCLE OF THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING IN AFRICA FOR THE PERIOD 2012 – 2017

FINAL REPORT SUBMITTED TO UNITED NATIONS ECONOMIC COMMISSION FOR AFRICA - JULY, 2017

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Abbreviations and Acronyms

AFRAN   African Research on Ageing Network

APHRC   African Population and Health Research Centre

AUC   African Union Commission

DHS   Demographic and Health Surveys

ECOSOC   Economic and Social Council

HAI   Help Age International

MDAs   Ministries, Departments and Agencies

MDG   Millennium Development Goal

MIPAA   Madrid International Plan of Action on Ageing

NGO   Non-Governmental Organisation

NSO   National Statistical Office

RSC   Regional Steering Committee

SDG   Sustainable Development Goal

UNECA   United Nations Economic Commission for Africa

WHO   World Health Organisation

Executive Summary

MIPAA+15 Africa regional review and appraisal aimed at tracking progress and identifying gaps in MIPAA, identify emerging issues in the national implementation of MIPAA and suggesting specific recommendations for accelerating progress in MIPAA implementation. The review used a mix of methods to collect data including mailed questionnaire, document reviews, database-searches, electronic/internet searches and case studies. A set of evaluation questions relevant to the three MIPAA priority directions guided the review and appraisal process. Instrumental Indicators recommended for tracking progress of MIPAA were used in the review and appraisal exercise.

Findings indicate that African countries have made progress in the area of policy formulation but still have a long way to go in the direction of policy implementation. There is paucity of appropriate age-sex disaggregated data on socio-demographic and health indicators. Progress on advancing health and wellbeing into old age as well as enabling and supportive environment is also far from satisfactory. Insufficient funding is reported to be one of the major causes of the slow pace of implementation.

Governments are urged to work towards making ageing issues part of their priorities in national planning. Resources that enable enhanced pace of MIPAA implementation are urgently needed if the challenges associated with gradual rise of ageing population are to be addressed. Governments, Academia and Independent Researchers are encouraged to scale up effort towards generation of age-specific data.

Chapter 1   Introduction

1.1 Trends and Levels in Population Ageing

The population aged 60 and above has been rising rapidly owing to changing pattern in components of population dynamics for almost all countries. For example, while the number of this population was about 200 million in 1950, the figure tripled to 600 million by 2000 (UNDESA, 2006) and by 2006, the number had surpassed the 700 million mark. By 2050, two billion older persons are projected to be alive, implying that their number will once again triple over a span of 50 years.

Although Africa is often described as the continent with the youngest population, the age structure in the region is also changing dramatically. For example, while the number of people aged 60 and above in 1950 numbered approximately 12 million (ECA, 2007), this number had increased fivefold to about 60 million people by 2012 (UNFPA & HAI, 2012). Estimates indicate there will be 215 million older persons on the continent in 2050 (UNFPA & HAI, 2012). African countries therefore need to plan for a time to come when their populations will be considerably older than they are today.

These demographic changes are occurring at the same time as other equally significant economic and social transformations. Some of the changes include increasing levels of education, economic development, urbanization and rural-urban migration. Some of these changes are multi-dimensional and impact on older persons, males and females, in more than one way. This may require African countries to assess the implications of the socio-demographic changes on the quality of life of older persons.

1.2   The Madrid International Plan of Action on Ageing

A flagship response to the issues of older persons was the iconic Madrid International Plan of Action on Ageing (MIPAA) adopted at the Second World Assembly on Ageing in 2002 (UN, 2002). The Plan is a resource for policymaking, suggesting ways for Governments, non-governmental organizations, and other actors to re-orient the ways in which their societies perceive and care for their older citizens. It can be considered a turning point on how the world addresses the key challenge of building a society for all ages. It also represents the first time Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights.

Older persons and development is one of the three priority directions of MIPAA (Box 1.1). The Plan recognizes that all persons along the life course have something to offer to their households and communities and recommends that older persons should be full participants in the development process and also share in its benefits. Under this priority direction, there are 8 issues namely: active participation in society and development; work and the ageing labour force; rural development, migration and urbanization; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security, social protection/social security and poverty prevention and emergency situations.

Advancing health and well-being into old age is the second priority direction of the MIPAA. The epidemiological transition which started in the now more developed countries is currently under way in all regions of the world. This indicates a shift in disease pattern from predominance of infectious and parasitic diseases to one of chronic and degenerative disorders. Many developing countries and countries are, however, confronting a double burden of fighting emerging and re-emerging communicable diseases alongside increasing prevalence of non-communicable diseases. The growing need for care and treatment of an ageing population requires adequate policies but the absence of such policies can translate into limited or even total lack of old age-specific budgetary allocations, facilities and services. Under this priority direction, there are 6 issues namely: health promotion and well-being throughout life; universal and equal access to health-care services; older persons and HIV/AIDS; training of care providers and health professionals; mental health needs of older persons and older persons and disabilities.

Ensuring enabling and supportive environment is the third priority direction. It calls for policies that: empower older persons, support their contribution to society, enhance lifelong development and independence and strengthen social institutions. Governments are expected to play a central role in formulating and implementing policies that foster such an enabling environment, while engaging civil society and older persons themselves. Under this priority direction, there are 4 issues namely: housing and the living environment; care and support for caregivers; neglect, abuse and violence and images of ageing.

> **Box 1.1 The Structure of the Madrid Internationnal Plan of Action on Ageing**
>
> **Older Persons and Development**
> Issue 1: Active participation in society and development
> Issue 2: Work and the ageing labour force
> Issue 3: Rural development, migration and urbanization
> Issue 4: Access to knowledge, education and training
> Issue 5: Intergenerational solidarity
> Issue 6: Eradication of poverty
> Issue 7: Income security, social protection/social security and poverty prevention
> Issue 8: Emergency situations
>
> **Advancing Health and Well-being into Old Age**
> Issue 1: Health promotion and well-being throughout life
> Issue 2: Universal and equal access to healthcare services
> Issue 3: Older persons and HIV/AIDS
> Issue 4: Training of care providers and health profession
> Issue 5: Mental health needs of older persons
> Issue 6: Older persons and disabilities
>
> **Ensuring Enabling and Supportive Environments**
> Issue 1: Housing and the living environment
> Issue 2: Care and support for caregivers
> Issue 3: Neglect, abuse and violence
> Issue 4: Images of ageing
>
> All together, the three priority directions are broken down to 239 recommendations for action.

1.3   MIPAA+15 Africa Regional Review and Appraisal

The 2002 World Assembly pronounced itself on the need for regular, systematic and methodical monitoring, review and appraisal of MIPAA as a way of tracking progress in implementation. Systematic review of implementation of the Plan of Action by Member States was deemed essential for its success in improving the quality of life of older persons (UN, 2002). The 2016/2017 assessment of the progress of MIPAA implementation in Africa region has been undertaken in conformity with the 2002 agreement to conduct regular quinquennial MIPAA reviews and appraisals.

1.4   Purpose and Scope

The main objective of the MIPAA+15 regional review and appraisal was to track progress and identify gaps and emerging issues in the national implementation of MIPAA by African member states, as well as to suggest specific recommendations for accelerating progress in MIPAA implementation.

1.5   Countries involved in MIPAA+15 Review

African Member States were all invited to participate in the review process and 31 of these indicated having national programmes on older persons. These submitted responses to a wide range of review questions. Two countries indicated they did not have running national programmes on older persons. Figure 1.1 indicates the countries with and without older persons programmes which participated in the review.

Figure 1.1 MIPAA+15 Participating Countries
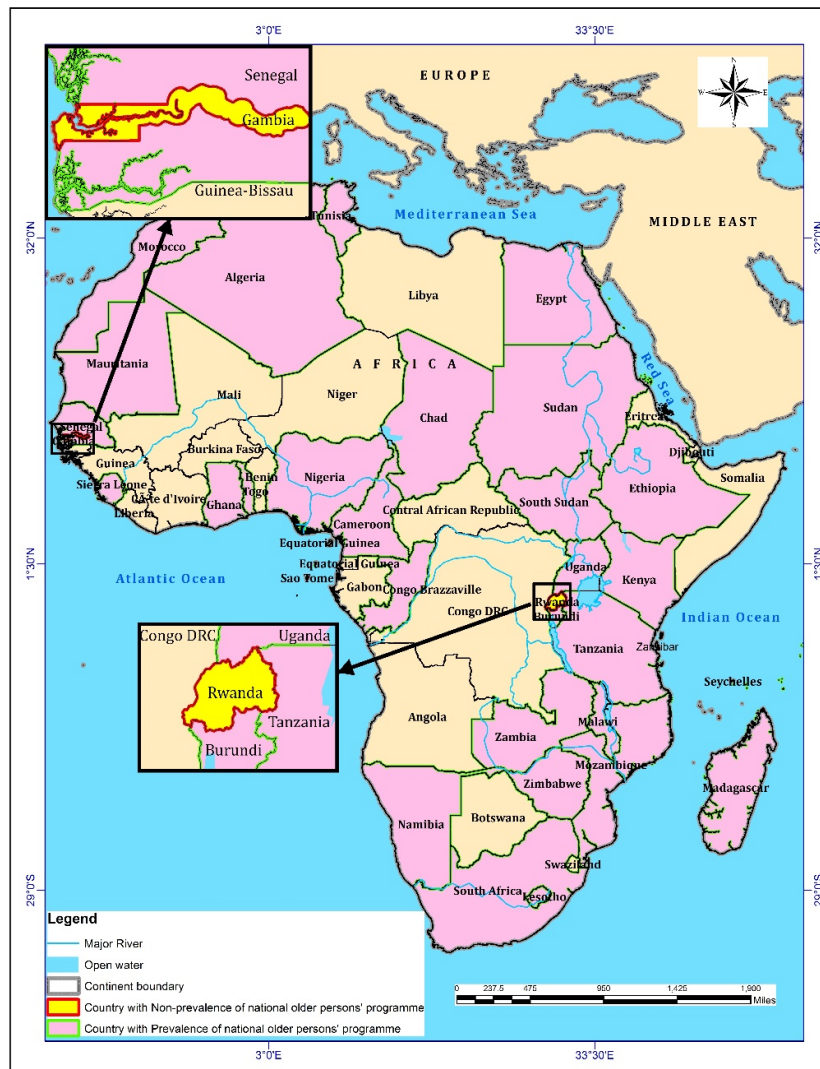
1.6   Structure of the Report

The report of MIPAA+15 Africa regional review and appraisal is presented in 11 chapters. Chapter 1 presents a brief introduction while the methodology used in the appraisal is indicated in Chapter 2. Chapter 3 describes the status of national institutions while Chapter 4 highlights

policies and plans on ageing. In Chapter 5, MIPAA policy/Plan implementation is evaluated while the availability of data and indicators is assessed in Chapter 6. Progress on the three MIPAA Priority Directions is assessed in Chapters 7, 8 and 9 while ageing in the SDGs is examined in Chapter 10. Lastly in Chapter 11, findings are summarised, conclusions drawn and recommendations made.

Chapter 2 Methodology

2.1   Data Collection and Analysis

The data for MIPAA+15 review and appraisal were collected using a mix of methods. The main method of data collection was the structured questionnaire sent to all African countries of which 31 provided the required information (Annex 1). A series of questions were asked on a wide range of issues including status of national institutions, policies and plans of action, indicators and data and the three MIPAA priority directions.

Other sources of information were document reviews, database-searches, electronic/internet searches and case studies. National and international documents were reviewed as a way of understanding the population ageing landscape in member states. Key write-ups reviewed included policy, regulatory and legal documents. Notable examples were selected national policies of member states and the MIPAA as well as WHO frameworks on ageing. Selected reports and publications of research, academic and civil society organisations were also reviewed.

The appraisal conducted database-searches with the aim of determining availability, scope and coverage of data on population ageing issues. Some accessible NSO and DHS databases were explored to determine available data and gaps in information on population ageing. A few case studies were also conducted in selected countries. Lastly electronic/internet literature search was conducted for purposes of triangulating and enriching data generated by questionnaire, document reviews, database-searches and case studies.

2.2   Evaluation Questions

The review and appraisal process was guided by a set of evaluation questions relevant to the three MIPAA priority directions. Details of key evaluation questions are indicated in the evaluation planning matrix (Annex 2).

