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Linking Ageing to Development Agendas in sub-Saharan Africa: Challenges and Approaches

*by Isabella Aboderin
and Monica Ferreira*

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Linking Ageing to Development Agendas in sub-Saharan Africa: Challenges and Approaches¹

Abstract

International calls and frameworks for policies on ageing in sub-Saharan African (SSA) countries, encapsulated in the UN Madrid Plan of Action on Ageing (2002) and the African Union Policy Framework and Plan of Action on Ageing (2003), have thus far resulted in little concrete policy action. This lack of progress necessitates critical reflection on the present status of political debates and arguments on ageing in the sub-region. In a context of acute social ills and resource constraints, the paper links the impasse in policy action to a fundamental lack of clarity about where and how policies on older persons intersect and concur with core national development agendas and goals, which typically focus on the young. It then explicates a framework of steps and approaches for systematic elucidation of these connections, namely i) appreciation of key facets of core national and sub-regional development endeavours; ii) identification of limitations in the coherence and effectiveness of current arguments for policy on ageing; iii) clarification of ageing policy needs, options and rationales in relation to core agendas, based on explicit applications of life course and intergenerational perspectives; and iv) identification of associated information needs and required research approaches. We argue that the proposed framework and associated challenges need to be considered urgently in research and advocacy efforts, in order to advance policy on ageing in SSA.

Introduction

The ageing of populations in sub-Saharan Africa, as in other developing world regions, is seen widely as marking a demographic triumph. If handled properly, an ageing population structure offers enormous potential for societies' advancement. To this end, numerous calls have been made internationally and Africa-wide over the past decade, urging governments to mainstream issues of ageing and older persons into broader plans and processes for social and economic development. However, little concrete action has ensued, which suggests that arguments underpinning the calls have been largely passed over. Rather than simply reassert such advocacy calls, we take a step back at this juncture, to reflect on: a) how

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effective or appropriate the arguments may be, given the reality of current development policy contexts and agendas in most sub-Saharan African (SSA) countries; and b) what approaches to link ageing to development agendas in SSA may be more constructive. We undertake such reflection in two parts: In Part 1 we examine the context of ageing in the sub-region, and challenges for the formation and mainstreaming of policy on ageing. In Part 2 we explore and propose various steps and conceptual approaches for advocacy and research to consider, in order to redress the non-inclusion of ageing and older persons in the sub-regional development endeavour.

PART 1: CONTEXT AND CHALLENGES

Sub-Saharan Africa (SSA) is the poorest and least developed sub-region in the world. Two-thirds of the world's least developed countries (UN classification) and its low-income economies (World Bank classification) are in SSA. Of 42 major SSA countries, only six are lower middle income and only four are upper middle income economies. All but two of the world's 30 countries with low human development (UNDP Human Development Index) are in SSA (UNDP, 2006, World Bank, 2007).

Among numerous social ills that beset SSA countries are immense challenges of rural stagnation, urban slums (62 per cent of the urban population lives in slums)¹, the HIV/AIDS crisis and armed conflict. The latter two crises affect SSA more gravely than any other world region and heighten the problems of poverty (see IFAD, 2007; UN Habitat, 2003; UN/DESA, 2007a; Porteous, 2005; UNAIDS, 2007; Luckham et al., 2001). The scale and depth of these challenges in the sub-region are represented acutely in a range of demographic and development indicators shown in Box 1.

Box 1: Demographic and development indicators in SSA

- ✓ 41.1% of the population lives in extreme poverty (on less than \$1 a day). Although the poverty rate has declined from 45.9 % in 1999, given the population growth, the number of people has not declined and remains at around 300 million.²
- ✓ At least a quarter of children born today in all SSA countries (69% in Botswana) will not survive to age 40
- ✓ One in ten babies dies before the age of one year and almost two of ten will die before the age of five years
- ✓ No country achieves full primary education enrolment. In seven countries, less than 50% of children are enrolled in primary school. In many countries, only a few entering Grade 1 complete full primary education