2.3   Indicators

The appraisal used indicators that were developed and recommended for tracking progress of MIPAA implementation. Two types of indicators were proposed: *instrumental* and *outcome* indicators. Instrumental indicators aim at evaluating the availability, scope and coverage of programmes and policies, which governments have adopted to address issues of population ageing and improve the well-being of older persons. Outcome indicators attempt to identify

positive or negative changes in the quality of life of older persons. The two types of indicators can relate to changes in socio-economic conditions of older persons with respect to policy intervention or inaction during a defined period of time. MIPAA+15 largely used instrumental indicators (Annex 2).

The specific instrumental indicators used in MIPAA+15 include:
- Availability of data on disability-adjusted life expectancy by age disaggregated by sex
- Availability of data on number and proportion of older persons, by sex and age, covered by health insurance.
- Availability of data on number of public/private health care facilities with geriatric care.
- Availability of data on prevalence of mental ill-health among older persons by age/sex
- Availability of data on number of older persons living in households with safe water disaggregated by age/sex
- Availability of data on number of older persons living in households with improved sanitation disaggregated by age/sex
- Availability of data on number of older persons living in households with access to electricity disaggregated by age/sex
- Availability of data on number of older persons living alone who need assistance with activities of daily living by age/sex
- Availability of data on number of older persons reporting neglect, abuse or violence by age/sex
- Availability of data on number of older persons suffering from malnutrition by age/sex.
- Availability of data on number of older persons looking after orphans
- Availability of data on number of older people who voted in the last national
- Availability of data on number of older people with HIV/AIDS

Annex 2 presents the indicators which are juxtaposed with evaluation questions and data sources in the evaluation planning matrix.

2.4   Limitations
Caution is advised in the interpretation of findings obtained using the aforesaid data collection methods. Owing to the well-known and documented weakness in African statistical systems, some of the data submitted for analysis could be characterised by content and coverage errors.

The information was in some ways patchy, generic and lacking richness in terms of detail and specificity. A few specific examples illustrate the limitations:

First although the overall response rate in 2016/2017 was better than observed in 2012, it was nonetheless far from satisfactory; considering only 31 of the 54 African countries filled-in and returned the questionnaire, in spite of many follow-ups by ECA. The 2017 review report on MIPAA progress in Africa is therefore based on reports from only slightly over half the countries in the region.

Second, the response rate on many dichotomous questions was similarly far from satisfactory. Although the Tool submitted to member states was generally respondent-friendly and simple to fill in, in practice, there were several cases of non-response even on straight forward dichotomous questions requiring just binary responses: *Yes* or *No*. For example, Question 175 which simply asked about **availability** of data on demographic, social and health indicators, the non-response rate on some issues was 40% or even higher! This appears intriguing and one may want to understand the underlying factors behind the pattern.

Third, although some member states responded to open-ended questions, in various cases the responses were limited in detail. To that extent, the information lacked the richness and comprehensiveness that would otherwise have been appropriate for the review. Paucity of uploaded online comprehensive datasets and national reports compounded the problem and made thorough and effective triangulation quite challenging.

It is interesting to note that some of the limitations as mentioned above were also observed in the 2012 review (UNECA, 2012). This is suggestive of some sort of trend and pattern in challenges of obtaining data required for periodic MIPAA review. Therefore future reviews may probably rely less on national reporting and instead consider conducting systematic, methodical and comprehensive continental surveys. Robust analysis of the emerging survey data would offer a more concrete picture of population ageing landscape on the continent.

Chapter 3   National Institutions

3.1   Presence of national institutions

Data collected from 31 countries reveal extent to which countries have put in place institutions and arrangements or bodies that formulate national policies or strategies and/or coordinate activities on aging older populations. Results show that almost all the 31 countries where data was obtained, reported having institutions that coordinate activities on aging older populations; those that did not have were less than a tenth of the surveyed countries. It was further established from the data that majority (almost two-thirds) of these countries have inter-sectoral institutional arrangement that takes care of older people's issues.

Institutions that support aging in Sub-Saharan Africa include the following: Ministry of Gender, Labour and Social Development in Uganda, Ministry of Gender, children, Disability and Social welfare in Malawi, Ministry of Labour and Social Affairs in Ethiopia, Ministry of Social Action and National Solidarity (MSANS) in Burkina Faso, Department of Social Development in South Africa, Ministry of Health in Tunisia and Department of Social Development in Kenya. Presence of national institutions is a great sign that African countries are beginning to understand and embrace the concept of aging. The rate at which governments are including it in their programs was preceded by the increase of the number of states which support issues related to aging. In 2007, they were about 13 countries and by 2011, they increased to 20 (HelpAge International, 2013a). However, in many African countries, the elderly are still excluded from the formulation of policies and programmes. An important way to prevent older persons from being neglected is to encourage the development of institutions that represent their interests

3.2   Composition of national institutions

Although different countries have ministries that address ageing issues, the policies and activities were skewed towards women and children. For instance in Malawi, the Department of Persons with Disabilities and Older Persons is under the Ministry of Gender, Children, Disability and Social welfare. However, to a greater extent, though the department is presented, activities prioritize women, youth and children and the elderly are given less attention. This approach is similar in Ethiopia, where again the disabled, children and women are given more

priority in their programs and activities than the aging or elderly persons. In Ethiopia for instance the following demonstrates the systems set to tackle aging (Box 3.1):

> **Box 3.1 Age-related Teams in Ethiopia**
>
> There are five teams under the Social Welfare Development Directorate that are dealing with aging related programs: capacity building team, policy and program department, safety net team, advocacy team, and rehabilitation team"….. *Social Welfare Development Directorate, Ethiopia.*

The bodies that constituted inter-sectoral institutional arrangement that takes care of older people's issues mainly included: Social Development, Health, Labour, Civil Society/NGOs, Finance, Local Government, UN Agencies and other international organizations. In South Africa for instance, Civil Society organizations like Age Demands Action, Muthande and HelpAge were reported to be spearheading welfare issues of older persons as one interview with a 79 year elderly persons indicated (Box 3.2). In contrast, institutions or sectors like Academia/Researchers, housing, education and environment were minimally involved.

> **Box 3.2 Inter-sectoral arrangement in South Africa**
>
> "Thanks to Age Demand Action campaign (ADA), older people in South Africa now enjoy much more respect. Their ideas are now taken seriously and the Government recognizes the need to take their experiences on board"
>
> *A 79 year old citizen in South Africa*

3.3   Functions of national institutions

The survey results show that more than two-thirds of the countries had national coordinating bodies which were mainly by the ministries. The available literature though limited show that national coordinating institutions were more involved in policy formulation such as the Uganda's 2013 Act on the National Council for older persons. In many African countries, the policies were broad in nature and to a great extent the aging or elderly person were invisibly categorized as vulnerable persons.

There are also problems associated with lack of implementation even when policies and Acts are in place with almost all three-quarters of the countries surveyed (23 out of 31) reporting major challenges with implementation. Data collected from 31 countries show that slightly more than one-half of the countries had measures to promote the participation of older persons in policy-making and/or decision making. One-third of the countries rated themselves as highly involved in planning but with limited roles in critical areas of advocacy and resource mobilization for the ageing population. On the other hand, one-quarter of the countries rated organizations to be highly involved in advocacy. There was very low rating in areas of advisory roles as well as in the dissemination of information on ageing issues.

3.4   Conclusion

Currently, a number of African countries have national institutions that formulate policies or strategies on ageing. Institutions that coordinate activities on older populations are also largely available. However arrangements that directly address the issues of older persons are thin on the ground and many departments on older persons are housed in broader ministries and/or organisations.

Chapter 4   Policies and Plans of Action on Ageing

4.1   Availability of Policies/Plans of Action/Strategies on Ageing

The MIPAA+15 Africa review evaluated availability of policies and plans of action on ageing. The question asked was*: Does your country have a comprehensive stand-alone national policy/plan of action /strategy that specifically addresses ageing*? Seventeen out of the 31 countries participating in the review reported having developed comprehensive national policies and plans.

Some of the countries such as Ghana, Kenya, Mozambique, South Africa, Uganda, Tanzania, Tunisia and Egypt had adopted their policies by 2012 (UNFPA & HAI, 2012). The last MIPAA review indicated availability of policy frameworks and legislation relating to issues concerning older persons in the countries. These consist of those that specifically address the needs of older persons, and those in which matters pertaining to the elderly are expressed as a dedicated section so that these needs are met (ACGHSD, 2012).

Ghana is said to have developed and approved a National Aging Policy in October 2010. Sub-section 3.2 of that policy is dedicated to discussions on the various health conditions of older persons and the need to maintain healthy lifestyle in old age (UNFPA & HAI, 2012). The policy has identified a number of health problems related to older persons including mental health, physical impairment, heart disease, HIV, both as affected and infected. Ghana' s National Aging Policy recommends nutrition programmes, long-life health, health promotion and disease prevention, assistive technology, rehabilitative care, mental health services, promotion of healthy lifestyles and supportive environment for older persons. It also identifies HIV/AIDS as a key health issue in the area of skills by older persons. Ghana is further mainstreaming health and nutrition issues in the Implementation Action of the Policy into its Programme of Action (ACHHSD, 2012). The Government of Uganda also has a policy that aims at addressing issues of older persons (Box 4.1).

> **Box 4.1 Objectives of National Policy for Older Persons of Uganda**
> The Government of Uganda also has a policy that aims at addressing issues of older persons. The 2009 policy, which is set within the framework of the Government of the Republic of Uganda, has several objectives, namely to:
> a) provide a framework for legislation, coordination, and programming for older persons,
> b) create a conducive environment for strengthening family and community based support systems for older persons
> c) provide opportunities for strengthening the capacities of older persons to harness their potentials
> d) promote the mainstreaming of older persons issues in the monitoring and evaluation systems of stakeholders.

The National Policy for Older Persons focuses on several priority areas that aim to improve the quality of life and the potential of older persons. Economic empowerment is one such area which calls for, among others, interventions for promoting income generating projects for older persons, supporting older persons' entrepreneurship skills and mobilizing older persons to access micro credit. Another priority area is social equity which advocates for decentralization of the processing and disbursement of retirement benefits and establishing older persons' grants schemes to cover chronically poor older persons in the informal sector. Regarding health as another priority area, the policy recognizes the importance of studies on health needs of older persons. Further interventions aimed at improving the health of older persons include re-orienting health workers, promoting special outreach health programmes and including drugs for treatment of later life illnesses on the essential drug list.

The policy recognizes that the majority of older persons live in semi-permanent and make-shift structures which are predominantly grass thatched, with mud walls and rammed earth floors. Consequently, the policy calls for interventions that advocate for appropriate shelter for older persons. Owing to recognition of absence of age-friendly buildings, pavements, public toilets and walkways, the policy calls for interventions that address accessibility needs of older persons. A case is made for educating planners and architects on the needs of older persons.

The policy further recognizes the vital information older persons have on various aspects of community life which, unfortunately, has not been well captured and documented for posterity. Consequently it points out need for interventions that advocate for inclusion of issues of older persons in periodic national censuses and surveys, conducting studies on older persons,

establishing a database on older persons and disseminating information on older persons about their cultural background.

4.2 Policies/Plans of Action/Strategies on Ageing since 2012

MIPAA+15 further assessed the time frame in which comprehensive national stand-alone policies/plans/strategies on ageing were drafted and passed. The review indicates seven countries drafted their frameworks since 2012. Of these, six report having in fact passed the drafts into policy since 2012. This is achievement is one of the indicators of progress towards achieving the MIPAA objectives in the period 2012-2017.

Uganda has passed the National Council for Older Persons Act, 2013. The Act provides a legal structure through which older persons' issues can be channelled. For the first time older persons in the country can be represented in Local Councils and at national level. Box 4.2 indicates the main objectives of the Act and while one success story pertaining to improving the quality of life of the older persons is presented in Box 4.3.

Box 4.2 National Council for Older Persons Act, 2013

The 2013 National Council for Older Persons Act, has several objectives, namely to:
e) act as a coordinating body between Government, departments, other service providers and older persons;
f) to provide a structure through which free and fair elections of representatives of older persons will be conducted at any level of local governments;
g) to set standards and regulations to guide Government, civil society organisations and private sector on the quality of services provided to older persons with a view to redressing any bottlenecks encountered;
h) to act as as platform for older persons and stakeholders to meet regularly at least once in a year to review the performance of the national council;
i) to monitor and evaluate the extent to which Government, civil society, organisations and the private sector meet the needs of older persons in planning and implementing programmes designed for equality and full participation of older persons.

Box 4.3 Success story for older persons in Uganda

The Expanding Social Programme begun in 2010 and one of the components is provision of Direct Income Support. One of the beneficiaries are older persons aged 65 years and above. The first phase of the project which was a pilot with 15 districts was a success and now a national roll out plan has where more districts will progressively be added on.

The beneficiaries of these grants have reported success stories, some have been able to hire labour to till land for farming which has increased food security. The grants also help older persons to purchase scholastic materials orphans under their care. The grants also facilitate access to basic health services because older persons can now afford transport to the health centers.

4.3   Key Issues in National Policies/Plans of Action/Strategies on Ageing

Poverty reduction, social coverage, health coverage and elderly neglect/abuse were issues for which more than half of the participating countries reported addressing in their national ageing policies (Figure 4.1). In comparative terms, tax exemption, considerations in humanitarian/conflict situations, on-job training, literacy/education, income-generation and promoting positive image of ageing were least reported.

Figure 4.1 Ageing-related issues in national policies by number of reporting countries
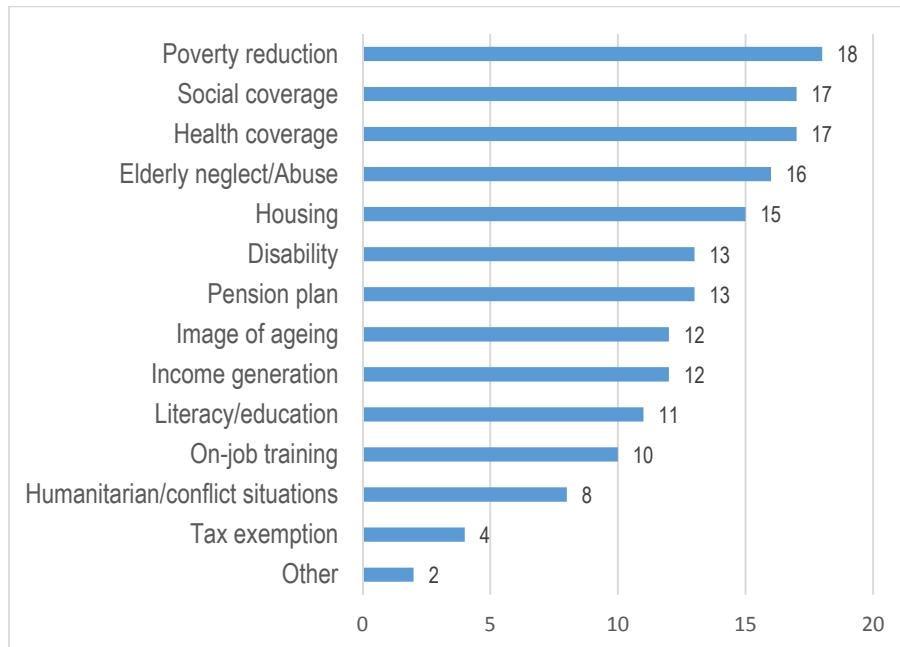
Some countries indicated making progress towards implementing sections of their policies on ageing. In Ethiopia, there are reported programmes that promote later-life recreation and which facilitate the elderly with direct financial support (Box 4.4).

Box 4.4 Good practices in Ethiopia

In terms of incorporating the elderly in the national plan of action, the government of Ethiopia has taken the issue of aging into consideration. Hence, the Growth and Transformation Plan (GTP II) has put the issue of the elderly as one of the goals to be achieved during the plan's implementation period (2015 to 2020). Accordingly, each region in Ethiopia has its own plan of action. For example, four regions (Amhara, Tigray, Southern, and Addis Ababa) have built or started building recreational centres for the elderly. There are also separate plans for the elderly including direct financial support elderly beneficiaries, labour support for those who have land but with labour constraints, capacity building programs in collaboration with ministry of education, and construction of health posts in collaboration with the ministry of health.

Notwithstanding some aspects of good practices, less than half of the member states reported having provisions for pension plans, on-job training, literacy/education, promoting positive image of ageing, tax exemption, considerations in humanitarian/conflict situations, income generation and disability.

Gender dimensions across the life-course are now widely recognized as key issues in socioeconomic development. The review asked: *Has gender concerns been explicitly addressed in the legislation, national policy or plan of action?* More than half of the participating countries reported that the issues have been explicitly addressed. Regarding budget allocations, just about half of the countries indicated presence of budget allocation for implementing the policies for older persons. Less than half of the member states reported not having activity reports against the budget.

4.4   Challenges in Implementing National Policies/Plans of Action/Strategies

About three-quarters of the reporting countries indicated encountering challenges with the implementation of the national strategy/programmes. Insufficient financial resources was the top ranked challenge affecting implementation. Insufficient political will, insufficient cooperation between ministries, insufficient information, insufficient translation of research

into policy and insufficient human resources capacity were the other reported challenges. Communal, provincial and national challenges are common in many countries as indicated in the experience from Nigeria (Box 4.5).

Box 4.5 Challenges faced by Government -The Nigeria experience

Communal level ageing issues are seen as an individual or family problem. At provincial level there is lack of trained, skilled manpower. There is no political will by the policymaker/administration to implement MIPAA.

At national level, there is non-availability of up to date data on ageing to help in the planning and implementation of relevant programmes, no research to enrich knowledge on issues of the elderly, plus lack of resources to finance inadequately trained and skilled personnel on issues of ageing. An elderly specific policy is yet to be developed due to non-allocation of resources to meet this requirement.

4.5   Conclusion

A few African countries have formulated policies on ageing since 2012 MIPAA review. Overall, the countries with national policies are more than those yet to develop such frameworks. However, all countries still face a range of challenges which militate against implementation of the policies.

Chapter 5   Evaluation of MIPAA Policy/Plan Implementation

5.1   Participation in Decision Making

The Madrid Plan of Action calls for taking "measures to enable the full and equal participation of older persons, in particular older women, in decision-making at all levels" (United Nations, 2002). However, for many older persons around the world this goal has not been universally achieved.

In the survey, majority of the member states participating in MIPAA+15 survey (22 out of 31) reported engaging older persons in actions to demonstrate and support the contributions of older persons as specified in MIPAA. Older persons in most countries were reported to be participating in the implementation of MIPAA including decision-making on issues pertaining to MIPAA implementation. The results of the evaluation show that these countries recognise the important contributions of older persons in society. In countries where older persons have participated in decision making, the participation has been in three main ways: majority mentioned involvement of older persons in associations, engagement in making policy-instruments and being consulted when making the instruments. In South Africa older people monitor government services and hold the government and service providers accountable (Box5.1).

Box 5.1 Monitoring services for older persons in South Africa

Muthande Society for the Aged is a community-based organisation providing social services, home-based care, literacy education and other services to older people through its six centres in Durban. It is one of about thirty organisations that make up the South African Age Network.

Muthande is supporting older people to monitor government services so that they can hold the government and service providers to account, as part of an EU-funded project to strengthen the voice of older men and women.

HelpAge International, April 2016

An older person in a case study conducted in South Africa narrated the diverse ways in which older persons were involved in older persons' issues (Box 5.2).

Box 5.2 Involvement in older persons issues – South Africa

Older people who come to Muthande's day centres are selected by their peers to become older citizen monitors. Last December 2016, I ran training for 32 men and women from the six centres supported by Muthande in KwaZulu Natal. We looked at policies such as the Older Persons Act and National Insurance Policy and older people's rights. We launched the project with a few service providers who have an interest in ageing issues and the community police forum so they knew that older people would be coming to them.

The monitors are collecting data on access to services. In one area they're talking to older people at the local clinic. They're finding that many are not getting their medication because it isn't available or their files are missing. Some are being given only two packets of medicines and told to buy the rest. Others find that their medicine isn't labelled correctly so they don't know the dosage. Muthande's home visitors also collect information from older people who are bedridden.

Through older citizens monitoring, older people's issues are becoming better known. Older people are no longer shy, they phone the Muthande office and tell us what's happening. It makes me feel good to know that older people are not going to keep quiet.

Older citizens monitoring trainer and deputy head of Muthande Society for the Aged, Durban, South Africa. (Published in Ageways 84: Networks, July 2016)

South Africa has made some progress in encouraging organizations to bring issues of older persons forward. Case Study findings indicate that Age Demand Action Campaign has ensured older persons enjoy respect and that their ideas and experiences are considered. The involvement of older persons in decision making is prevalent in South Africa as a 79 year old female confesses (Box 5.3).

Box 5.3 Advocacy for older persons issues – South Africa

It's a wonderful experience to advocate for older people, speak directly to decision-makers and raise awareness of older people's issues. 2014 brought a real highlight: I had an opportunity to address young and old through an intergenerational event organised by the Department of Justice. The event focused on the abuse that older people often experience – a widespread issue that society needs to wake up to.

HelpAge International, April 2016

5.2   Equality and Non-Discrimination

The involvement of older persons in countries has had an impact on equality and non-discrimination of older persons mainly through recognition of the rights of elderly and fighting discrimination against older persons in African countries. A few countries that have implemented the MIPAA reported greater participation of older persons in income generating activities. Others reported increased awareness about the importance and productivity of the elderly in their communities. Yet a few reported recognition and respect of the rights of the elderly and fighting discrimination of the elderly. One country (Uganda) reported that the elderly are being represented on district councils while a few indicated that the designing of strategies to fight/address discrimination of the elderly is being achieved. One country reported having come up with a National Social Protection Policy.

Some of the countries that have implemented the MIPAA reported greater participation of older persons in income-generating activities. A few reported increased awareness about the importance and productivity of the elderly in their communities. Recognition and respect of the rights of the elderly as well as representation on district councils was also reported by some countries. A few other countries reported having come up with a National Social Protection Policy. However, there are countries that have made little progress and the elderly in such countries still suffer inequality and discrimination.

5.3   Human Rights

The rights of older persons cannot be ignored, bearing in mind that the population of older persons is increasing world over. There are millions of older people suffering human rights violations every year. The abuses include discrimination, social and political exclusion, inadequate access to health services and neglect in humanitarian settings. Some of these abuses go undocumented and the perpetrators unpunished. In the survey, governments reported to have undertaken measures to enhance the public recognition of older persons as regards their human rights, their authority, wisdom, productivity and other important contributions to society. However, lack of awareness of the human rights of older persons, age discrimination and marginalization, gaps in social security provisions, as well as violations, abuse, neglect and lack of legal protection for older people have been identified as the major human rights challenges to older persons in Africa.

The evaluation revealed that majority of the Governments (24 out of 31) in countries where the evaluation was conducted have undertaken measures to enhance the public recognition of older persons as regards their human rights, their authority, wisdom, productivity and other important contributions to society.

In as much as there is the will to enhance public recognition of older persons' human rights, authority, wisdom, productivity and other important contributions to society, the evaluation further reveals that most countries evaluated do not accord higher priority to this issue just like a good number of countries also lack a comprehensive stand-alone national policy that specifically addresses ageing.

5.4   Challenges in Implementation

African governments have faced different challenges which have affected implementation of MIPAA. The most reported challenges always faced by Governments in the course of implementing MIPAA were limited personnel dedicated to ageing, limited support from international agencies and limited budgetary resources for activities. Other challenges that have some times affected the activities for older persons in African governments included the need for capacity on policy development, failure to accord issues of older persons as priority, limited support for organizations for older persons weak inter-ministerial or inter department coordination as well as lack of focal persons to represent issues of the older persons.

Findings from case studies further indicate that Legislative Acts relating to older persons are narrow and have not been followed up by a comprehensive strategy to operationalize their provisions. This is reportedly evident in countries such as Zimbabwe where, lack of political will and limited resources are cited as factors for inability to operationalize the Acts.

5.5   Conclusion

Some member states are engaging older persons in actions to demonstrate and support later-life contributions as specified in MIPAA. The contributions of older persons to society are also recognised in some countries. However a good number still lack comprehensive stand-alone national policies that specifically address ageing. Most governments reported limited personnel dedicated to ageing, limited support from international agencies and limited budgetary resources for activities as key challenges that affect implementation of activities for older persons.

Chapter 6   Indicators and Data

6.1   Introduction

Age-specific data are very important in tracking progress of MIPAA implementation. The survey sought information as to whether member countries had data on various indicators disaggregated by age and sex. These indicators on older persons include; disability-adjusted life expectancy, covered by health insurance, health care facilities with geriatric care, prevalence of mental ill-health, living in households with safe water, living in households with improved sanitation, living in households with access to electricity, living alone who need assistance with activities of daily living, older persons reporting neglect, abuse or violence, older persons suffering from malnutrition, looking after orphans, voted in the last national elections, with disabilities and with HIV/AIDS.