- ✓ SSA is home to an estimated 24.7 million adults and children infected with HIV/AIDS – 1.1 million more than in 2004 and 63 % of the world total. Deaths from AIDS continue to rise in SSA. In 2006, 2.1 million adult and child deaths were due to the disease. While declines in HIV prevalence are now observed in some countries, prevalence is rising in others. Overall, the positive trends are neither strong nor widespread enough to diminish the epidemics' overall impact in the sub-region
- ✓ 12.2 million African children are estimated to have lost one or both parents to AIDS

Sources: UNAIDS, 2007; UNAIDS/WHO, 2006; UNDP, 2007; UN, 2007; UN/DESA, 2007a

In addition to being the poorest sub-region, SSA is also the youngest in the world. 64% of the population are younger than 25 years (compared to 46 % and 48 % for Asia and Latin America, respectively). Only 4.8% of the population are age 60 years or older. Due to persisting high fertility (currently 5.13 children per woman) and high mortality rates, the population age structure will remain relatively unchanged until 2025 and only shift gradually thereafter (UNDP, 2007a; UNECA, 2006).

Despite the youthfulness of the sub-continent, international concern with the challenges of ageing in African populations has been growing. The debate has been driven largely by a number of dedicated NGOs (e.g. HelpAge International) and UN agencies (e.g. UNFPA and WHO), and a small corps of international and African researchers. An awareness of issues of ageing in the sub-region dates back 25 years, to the first UN World Assembly on Ageing (WAAI) held in Vienna in 1982, which effectively launched a discourse on ageing in the developing world (see Apt, 2005). However, at the time, the challenges of ageing in African countries were neither interpreted appropriately in the Vienna Plan of Action, ratified in the WAAI, nor responded to effectively by signatory governments. More recently, the debate on ageing in SSA has intensified again, particularly since the Second World Assembly on Ageing (WAA2) held in Madrid in 2002, which focused specifically on issues of ageing in the developing world.

Key policy challenges of population ageing in SSA

At the heart of the debate on ageing in sub-Saharan Africa lie two coupled concerns:

First, the implications of demographic projections for the sub-region.³ While the proportion of persons age 60 years and over⁴ in national populations will remain lower than in other world regions – rising to only 8.8 per cent by 2050, compared to 24 per cent in Asia and Latin America and the Caribbean, the absolute number of older persons in SSA is projected to rise dramatically over the same period: from 36.6 million to 140 million – a more rapid increase than in any other world region

and for any other age group (UNPD, 2007a).⁵ Contrary to misconceptions moreover, older people in SSA will on average live many years beyond age 60. Indeed, life expectancy at age 60 in SSA, currently 15 years for men and 17 years for women, does not differ markedly from that in other world regions (UN, 2006).

Second, the particular vulnerability of older persons in contemporary SSA. Older persons in the sub-region are rendered increasingly vulnerable as a result of three interacting influences:

- i) A diminishing capacity to engage in sufficiently paid productive work and/or self-care, due to physical, mental and social changes or attributes (e.g. very low literacy levels, or age-related chronic disease associated with chronological, individual ageing in the SSA context).
- ii) The effects of rapid socio-cultural change, economic stress, rural to urban migration of the young, and acute crises, such as the HIV/AIDS epidemics, armed conflict and other emergencies, which alone, or in combination, are placing:
 - a) increasing strain on family-based support systems that customarily provided protection for older people unable to sustain themselves. Symptoms of this strain include increasingly visible destitution, begging and abandonment of older persons in cities; and isolation and hardship of those left behind in rural areas (see e.g. Apt, 1997; Aboderin, 2006; Mba, 2004), and
 - b) new support burdens on older people, particularly caregiving to younger kin affected or orphaned by HIV/AIDS, and/or adult kin who are unemployed or otherwise unable to earn a livelihood. The additional support burdens affect older persons' material, physical and emotional well-being negatively (see Cohen & Menken, 2006; Ferreira, 2006; Knodel, Watkins & VanLandingham, 2003).
- iii) A virtual lack of social service provision for older people in most SSA countries. Existing social services, health care in particular, largely do not cater for the needs of older persons (see e.g. McIntyre, 2004; WHO, 2006), and only a handful of countries operate a formal old age social security system (Botswana, Lesotho, Mauritius, Namibia, Senegal and South Africa). A poignant example of a lack of social provision is the widespread exclusion of older persons from humanitarian responses in emergency situations, such as Darfur (see e.g. Bramucci & Erb, 2007).