Results from the survey show that data on various indicators disaggregated by age and sex was limited and was available in close to one-third of the countries surveyed. Although there is availability of Demographic and Health Survey (DHS) data capturing most of the indicators for almost all African countries, attention is more on reproductive age groups of 15-49 for women and 15-54 years for men. In such DHS data files little can be extracted from household data to study or provide indicators on older persons.

6.2   Governmental Agencies

Government Agencies involvement in research and dissemination on aging population was very low and rated high in less than one-fifth of the 31countries surveyed. Results also show that slightly more than one-third of the Government Agencies reported having conducted age-related studies since 2012. These findings show Government involvement in research is still low across African countries.

6.3   Universities and Independent Researchers

Studies or reports undertaken by Universities since 2012 were limited. Results show that a quarter of the countries reported having universities that had undertaken studies since the last review of 2012. Similarly, a small number of countries (just slightly more than one third of 31) reported having Independent Researchers who had conducted research on ageing since 2012.

Figure 6.1 Studies on older persons conducted since 2012
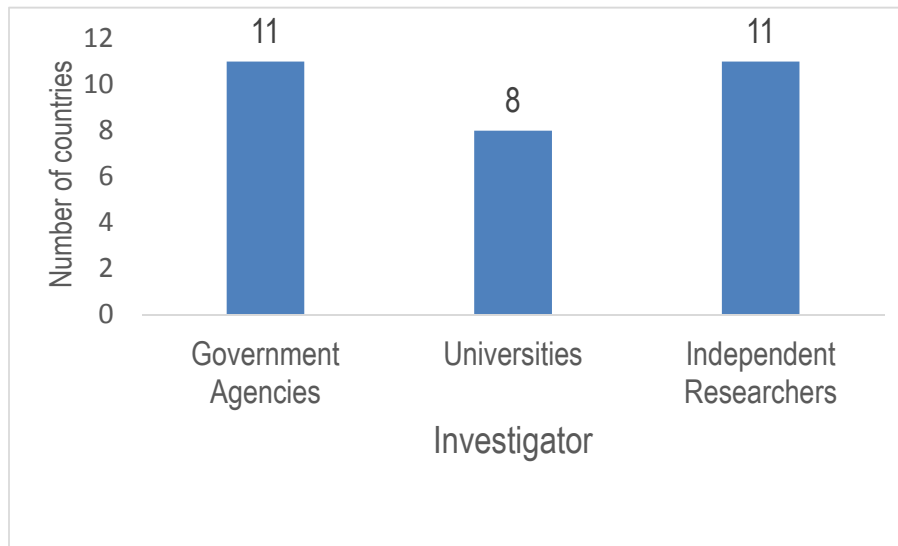
There is however online evidence indicating publications in international peer-reviewed journals by Independent Researchers from countries such as Uganda, Ghana and South Africa. The publications are on topics such as: self-reported cataracts in older persons in Ghana, impact of HIV on elderly, house hold characteristics of old adults, falls among older persons, diseases of aging in Ghana, factors associated with self-reported health among older Ugandans, evaluating psychological well-being of older persons, sexual behaviour of older adults living in Uganda, HIV stigma among older persons, understanding the risk of HIV infection among older persons in South Africa, fertility control policies and old age etc. Other studies undertaken on older persons include: challenges in menopause among older women, cancers in older persons especially prostate, and cervical cancer, the impact of alcohol and use of cigarettes on the health of older persons and voluntary counselling and testing of HIV among older person and their orphans.

6.4   Repository of Population Ageing Data

Almost one-third (9 out of 31) of countries reported having a repository where evidence on ageing and older populations can be easily accessed by concerned stakeholders, policy makers, other researchers and the general public. This could be a potential risk factor for limited information required for research on ageing and issues of older persons.

6.5   Information-sharing fora

In order to address the challenges of the elderly, United Nations declared annual international days when vulnerable groups can be remembered and, hopefully, their challenges considered for practical solutions. They include; International Day for Older Persons, World Elder Abuse Awareness Day, World Elder Abuse Awareness Day, International Widows Day, World Population Day, Zero Discrimination Day, World water Day etc. However findings of the survey indicate dismal presence of such platforms as just only about 44 percent admitted that the fora are either occasionally or often available. This limited availability of relevant platform suggests issues of older persons are not given priority perhaps because population in Africa is young with issues concerning women and children taking centre stage.

6.6   Status of Data on Demographics

Only a few countries reported having data on demographic characteristics of older persons. For example just 4 out of 31 reported having data on the elderly living alone who needed assistance with activities of daily living by age and sex (Figure 6.2). Similarly only 6 indicated having data on disability-adjusted life expectancy. Since the mid-1980s, the DHS have become an extremely widely used demographic data source for Africa due to the fact that they are nationally representative. However the DHS focus on the majority of the population which includes men and women of the reproductive age and children while older persons are not usually given direct attention. In the DHS, data for older persons are extremely limited in the scope except information on age, sex, education and relationship to the household head.

6.7   Status of Data on Social Characteristics

Few countries reported availability of data about older persons regarding social characteristics such as safe water, improved sanitation and access to electricity (Figure 6.2). In all not more than a half of reporting countries indicated availability of data on these utility services. To a smaller extent, the available data on sanitation, access to water and electricity among older persons is from general data sources such as Census, DHS and other national representative surveys.

Member countries were also asked whether their governments had data on the number and proportion of older persons employed in the formal sector, disaggregated by sex and age. The countries that had such data were less than one-fifth of those surveyed.

Figure 6.2 Status of socio-demographic data by number of countries
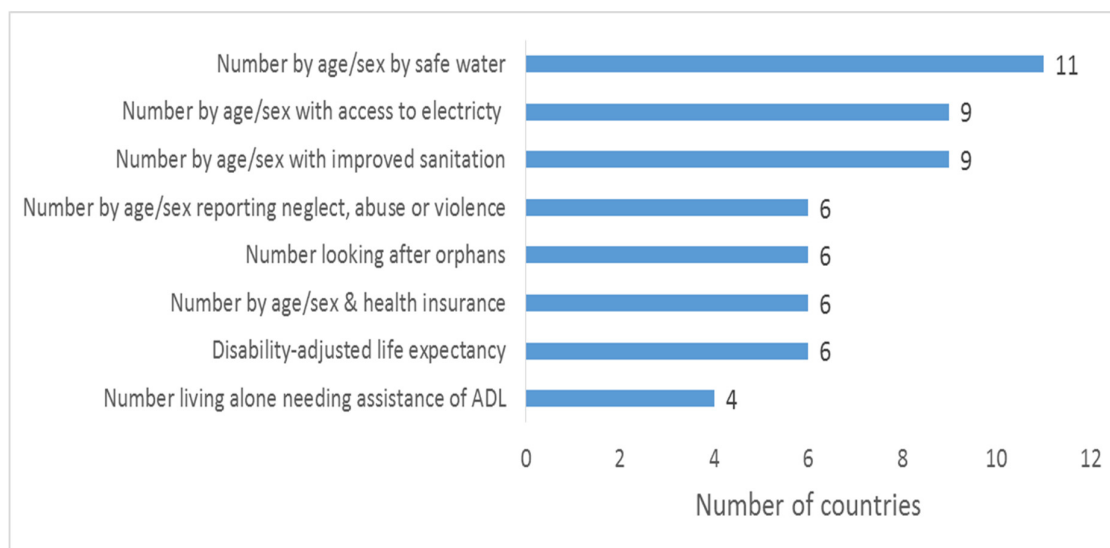
6.8   Status of Data on Health Characteristics

There is limited data pertaining to older persons' health characteristics (Figure 6.3). Less than ten countries reported having any data on later-life disability, mental ill-health, HIV/AIDS and geriatric care. On malnutrition, the number was as low as just 2!

Figure 6.3 Status of selected health data by reporting countries
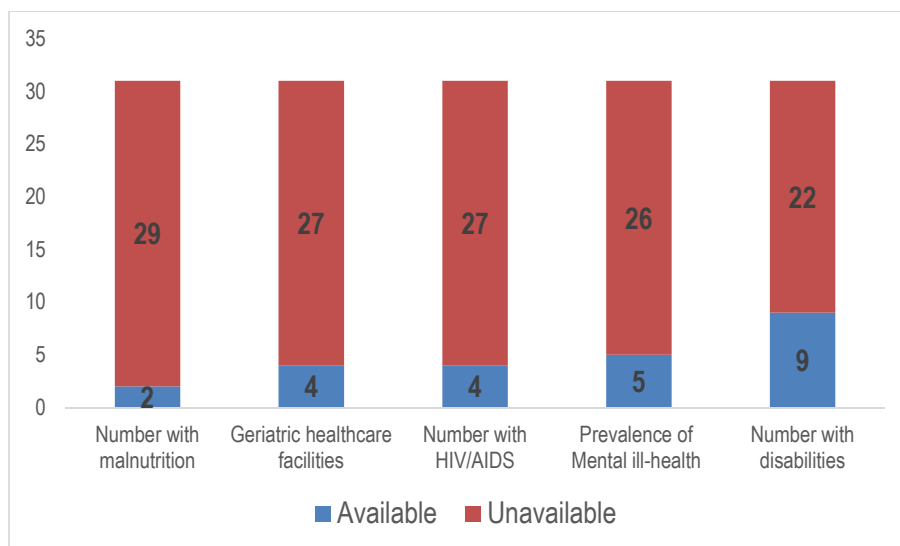
Other than country reports, sources indicate that since MIPPA 2012, data on disability-adjusted life expectancy in Africa among older persons is limited to only selected countries such as South Africa, Burkina Faso, Kenya and Uganda. Much of the literature is largely from the

World Health Organization. According to a study done on the global burden of cancer by the American Medical Association (2015), there are challenges of gathering data from low and middle income countries. Cervical cancer is one of the health concerns among aging women while prostate cancer remains a major challenge among aging men especially in Sub-Sahara Africa.

Sources other than country reports also indicate limited focus on issues of health insurance among older persons in Africa. Since 2012, only a few a few studies have been conducted in Ghana, West Africa and South Africa (Parmar et al., 2014). However, it is reported that despite Ghana introducing the National Health Insurance Scheme (NHIS) in 2003, almost three quarters of older persons are not on insurance. Retirement age is 60 yet free NHIS services are free to those who are 70 and above (Biritwum et al., 2013) .

6.9 Conclusion

There is limited data related on older persons' concerns. Some progress towards generation of old age-specific data has been registered since MIPPA 2012 but African Member States still have a long way to go. More research effort is needed in order to have quality data required for tracking MIPAA implementation.

Chapter 7 Older Persons and Development

7.1 Introduction

Older persons and development is a priority direction of MIPAA. This chapter examines how far African countries have involved older persons in aspects of development. The specific aspects examined are active participation in society and development, work and labour force, access to education, knowledge and training, living arrangement, poverty and social security and emergency situations.

7.2 Active Participation in Society and Development

The survey shows that majority of African governments (16 out of 31) have taken measures to promote participation of older persons in policy-making. Some governments indicated that national councils for older persons or government departments were established as way of engaging older persons in policy making. While some countries could not exactly respond regarding the extent to which governments have formally involved older persons in the development and monitoring of sector and national policies on aging, a limited number indicated that Associations for older persons are involved with government formally in development of policies at various levels. A significant number of the respondent governments though indicated that associations are involved to a limited extent. Majority of governments indicated that older persons are involved in development and monitoring economic and socio-cultural matters. To some extent governments reported that the local governments formally involve older people in the development and monitoring of national policies on aging at local levels and other levels. For example, a good number of respondent governments indicated that there civil society organizations/activist groups that promote aging on social/cultural issues, aging-political aspects and promotion of aging-economic matters.

Although there is comparatively less involvement in political matters, most governments reported presence of civil society organisations / activist groups that promote ageing/older persons' issues and / or encourage active participation in social/cultural and economic matters. There are good practices in some countries regarding participation in society as the case study on Ethiopia indicates (Box 7.1).

> **Box 7.1 Participation in society and development-Ethiopia**
>
> In terms of incorporating the elderly in the national plan of action, the government of Ethiopia has taken the issue of aging into consideration. Hence, the Growth and Transformation Plan (GTP II) has put the issue of the elderly as one of the goals to be achieved during the plan's implementation period (2015 to 2020). Accordingly, each region in Ethiopia has its own plan of action. For example, four regions (Amhara, Tigray, Southern, and Addis Ababa) have built or started building recreational centers for the elderly. There are also separate plans for the elderly including direct financial support elderly beneficiaries, labor support for those who have land but with labor constraints, capacity building programs in collaboration with ministry of education, and construction of health posts in collaboration with the ministry of health.

7.3 Work and Labour force

The survey sought information on whether governments had age and sex disaggregated data on the number and proportion of older persons employed in the formal sector. While some countries indicated that the information was available, many others simply lack such data. A similar picture emerged regarding employment of older persons in the informal sector with majority of respondent countries reporting absence of relevant data. For examples each of the governments indicated that there were policies/programs on decent work and anti-ageing discrimination in labour market and some of them included the constitution, social protection laws , the aged protection law, international labour law among others.

A good number of government reported to have undertaken measures to promote the participation of older persons in policy-making and they noted that governments allows older persons to participate in policy making & decision making at various levels.

7.4 Access to Knowledge, Education and Training

Just over half of reporting countries indicated having data on educational level for older persons. Similarly about half of the Governments reported absence of policies or programmes that promote literacy among older persons. Adult literacy was the main programme mentioned out of the few reported existing adult programmes. Almost 6 in 10 of the reporting countries did not have programmes that provide opportunities for continued education among the elderly. Regrettably, almost all countries (30 out of 31) reported absence of programmes that promote

the use of communication technology among older persons. Other than national reports, data on older persons' education is available in some African countries but largely lacking in most of them. The main source of this information is census and education ministry records.

7.5   Living Arrangement

About one third of the countries participating in the survey indicated absence of data on living arrangements for older persons. Only in a few countries is there data on older persons who are institutionalized. Information in this regard is reported to be mainly found in reports on Demographic Health Survey and studies by individual organizations.

7.6   Poverty and Social Security

Majority of countries (22 out of 31) reported having undertaken measures to alleviate poverty among older people. Some of the reported measures put in place by Governments include; establishment of basic social security programmes, introduction of a non-contributory pension schemes, Governments being pro-poor, supporting older persons with income and skills acquisition, establishing relevant ministries, establishing the national social protection policy as well cash transfer programs.

Most countries (20 out of 31) reported having undertaken old age contributory pension scheme with regard to social protection for older persons but majority of them (23 out of 31) do not have an old age non-contributory (or social) pension with regard to social protection for older persons. Relatedly, most of them (19 out of 31) have not undertaken old age security schemes.

Majority of the countries (25 out of 31) reported availability of policies or regulations that govern pensions in the public sector. A similarly high number (24) indicated having policies or regulations that govern pensions in the private sector. Some countries such as Morocco have fairly elaborate pension arrangement characterised by personal and financial autonomy (Box 7.2).

Box 7.2 Pension policy in public sector – The Morocco Experience

Moroccan Pension Fund administers the civil pensions scheme introduced by the 30 December 1971 Act. This instituted a civil pensions scheme as amended and supplemented in various ways. This included the Act of 20 August 2016, the military pensions scheme, the regimes and allowances of the former Resistance and Former Members of the Liberation Army and certain pensions, annuities and allowances, most of which were insubstantial before the Invention.

This fund was reorganized by the Act of August 7, 1996, and is at present a public institution endowed with civil personality and financial autonomy, placed under the administrative supervision of the Department of Finance.

Notwithstanding good practices in public sector, results of the MIPAA+15 indicates that in most countries, policies that mandate social protection and pension for older persons in the informal sector are non-existent as indicated by the experience of Morocco (Box 7.3). Just under half of the countries (13) reported availability of policies/programmes that support income-generating projects for older people.

Box 7.3 Informal sector pension coverage – the case of Mrocco

Today there are no policies that make social protection or pensions mandatory for the elderly in the informal sector. It should be pointed out that the social security system in the private sector, which is compulsory, does not distinguish between employers and persons in the private sector (formal or informal).

However, the Government has drafted two pieces of legislation to introduce health insurance (a law already adopted by the Parliament) and a pension for self - employed workers (in case of adoption), which will concern large groups of independent workers (including the so-called informal sectors).

7.7   Emergency Situations

The increasing population of older people has drawn attention to the need to revise humanitarian policies to adequately serve this group's basic living and health requirements. In 1999, the UNHCR announced the International Year of Older Persons with the observation that "older refugees have been invisible for too long". In a multi-country study of older people in emergencies, HelpAge International concluded that "if invisibility, exclusion and powerlessness are common themes emerging from the experience of older people, then consultation, inclusion and empowerment through partnership have emerged as the primary indicators for best practice."

The elderly are one of several population groups historically more vulnerable in emergency situations. An integrated health strategy for older people will need to address cross-cutting issues involving these other groups. Similarly, older people's safety in emergencies depends on more and larger factors than health services. Economic and social marginalization, protection from abuse and exploitation, social welfare and intergenerational support are chronic issues vital to older people's wellbeing. Some agencies even resist identifying older people as

a particularly vulnerable group requiring special attention, instead advocating that planning efforts should focus on the needs of affected populations in general.

The findings of the 2016/2017 MIPAA review show that about three quarters of the countries (23) reported having national emergency preparedness plans; but less than half of these indicated inclusion of issues of older people. Majority of the countries reported limited capacity of relief workers to care for older persons in emergency situations.

7.8   Conclusion

African countries have made only modest progress towards involving older persons in development aspects. Many governments reported that the local governments formally involve older people in the development and monitoring of national policies on aging at local levels and other levels. Older persons' inclusiveness in areas such as information technology, non-contributory pension and emergency preparedness is strikingly limited.

Chapter 8   Advancing Health and Wellbeing into Old Age

8.1   Introduction

Advancing health and wellbeing into old age is a priority direction of MIPAA. This chapter examines how far African countries have developed policies and programmes that promote health of older persons.

8.2 Health Promotion and Wellbeing

MIPAA enjoins all governments, African inclusive, to develop policies to prevent ill-health among older persons (UN 2002). The inquiry indicated that sixteen out of the countries that responded had developed policies and programmes on health promotion and wellbeing of the older persons. Examples of policies given were national healthy strategies to minimize vulnerability of the elderly, awareness raising and entitlements for elderly.

Of those who reported to have developed policies almost two thirds planned a policy on stopping smoking, one third for each implemented the policy and expected to sustain the policy. Also, two thirds of the countries planned physical activity as a policy to promote health and wellbeing, while one third implemented the policy and one sixth expected to sustain it. In addition, less than a half planned to screen older persons for hypertension and breast cancer, while a quarter planned to screen for diabetes. These low proportions about planning reflect lack of seriousness to fight these older persons' killer diseases among many African countries.

8.3 Universal and equal access to health care

According to MIPAA, African governments committed themselves to eliminate social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to health care (UN 2002).

Wandera et.al. (2015) observed inequalities in older persons' access to healthcare in Uganda which were associated with household poverty status, severity of illness, self-reported NCDs and walking difficulties. Of the 31 African governments that responded to the inquiry, a third indicated that they have health insurance schemes that give universal and equal access to health care to older persons, while 13 countries claimed that they had policies/programmes that facilitate access to affordable, available and accessible health care services that explicitly target older populations. However, when asked to describe these policies, only 6 countries mentioned

health policies/Acts, implying that the programmes talked about by the rest of the 7 countries could be non-existent.

Countries were asked if they had undertaken measures to assist the disabled older persons, and over half of the countries answered in the affirmative. The governments were asked to state such measures, and two were mentioned, namely provision of free assertive devices and national disabilities and rehabilitation policy. Existence of these measures in many African countries may be because a lot has been done by international agencies and NGOs in helping disabled persons in general and the disabled older persons are part of the helped population.

Eleven out of 31 countries reported to have policies that enable participation of older persons in the development of social and health care programmes. Several programmes were mentioned and they were Lesotho policy for older persons, national action plan for the elderly, older persons councils and the constitution.

Eight out of 31 countries mentioned that they had self-care promotion programmes for older persons. These included free medical treatment, national action plan for older persons, regional homes for those that can live independently and training of trainers manual. Unfortunately, each of these programmes was used by only one country, which suggests that very few countries had such services.

Government measures for long term care for older persons were probed, and it was reported that only 10 out of the 31 governments had them. The measures were national action plan for older persons, national aging policy, national health insurance scheme and comprehensive plans including palliative care.

It was reported by 17 out of 31 responding countries that they had measures on HIV/AIDS for older persons. However the countries did not spell out detailed measures beyond simply stating that older persons were are direct clients who receive psycho-social and nutritional support.

The inquiry also found that 12 countries had measures to assist older persons who are care givers to family members with HIV/AIDS. The older persons were registered and given direct support, others were helped through capacity building forums and there was provision of training of care givers.

Countries reported that only 11 out of 31 of them had measures for older persons who are care givers to HIV/AIDS related orphans. This is a low proportion, which is perhaps due to most African governments assuming that extended families not governments would help. The measures reported were registration of care givers for direct support, child grants, public assistance, bursaries, young generation action, nutritional support and training the care givers.

8.4 Training of Care Providers and Health Professionals

There is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to increase educational programmes on health and older persons for professionals in the social service sector. Informal caregivers also need access to information and basic training on the care of older persons.

To ensure implementation and sustainability of policies and programmes of health care of older persons, MIPAA required countries to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector. This section will assess the extent to which Governments have developed policies, programmes and systems that address geriatric issues through training its personnel.

The survey indicates that only a quarter (8) of the 31 responding governments had geriatric training programmes of doctors and physicians in their countries. Asked to mention the training institutions in their countries only three countries named such institutions, namely Hubert Kairuki Memorial University in Tanzania, nurses and midwifery council in Ghana and the University of Ibadan in Nigeria. This state of affairs shows that the number of institutions offering geriatric training to doctors is too low, which suggests that most doctors in Africa have no knowledge to manage older persons illnesses.

Only 9 out of 31 African governments in the survey provided geriatric training programmes to health workers. Only National Institute of Health and Social Studies in Seychelles and University of Benin in Nigeria was mentioned to be offering these programmes, implying that the other five countries which claimed availability of this training perhaps shared this facility. The number of institutions offering geriatric training to health care providers is too low, which means that most health care providers are ill equipped to manage older persons.

Nine of the 31 governments reported availability of geriatric training programmes to nurses in their countries. Universites of Ibadan and Namibia in Nigeria and Namibia respectively were mentioned as the only institutions that provided this programme. Perhaps other seven countries which claimed to have geriatric training to nurses share with Nigeria and Namibia.

Of the 31 countries, only 7 indicated that they had geriatric training of social workers in their countries. When asked for institutions that provide such training, the University of Nigeria, Nsukka and the Institute of social Welfare in Tanzania were reported. This suggests that perhaps other five countries share these institutions with host countries.

Only four out of 31 countries admitted to providing geriatric training to occupation and physical therapists. However, when asked about the institutions in their countries that provide such training, only one country (Seychelles) reported National Institute of Health and Social Studies. This could imply that the training in other 3 countries is shared with the host country or provided abroad, but not in the countries that reported the training.

Just under one-quarter of 31 countries that participated in the survey reported that they had short term or/and diploma courses in gerontology in their countries. Nsamizi Institute of social Development in Uganda, University of Ibadan and University of Namibia were mentioned as the institutions offering such training, perhaps implying that the other one country was sharing these facilities with the host countries.

Only 9 of the 31 countries have undertaken measures to develop training programmes for formal or informal caregivers for older persons. Less than half of the 9 countries reported training of trainers as the only measure for caregivers for older persons. These results imply that not many African countries have formal or informal training programmes which suggests that most caregivers are on their own and not helped by their governments.

According to the survey, only a third of the 31 governments provide training to improve knowledge or core competence, attitude and skill with aging to Primary Health Care Centres. Unfortunately the survey did not ask a question on institutions that provide this training and hence the results are not complete on this issue.

8.5 Mental Health Needs

Mental ill health is a leading cause of disability and greatly reduces quality of life of older persons. MIPAA recommends that countries should develop comprehensive mental health care

services for older persons. This section assesses African governments' policies and programmes to address mental health of older persons.

ECA probed African governments how they addressed this challenge. The result of the inquiry indicates that only a third (10) of African governments had undertaken measures to enhance mental health services for older persons. The measures were provision of mental health services, supporting mental health programmes and campaigns for raising awareness and sensitization about mental ill health.

However, it was also reported that only five of 31 African governments that responded to the survey had psychiatrics with special geriatric training to be able to manage older persons with mental ill health. This result indicates that in most African countries, there is lack of psychiatrics with skills to manage older persons with mental problems.

8.6   Older Persons and Disabilities

Incidence of impairment and disability increases with age. Older women are particularly vulnerable to disability in old age due to gender differences in life expectancy and disease susceptibility and gender inequalities over the life course.

Wandera et. al. (2015) found that disability among older persons of Uganda was pronounced with sight (46%) followed by walking (36%), hearing (20%), memory (19%), difficulty with self-care (9%) and communication (6%). It was also found that women were more disabled than men.

The result of the survey shows that 16 out of 31 African governments in the inquiry have undertaken to support older persons with disabilities. The measures were registration of older persons with disabilities for direct support, development of national disability policies and use of the care staff in hospitals.

However, only 8 of the 31 responding African governments had programmes that support mobile clinics to visit and reach the frail and disabled older persons. Asked to mention such mobile clinics, only home visits by medical officers from community health services clinic was given. One wonders what programmes other five counties were using.

More countries (11), but still inadequate, reported measures that supported outreach services to the frail and disabled older persons. Home based care, domiciliary services at community level and medical care programmes were named as the outreach services African governments provided.

8.7 Conclusion

The results in this chapter show that not many African countries have measures to advance health and wellbeing into old age. Although the majority of African governments have policies and programmes to promote health and wellbeing of older persons, implementing and sustaining these measures is a challenge. The majority of countries do not have policies and programmes to ensure universal and equal access to health care for older persons. There are limited educational opportunities for training health care providers, health professionals and informal care givers in managing older persons. Only several African governments had developed measures to enhance mental health services for older persons. Many African governments did not have measures to support older persons with disabilities.

Chapter 9   Ensuring Enabling and Supportive Environments

9.1 Introduction

The third priority direction of the MIPAA is ensuring enabling and supportive environments. Thus, the overall objective of this chapter is to assess the extent to which member states have put in place and/or implemented enabling and supportive policies and programmes. There are four substantive sections namely: housing and living environment, care of older persons, neglect, abuse and violence, and images of ageing.

9.2 Housing and living environment

Older persons need to be housed and live in comfortable environment. MIPAA recognized that good housing can promote good health and well-being. This section examines the prevalence of policies/programmes in Africa that promote older people's mobility outside their home environment and ageing in their home environment.

The ECA inquiry probed these issues. The survey reported that only less than a third (8) of the 31respondent countries have policies and programmes that promote mobility of older persons outside their home environment. Such policies reported were availability of accessible transport found in a quarter of the countries and affordable transport mentioned by 7 of the African governments. The programmes that promote mobility mentioned were provision of assistive devices and having recreation activities. However, the few countries with these programmes imply that older persons in most of Africa have major challenges of transportation, as their governments do not assist them much.

The result of the inquiry further shows that slightly less than half the governments have policies and programmes that promote aging within the home environment. Such policies and programmes mentioned were community care for older persons, financial assistance for home modification and care, national aging policy and old persons policy, which were reported on each by one out of the 31African countries that participated in the survey. This suggests that these policies and programmes exist in very few African countries, implying that older persons are on their own in most African countries. This is not surprising, since the governments may be relying on extended family to provide for the aged.

Nzabona et.al. (2015) found that loneliness among older persons in Uganda was a big challenge, and the widowed elderly were more affected than the married ones. Similarly, loneliness of older persons is a big problem elsewhere in Africa, such as 60% of the elderly in Dagorretti division in Nairobi, Kenya were found to be lonely (Waweru et. al. 2003) and in Botswana one fifth of the older persons were found in isolation (Clausen et.al. 2007).

It was indicated by the inquiry that only six of the 31 African governments have policies and programmes that specifically target older persons living alone. These measures were reported as financial assistance for home modification and care, material assistance of the poor as well as calling and accompanying the lonely elderly by social protection. The low numbers of countries with such programmes suggest little support from African governments to alleviate loneliness of older persons. In African culture, it is expected that families, not governments, take care of their older persons and their loneliness, although with increasing urbanization and migration of youth from rural areas, older persons are left without people to reduce their loneliness.

9.3 Care of older person

As persons advance in age, they need care from the community and government. MIPAA declares that provision of care to those who need it, either by older persons or for them, is mostly done by the family or community, especially in developing countries. In Africa families and communities have played a key role in prevention, care, support and treatment of persons affected by HIV/AIDS. This section analyses prevalence of any policies/programs that support and build capacity for caregivers providing help to older, frail or disabled persons and assess existence of any laws/policies that hold children and other relatives responsible for their older relatives.

The survey got responses on care giving to older persons. Less than half (14) of the 31 countries responded that they had policies and programmes that support and build capacity for caregivers who help older, frail or disabled persons. When asked to mention such policies/programmes, ten were listed as: capacity building for care givers, home based care, Lesotho policy for older persons, national disaster programme, older persons policy, South African qualification authority, training in care giving, national programme for home carers, Red Cross International and training of trainers. However, the number of countries with such policies/programmes is

low, implying that in most African countries, care givers to older persons are not supported by governments.

Nevertheless, communities have helped care givers. A case study in South Africa found that some communities worked as groups to help the older persons in many ways to live better. For instance, a group of women in Durban started Muthande Society for the aged, which provides social services, home based care, literacy education, intergenerational storytelling, sports and recreation and promoted a healthy lifestyle and active aging, as well as training older citizens monitors to assist their fellow older persons.

The inquiry found that only a quarter (8) of the 31 responding African countries had laws and policies that hold sons and daughters or other relatives responsible for older persons. This low number of countries may not be surprising since African governments assume that they do not have to legislate on this issue as it is immediate and extended families that are culturally obliged to help their relatives when the latter become older, frail or disabled. However, when asked to list such policies/laws, three were mentioned: article of a country's constitution, civil code and children Act of another country and Lesotho policy for older persons. The other four countries did not respond to the question, implying that perhaps there were no formal laws or policies in their countries to report.

9.4 Neglect, Abuse and Violence

It has been found that older persons have often been neglected, abused or their rights violated. Neglect, abuse and violence against older persons takes many forms —physical, psychological, emotional, financial — and occurs in every social, economic, ethnic and geographic sphere (UN 2002). This section assesses presence of any programs that address neglect, abuse and violence specifically towards older persons and examine policies and programs that protect older people who have no family or are homeless.

From the responses to the inquiry, almost all African countries admitted that the older persons suffered abuse, neglect and violence. The survey found that 6 African governments considered the vices against older persons in their countries to be high, 13 to be medium and 8 to be low. This state of affairs where at least two thirds (19) of 27 governments who answered the question reported that older persons abuse, neglect and violence was either high or medium is a very

serious matter. For instance, a case study conducted in Zambia quoted an older woman aged 61 years abused by her own children as indicated in Box 9.1.

> **Box 9.1 Elder abuse and neglect - A case of a Zambian older person**
>
> "My biggest problem as an older woman is being discriminated against and abused by my own children. My children make my life very difficult – they steal from me and just wait for me to die so they can take over my farm. They have also accused me of being a witch just because I am older."
>
> Unfortunately she distrusted the government agency, Police to help:
>
> "It does not help going to the police if our children steal from us or if we are abused as the police won't do anything."
>
> Instead, she praised a community group for helping her:
>
> "Being part of Twikatane Apollo Group has meant I have received training from Senior Citizens Association of Zambia on my rights. Now I know my rights and know it is wrong for my children to abuse me, steal from me or accuse me of being a witch. I can stand up for myself and tell my children what my rights are and what they are doing is wrong. My life is not as difficult now."

According to the MIPAA+15 survey, it was reported that two thirds (21) of 31 governments have undertaken measures to mitigate neglect, abuse and violence against older persons. The specific programmes used to address the vices were legal advice by half the countries, awareness campaigns by 15 out of 31 countries, using hotline by 5governments, improving food by 12 countries and providing shelter by a third of the countries.

There were several findings of the inquiry on the issues of neglect, abuse and violence against older persons. Less than a half (14) of the 31governments have policies/programmes that protect older persons without family or are homeless. The programmes reported in the survey were government using older persons homes, Lesotho older persons policy where government protects elderly rights, having older persons Act, paying out a subsidy to older persons and using government and private sector older persons institutions. Half the African governments provide training to health and social workers on abuse of older persons and detection. Eighteen of the 31African countries have programmes that raise awareness of older persons' abuse and their detection among the public.

According to the inquiry, only 8 of the 31African countries had conducted studies to address neglect, abuse and violence towards older persons. The studies were national public hearing on elderly abuse, NGOs surveys and government information gathering and data collection studies, including a survey on elderly needs in one of the countries. This low data gathering activity done by only one or two out of 31 governments, suggests that African governments do not take these vices seriously.

9.5 Images of Ageing

Perceptions/impressions or images of aging are important pointers of how the community and government intends to handle older persons. The many values of older persons are often forgotten in some societies and instead older persons are disproportionately portrayed as a drain on the economy, with their escalating need for health and support services. The section assesses the overall image of aging and programmes that promote positive image of ageing in member states.

Nzabona (2015) found that older persons in Africa have several values, such as being care giver to sick people and orphans, counsellors to the young people, custodians of ethnoscience, leaders in social organizations and contributors to household income generation.

Respondents were asked to rate images of aging in their countries, and only 7 out of 31 governments were positive, 8 were negative, while the majority (16 of the countries) reported being neutral. Such low positive rating of older persons implies African governments do not consider older persons useful.

The survey reported that a big majority of countries (25 of 31) celebrate the annual UN day for older persons. This is a positive sign that the countries are concerned about older persons to the extent that they celebrate the annual event. However, one would be interested to know what proportion of countries have declared the annual day a public holiday, like women's day, so that everyone in the country gets to know about the older persons and their values and challenges.

It is reported in the study that 21out of 31 countries have programmes that promote positive images of aging. One would have wanted to know these programmes, but the survey did not ask questions on the issue.

The results show that only a quarter (8) of the 31countries have policies on affordable transport to older persons. To make it worse, only one of the 8 countries reported a policy to promote older persons' transportation, namely free public transport to the older persons. This result implies that the remaining 7 respondents were polite to say what the researchers wanted to hear, while in fact the policies could be non-existent.

9.6 Conclusion

Currently, few African countries have policies and programmes that promote older people's mobility outside their home environment and ageing in their home environment, care for older persons, mitigate neglect, abuse and violence against older persons and encourage images of the older persons.

Chapter 10   Ageing in the SDGs and Future Plans

10.1   Introduction

The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. These 17 Goals build on the successes of the Millennium Development Goals, while including new areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice, among other priorities (UN, 2015).

The SDGs work in the spirit of partnership and pragmatism to make the right choices now to improve life, in a sustainable way, for future generations (UN, 2015). They provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large. The SDGs are an inclusive agenda. They tackle the root causes of poverty and are geared at making a positive change for both people and their planet earth.

10.2   Implementation of SDGs and Older Persons

MIPAA+15 assessed status of ageing in context of SDGs. Some member states reported various measures which they are undertaking or are planning to undertake regarding implementation of older person-specific SDGs. These include revising their national plans of action to reflect SDGs, implementing their social protection strategies, setting up bodies to coordinate efforts on SDGs and strengthening the capacity of elderly structures.

10.3 Agenda 2063 Implementation and Older Persons

Agenda 2063 is a strategic framework for the socio-economic transformation of Africa over the next 50 years. It builds on, and seeks to accelerate, the implementation of past and existing continental initiatives for growth and sustainable development (AUC, 2015). A few member states reported various measures which they have undertaken or are planning to undertake with regard to implementation of Agenda 2063 related to older persons. These include development of social development sector plans (which has elderly issues) and revising the national plan of action based on the SDGs. Some countries such as Ghana outlined specific measures with regard to the implementation of Agenda 2063 related to older persons as indicated in Box 10.1.

10.4   Government Plans Related to MIPAA Review Process

MIPAA+15 assessed the status of MIPAA review process in the countries. Some member states reported revising their national plans of action based on the SDGs while others indicated having plans to implement the provisions of the review process. One country indicated putting in place a National Council for Older Persons. Overall, few countries indicated preparedness for the review process.

10.5   Obstacles Faced by Ageing Issues

Several challenges/bottlenecks facing MIPAA implementation have already been illuminated in earlier sections of the report. This section shades more light on other reported challenges. They include lack of coordination among Government stakeholders, limited awareness of elderly issues on the part of some organisations, lack of legislation for older persons' rights and lack of political will to address ageing issues.

Figure 10.1 Reported main barriers affecting managing ageing issues
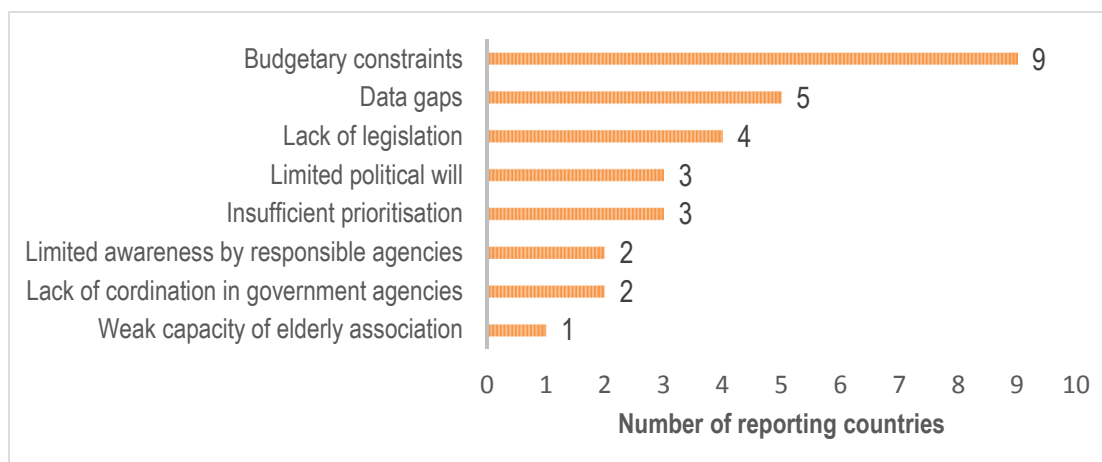
10.6   Main Limitations Faced By Governments

Member states reported a wide range of challenges faced by Governments in the course of implementing MIPAA. Such challenges faced at the various levels of Government (communal, provincial or national) included financial constraints, limited structural connections, limited political will and limited information awareness on elderly issues. For example, Uganda pointed out several challenges as indicated in Box 10.2.

Box 10.2 Challenges faced in implementing MIPAA - Uganda

The Government has limited personnel to work on ageing issues. The Officers who work on ageing issues in the Districts are not qualified and perform these tasks as an assignment of duties and not through substantive appointment.

There is limited understanding of ageing issues within the public service and this situation hampers the development of policies that favour older persons. There are also limited resources to implement older persons programs especially universal pensions.

In addition, there are bottlenecks which stakeholders face. For example, the health sector has limited capacity to mainstream older persons' general health needs as well as specific ones such as training and development of Geriatricians.

10.7   Possible Solutions to Improvement of MIPAA

In view of known and potential challenges in ageing circles, MIPAA+15 asked members states to propose possible solutions that could improve the implementation of MIPAA in their respective countries. Some leading proposals were strong information –awareness creation, financial support, capacity building in government organisations and introduction / maintenance of policies to distribute resources. Some countries such as Seychelles (Box 10.3) made elaborate suggestions which, if adopted could go a long way to improve the quality of older persons in line with the MIPAA objectives.

> **Box 10.3 Suggestions to improvement of MIPAA - Seychelles**
>
> Promote, as appropriate, a new approach to retirement that takes account of the needs of the employees as well as the employers, in particular by applying the principle of flexible retirement policies and practices, while maintaining acquired pension rights.
>
> Recognize and accommodate the caring responsibilities of increasing proportions of workers for older family members, by developing, inter alia, family-friendly and gender-sensitive policies aimed at reconciling work and care-giving responsibilities
>
> Selling out of the MIPAA objectives can trigger its implementation. The existing National Elderly Council should be mandated for the selling out of the MIPAA as well as for the M&E of its implementation.
>
> Incorporation of MIPAA objectives in the National Ageing Policy (NAP). In fact, by so doing the NAP Plans of Action will directly implement MIPAA

Uganda similarly made suggestions to improve the implementation of MIPAA which include starting courses in Gerontology and Geriatrics in higher institutions of learning. Other suggestions are as indicated in Box 10.4.

> **Box 10.4 Suggestions to improvement of MIPAA-Uganda**
> - Build capacity of duty bearers in the social and health sector on issues of older persons.
> - Start courses in Gerontology and Geriatrics in higher institutions of learning.
> - Develop mainstreaming guidelines for ageing issues across all sectors.
> - Harness the increasing population of older persons through ensuring continuous productivity of older person to increase income generation.
> - Enact necessary legal and policy frameworks for protection of older persons right.

10.8   Conclusion

Some progress has been made towards measures specific to SDGs and Agenda 2063 but many African countries have not faired well in this regard. A few report generic measures akin to MIPAA but, as shown elsewhere in previous chapters, evidence for practical implementation is scanty.

Chapter 11 Summary of Findings, Conclusions and Recommendations

11.1   Introduction

The chapter presents a summary of the findings of the review and makes conclusions drawn from the results. The policy recommendations that could hopefully assist in tracking MIPAA implementation are made.

11.2   Summary of findings

Findings indicate African countries have made some progress in the area of policy formulation but still have a long way to go in the direction of policy implementation. There is paucity of age-sex disaggregated data on socio-demographic and health indicators. There are wide gaps in information required for tracking MIPAA implementation and evidence-based policy formulation. For example although there are some administrative data on HIV/AIDs among older persons, information from systematic surveys is lacking as many of these investigations hardly focus on persons aged 60 and above. There is also paucity of data on a wide range of Non-Communicable Diseases. Although some information on older persons can be extracted from survey household questionnaires, much of the desired data that are required for implementing MIPPA priorities are lacking.

In terms of improving the quality of life of the elderly, little progress has been made in the area of advancing health and wellbeing into old age as well as enabling and supportive environment. Overall insufficient funding is reported to be one of the major causes of the slow pace of implementation.

11.3   Conclusion and Recommendations

Governments are urged to work towards making ageing issues part of their priorities in national planning. Resources that enable enhanced pace of MIPAA implementation are urgently needed if the challenges associated with gradual rise of ageing population are to be addressed. Governments, Academia and Independent Researchers are encouraged to renew effort towards generation of age-specific data.

The observed slow pace at which questionnaires used in this appraisal were filled-in and returned, and the relatively high non-response rate, are worrisome and call for enhanced commitment to collection of age-specific data. In the light of challenges faced in collecting data from country reports, future reviews may consider the option of conducting systematic, methodical and comprehensive continental surveys.

Bibliography

Adebowale, S. A., Atte, O., & Ayeni, O. (2012). Elderly Well-being in a Rural Community in North Central Nigeria, sub-Saharan Africa, *2*(4), 92–101. http://doi.org/10.5923/j.phr.20120204.05

African Union Commision [AUC](2015). Agenda 2063: The Africa We Want. Popular Version. Addis Ababa

Aganiba,B., Owusu,W., Steiner-Asiedu,M & Dittoh, S. (2015). Association between lifestyle and health variables with nutritional status of the eldery in the Nothern region of Ghana, *15*(4), 10198–10216.

Alao, M.T., Akinola, O. & O. . (2015). Dietary Intake and Nutritional Status of the Elderly in Osun State (2), *4*(1), 32–35. http://doi.org/10.9790/1959-04113235

American Medical Association. (2015). The Global Burden of Cancer 2013, *1*(4), 505–527. http://doi.org/10.1001/jamaoncol.2015.0735

Andre, M. Narongpon, N., Ngatu, N., Suganuma, M., Hirota, R., & N. (2012). Mini Nutritional Assessment and functional capacity in community-dwelling elderly in Rural Luozi , Democratic ..., (April). http://doi.org/10.1111/j.1447-0594.2012.00852.x

Anena, H. & Mugarura-Mutana, R. (2015). Aging in Uganda. Retrieved January 7, 2017, from http://acme-ug.org/2015/07/09/aging-in-uganda-theres-more-to-this-story/

Anning, A. (2012). The emerging problems of the aged in Ghana. Issues of housing and basic care a case study of some selected disricts in Ashanti region.

Biritwum, R. B., Mensah, G., Minicuci, N., Yawson, A. E., Naidoo, N., Chatterji, S., & Kowal, P. (2013). Household characteristics for older adults and study background from SAGE Ghana Wave 1, *1*(April), 1–13.

Bloom, D. E., Ferreira, M., & Michel, J. (2008). The WDA-HSG Discussion Paper Series The Madrid International Plan of Action on Ageing : Where Are We Five Years Later ? The Madrid International Plan of Action on Ageing : Where Are We Five Years Later ?

Bremner, J., Frost, A., Haub, C., Mather, M., Ringheim, K., & Zuehlke, E. (2010). Population Bulletin WORLD POPULATION HIGHLIGHTS :, *65*(2).

Chirwa, M., & Kalinda, R. (2016). Challenges of the Elderly In Zambia . A Systematic Review Study, *12*(2), 351–364. http://doi.org/10.19044/esj.2016.v12n2p351

Clausen, T., Wilson, A. O., Molebatsi, R. M. and Holmboe-Ottesen, G. (2007). Diminished mental and physical function and lack of social support are associated with shorter survival in community dwelling older persons of Botswana. BMC Public Health,7 (1) 144.

Cox, F. M., & Ndung'u Mberia. (1977). *Aging in a changing village society: A Kenyan experience*. International Federation on Ageing

Demssew,T., Mulugeta,T., Berhane, E., Adera,A., & Getaneh, K. (2016). Evaluating the Psychosocial Wellbeing among Elders in Elders ' Home Setting , Addis Ababa, Ethiopia, *10*(5), 1–8. http://doi.org/10.21767/1791-809X.1000100515

Doron, I., & Spanier, B. (2012). International Elder Law: The Future of Elder Law. In *Beyond Elder Law* (pp. 125-148). Springer Berlin Heidelberg.

ECOSOC (2013). Second Review and Appraisal of MIPAA, 2002. New York

Edirin, P., & Mudiare, U. (2015). Abuse of the Aged in Nigeria : Elders Also Cry, *3*(9), 79–87.

Galiana, L., Gutiérrez, M., Sancho, P., Francisco, E., & Tomás, J. M. (2016). Socio-Demographic Variables and Successful Aging of the Angolan Elderly, *2016*. http://doi.org/10.1155/2016/5306756

Gebresilus, A. G., & Yizengaw, S. S. (2014). PSYCHOLOGICAL CHALLENGES OF ELDERS IN GONDAR CITY , NORTH WEST ETHIOPIA, *2*(4).

Ghana Statistical service. (2013). 2010 Population and Housing Census Report. The Elderly in Ghana.

Hailemariam, S., Tessema, F., Asefa, M., Tadesse, H., & Tenkolu, G. (2012). The prevalence of depression and associated factors in Ethiopia : findings from the National Health Survey, 1–11.

HelpAge International. (2008a). *Older people in Africa : a forgotten generation*.

HelpAge International. (2008b). Older people in Africa : a forgotten generation.

HelpAge International. (2013a). Experiences of policies and practices of empowering older people in Africa, (September), 10–11.

HelpAge International. (2013b). The rights of older people in Mozambique.

HelpAge International. (2013c). *Vulnerability of Older People in Ethiopia. The Case of Oromia, Amhara and SNNP Regional States*. Addis Ababa.

Hutton, D. (2008). *Older people in emergencies: considerations for action and policy development* (pp. 1-40). Geneva, Switzerland: World Health Organization.

Indongo, N., & Sakaria, N. (2016). Living Arrangements and Conditions of Older Persons in Namibia, 97–109. http://doi.org/10.4236/aar.2016.55010

Kabole, A. L., Kioli, F. N., & Onkware, K. (2013). The Social Context of Abuse of Elderly People in, *1*(2), 76–86. http://doi.org/10.13189/sa.2013.010206

Katine, C. (2010). Marginalisation: Growing old in Uganda. Retrieved January 7, 2017, from https://www.theguardian.com/katine/katine-chronicles-blog/2010/apr/16/old-age-uganda

Kinsella, K. G., & Phillips, D. R. (2005). *Global aging: The challenge of success* (Vol. 60, No. 1, p. 3). Washington, DC: Population Reference Bureau

Kollapan, J. (2008). The Rights of Older People- African Perspectives, (November).

Lolita, Y. M., Michael, A. A., Hubert, N., Florence, D., & Jacques, B. (2015). Oral Health Status of the Elderly at Tonga , West Region , Cameroon, *2015*. http://doi.org/10.1155/2015/820416

Makiwane, M. (2015). The older persons and their relationship with younger generations in South Africa, (Nhongo), 1–17.

Malek, M. A., & Razzak, M. A. (2017). Rights of the elderly: an emerging human rights discourse. *International Journal of Law and Management*, *59*(2).

Menadi, N., Khaled, M. B., Merrakchi, B., & Belbraouet, S. (2013). Nutritional Status of Elderly People Living at Home in Sidi-Bel-Abbes (West Algeria), *2013*(August), 860–865. http://doi.org/http://dx.doi.org/10.4236/fns.2013.48112

MGCDSW. (2013). Ministry of Gender, Children , Disability and Social welfare: Strategic objectives. Retrieved September 1, 2017, from http://www.gender.gov.mw/index.php/2013-06-15-16-48-10/strategic-objectives#

Ministry of Gender, L. ans S. D. (MGLS). (2007). *Strengthening Statistics for Planning: MINISTRY OF GENDER , LABOUR AND SOCIAL DEVELOPMENT SECTOR STRATEGIC PLAN FOR Social Development Sector Strategic Plan for Statistics*. Kampala, Uganda.

Ministry of Labour and Social Affairs. (2012). *The Federal Democratic Republic of Ethiopia: National Social Protection Policy of Ethiopia*. Addis Ababa, Ethiopia.

National Institute of Statistics of Rwanda (NISR), Ministry of Finance and Economic Planning (MINECOFIN) (Rwanda), 2012. (2014). *Rwanda Fourth Population and Housing Census. Thematic Report: Socio-economic status of elderly people*. Kigali, Rwanda.

National Research Council. (2006). *Aging in Sub-Saharan Africa: Recommendations for furthering research. Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Africa. Barney Cohen and Jane Menken, Eds. Committee on Population, Division of Behavioral and Social Sciences* . Washington, DC: The National Academies Press.

Nyirenda, M., Newell, M., Mugisha, J., Mutevedzi, P. C., Seeley, J., Scholten, F., & Kowal, P. (2013). Health well being, and disability among older people infected or affected by HIV in Uganda and South Africa, *6*(8). http://doi.org/http://dx.doi.org/10.3402/gha.v6i0.19201

Nzabona, A. (2016). Data Assessment Study of Population Ageing in Uganda. Assessment Report Submitted to UNDESA. Kampala

Nzabona, A., J. Ntozi and G. Rutaremwa (2015). Loneliness among older persons in Uganda: examining social, economic and demographic risk factors. Ageing and Society, Available on CJO 2015 doi:10.1017/S0144686X15000112.

Nzabona, A. (2015). Determinants of value and challenges of older persons in Uganda. PhD thesis, Makerere University, Kampala, Uganda. May 2015.

Nzabona, A., Ntozi, J., & Rutaremwa, G. (2013). Old is gold. What influences old persons' engagement in income generating activities in Uganda. *Greener Journal of Social Sciences*, *3*(8), 383-390

Okolo, S. (2013a). Adapting to Meet the Health Needs of Elderly with Dementia. Retrieved September 1, 2017, from https://globalhealthafrica.org/category/elderly/

Okolo, S. (2013b). Quality of Life for Elders: Lessons from South Africa and Bolivia. Retrieved September 1, 2017, from https://globalhealthafrica.org/2013/11/10/quality-of-life-for-elders-lessons-from-south-africa-and-bolivia/#comments

Organisation of Islamic Cooperation (OIC). (2015). *State of Elderly in OIC Member Countries. OIC Outlook Series. Statistical, Economic and Social Research and Training center for Islamic Countries (SESRIC)*.

Parmar, D., Williams, G., Dkhimi, F., Ndiaye, A., Ankomah, F., Kojo, D., & Mladovsky, P. (2014). Social Science & Medicine Enrolment of older people in social health protection programs in West Africa e Does social exclusion play a part ? *Social Science & Medicine*, *119*, 36–44. http://doi.org/10.1016/j.socscimed.2014.08.011

Pelham, L. (2007). *The politics behind the non-contributory old age social pensions in Lesotho , Namibia and South Africa CPRC Working Paper 83 ISBN 1-904049-82-6*.

Randall, S., & Coast, E. (2016). DEMOGRAPHIC RESEARCH. The quality of demographic data on older Africans Sara Randall Table of Contents., *34*(January). http://doi.org/10.4054/DemRes.2016.34.5

Shofoyeke, A. D. & Amosun, P. (2014). A Survey of Care And Support for the Elderly People in Nigeria, *5*(23), 2553–2563. http://doi.org/10.5901/mjss.2014.v5n23p2553

Statistics South Africa. (2014). *Census 2011: Profile of older persons in South Africa, Report 03-01-60*. Pretoria.

UNAIDS. (2014). *The GAPReport 2014. People aged 50 years and older*. 20 Avenue Appia CH-1211 Geneva 27 Switzerland. Retrieved from file:///C:/Users/user/Desktop/health care/people aged 50 and over.pdf

UNAIDS. (2016). Stand out- zero discrimination day 2016. Retrieved from http://www.unaids.org/en/resources/documents/2016/2016_Zerodiscrimination_brochure

United Nations. (2011). *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide Department*. New York.

United Nations. (2015). Transforming our world: the 2030 Agenda for Sustainable Development. New York

United Nations. (2016a). International Day of older persons 1 october. Retrieved August 1, 2017, from http://www.un.org/en/events/olderpersonsday/

United Nations. (2016b). International Widows' Day 23 June. Retrieved August 1, 2017, from http://www.un.org/en/aboutun/copyright/index.html

United Nations. (2016c). World Elder Abuse Awareness Day 15 June. Retrieved August 1, 2017, from http://www.un.org/en/events/elderabuse/

United Nations. (2016d). World Population Day 11 July. Retrieved August 1, 2017, from http://www.un.org/en/events/populationday/

United Nations Department of Economic and Social Affairs. (2009). *World Population Ageing*.

United Nations Department of Economic and Social Affairs Population Division. (2016). Population Facts: Sub-Saharan Africa ' s growing population of older persons.

United Nations Population Fund (UNFPA) & HelpAge International. (2012). *Ageing in the Twenty-First Century : A celebration and A challange*.

United Nations, Department of Economic and Social Affairs, P. D. (2013). *World Population Ageing 2013*. New York.

UNECA (2012). Report on Ageing-Africa Region

UNDESA (2015). World Population Prospects: Key Prospects and Advance Tables-2015 revision. New York

UNFPA, & HAI (2012). Ageing in the Twenty-First Century: A Celebration and a Challenge. New York

United Nations (2002): Political Declaration and Madrid International Plan of Action on Ageing. Second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002. United Nations, New York, 2002.

United Nations High Commissioner for Refugees (2000). Older refugees: looking beyond the international year of older persons. Geneva: UNHCR (Standing Committee Document: EC750/SC/CRP.8.).

Wan,H., Goodkind, D., Kowal, P. & U. S. C. B. (2016). *An Aging World : 2015 International Population Reports, P95/16-1*. Washington, DC., U.S. Government Publishing Office.

Wandera, S. O., Kwagala, B. &, & Ntozi, J. (2015). Determinants of access to healthcare by older persons in Uganda : a cross-sectional study, 1–10. http://doi.org/10.1186/s12939-015-0157-z

Wandera S. O., J.P.M. Ntozi and B. Kwagala (2015). Determinants of access to healthcare by older persons in Uganda: A cross-sectional study. International Journal for Equity in Health, 2015.

Waweru, L. M., Kabiru, E. W., Mbithi, J. N. and Some, E. S.(2003). Health status and health seeking behaviour of the elderly persons in Dagoretti division, Nairobi. East African Medical Journal, 80(2) 63-67.

Wandera, S. O., Ntozi, J., & Kwagala, B. (2014). Prevalence and correlates of disability among older Ugandans: evidence from the Uganda National Household Survey, *2010*(14), 1–9.

WHO. (2015). *World Report on Aging and Health*. 20 Avenue Appia, 1211 Geneva 27, Switzerland.

WHO SAGE. (2012). *South Africa Study on global AGEing and adult health (SAGE), Wave 1*.

World Health Organisation. (2000). *Information Needs for Research , Policy and Action on Ageing and Older Adults. Report of a workshop on creating a minimum data set (MDS) for research, policy and action on ageing and the aged in Africa*.

World Health Organisation (WHO). (2000). Social Development and Ageing Crisis or Opportunity ? Special panel at Geneva 2000, (June).

World Health Organisation (WHO). (2011). Global Health and Aging, 32.

World Health Organisation (WHO). (2012). *Good health adds life to years Global brief for World Health Day 2012*. Geneva, Switzerland.

World Health Organisation (WHO). (2014). *Ghana country assessment report on ageing and health*. 20 Avenue Appia, 1211 Geneva 27, Switzerland.

Annex 1 Participating Countries in MIPAA+15 Review

1. Algeria
2. Burundi
3. Cameroon
4. Chad
5. Congo Brazzaville
6. Egypt
7. Ethiopia
8. Ghana
9. Kenya
10. Lesotho
11. Madagascar
12. Malawi
13. Mauritania
14. Morocco
15. Mozambique
16. Namibia
17. Nigeria
18. Sao Tome
19. Senegal
20. Seychelles
21. Sierra Leone
22. South Africa
23. South Sudan
24. Sudan
25. Tanzania
26. Togo
27. Tunisia
28. Uganda
29. Zambia
30. Zanzibar
31. Zimbabwe

Annex 2 Evaluation questions and work planning matrix

Main evaluation area/question	Specific evaluation/area question	Instrumental Indicator(s)	Data Source/Data collection method(s)
Country-wide reports/studies specific on ageing/older persons Since MIPPA 2012, have there been any national studies/reports done by the following research institutions/individuals?:	Governmental Agencies	Availability of national studies/reports on older persons done by Governmental agencies	Country questionnaires; national reports; e-searches
	Universities	Availability of national studies/reports on older persons done by Universities	Country university library databases; Country questionnaires
	Independent Researchers	Availability of national studies/reports on older persons done by Independent Researchers	E-searches; Country questionnaires
Older Persons and development Does your Government have data about older persons relating to the following aspects of development?:	Employment and / or unemployment	Availability of data on number/proportion of older persons employed/unemployed	Country questionnaires; NSOs
	Employment in formal sector	Availability of data on number/proportion of older persons employed in the formal sector	Country questionnaires; NSOs
	Employment in informal sector	Availability of data on number/proportion of older persons employed in informal sector	Country questionnaires; NSOs
	Voting in the last national election	Availability of data on number of older persons who voted in the last national election	Country Questionnaires; National Electoral Commissions
	Care for orphans		Country questionnaires; NSOs
Are there policies on older persons with respect to the following aspects of development?:	Participation of older persons in policy-making	Availability of policies pertaining to older persons' participation in policy-making	Country questionnaires Country questionnaires
	Early retirement	Availability of policies encouraging early retirement	Country questionnaires; Country Ministries in charge of Public Service
Advancing Health and wellbeing into old age	Disability-adjusted life expectancy, by sex	Availability of data on disability-adjusted life expectancy, by sex	Country questionnaires; Country Ministries in charge of Health
	Health insurance	Availability of data on number and proportion of older persons, by sex and age, covered by health insurance	Country questionnaires; Country Ministries in charge of Health

Does your Government have data relating to the following health issues?:	Geriatric care	Availability of data on number of public/private health care facilities with geriatric care	Country questionnaires; Country Ministries in charge of Health
	Mental health	Availability of data on prevalence of mental ill-health among older persons by age/sex	Country questionnaires; Country Ministries in charge of Health
	Malnutrition	Availability of data on number of older persons suffering from malnutrition by age/sex.	Country questionnaires
	Disability	Availability of data on number of older people with disabilities?	Country questionnaires; Country Ministries in charge of Health
	HIV/AIDS	Availability of data on number of older people with HIV/AIDS	Country questionnaires
Enabling and supportive environments Does your Government have data relating to the following aspects of living arrangement?:	Households with safe water	Availability of data on number of older persons living in households with safe water disaggregated by age/sex	Country questionnaires; NSOs
	Improved sanitation	Number of older persons living in households with improved sanitation disaggregated by age/sex	Country questionnaires; NSOs
	Access to electricity	Availability of data on number of older persons living in households with access to electricity disaggregated by age/sex	Country questionnaires
	Assistance with ADL	Availability of data on number of older persons living alone who need assistance with activities of daily living by age/sex	Country questionnaires; NSOs
	Neglect, abuse & violence	Availability of data on number of older persons reporting neglect, abuse or violence by age/sex	Country questionnaires, NSOs