Taken together, the concerns highlight what is widely viewed as a major challenge for policy on ageing in SSA: namely, to ensure the security and well-being of a rapidly increasing number of older people in the coming decades. This challenge differs somewhat from major ageing-related concerns in industrialised and rapidly maturing Asian societies, which focus on the impacts of changing (i.e. ageing) population age structures specifically on workforce productivity and the

sustainability of social security systems (see Harper, 2006; Aboderin, 2007a, UNPD, 2007b).

The policy agenda on ageing in SSA: frameworks and arguments

Two key recent international instruments are available to guide African governments in designing and implementing comprehensive strategies on older persons: i) The UN *Madrid International Plan of Action on Ageing* (MIPAA) which emanated from WAA2; and ii) the African Union (AU) *Policy Framework and Plan of Action on Ageing* (AU Plan), adopted in 2003 (see UN, 2002; AU/HAI, 2003). The plans, which are largely comparable, commit signatory African Member States to implement recommendations in them, and call on the governments to develop policies across social and other sectors to ensure the welfare and enhance the quality of life of present and future cohorts of older citizens.

Crucially, the plans assert a need for policies on ageing that are integral to mainstream national development and poverty reduction agendas, given that the governments a) have an obligation to realise the fundamental human rights of older people, including the "right to development"; and b) need to acknowledge, encourage, support and build on the valuable contributions that older people make to family and community – and thus to development in general. The significance of such contributions is exemplified most powerfully in their function as carers to younger generation kin affected by HIV/AIDS.

National policy action on ageing: situation and progress

The MIPAA and the AU Plan, together with subsequent NGO and UN advocacy work, have clearly heightened an awareness of issues of ageing among national governments and have prompted a readiness, at least rhetorically, to develop national policy responses. Thus:

- ✓ In 2005, 13 of 42 SSA countries' governments regarded population ageing as a "major concern," while another 22 viewed it as a "minor concern" (UNPD, 2005).
- ✓ Sixteen SSA countries have thus far formulated, or are in the process of formulating a national policy framework on older persons and others have included provisions for older persons in sector-specific (e.g. health) policies.

However, only three countries (Mauritius, Mozambique and South Africa) have ratified, legally binding bills on older persons, and only nine (relatively better-off countries) have implemented concrete, national-level strategies targeted at older persons (Botswana, Ghana, Lesotho, Mauritius, Namibia, Senegal, Seychelles, South Africa and Zambia) (Nhongo, 2006, Aboderin and Gachuhi, 2007).

This dearth of policy action, five years after commitment to implementing recommendations in MIPAA and the AU Plan, is conspicuous. A process of review and appraisal of policy action on ageing initiated by the United Nations is under way and a similar assessment by the African Union is planned (UNPD, 2007b; HAI, 2007a). These evaluations will indicate the precise nature and extent of progress in SSA countries. What is evident already is that the steps that *have* been taken have been narrow.

In Botswana, Lesotho, Mauritius, Namibia, Senegal, Seychelles and South Africa, the focus appears to have been on the expansion or introduction of a non-contributory social pension programme. In addition, some of these countries, together with Ghana and Zambia, offer free or discounted health care as another form of social protection to older persons. Yet, both MIPAA and the AU Plan call for multifaceted, cross-sectoral strategies to enhance older persons' situation holistically, and policy action is thus needed that goes beyond mere steps to expand social protection.

The present focus on social pensions in some SSA countries follows successful NGO advocacy in recent years, which has foregrounded arguments that payment of regular cash transfers to vulnerable older persons a) can help to reduce their poverty and thus meet some of their fundamental human rights; and b) has significant redistributive effects, as beneficiaries often share their pension income with younger generation kin – in particular, children and grandchildren,⁶ thus contributing to a reduction of poverty in households, families and communities broadly (HAI, 2004, 2007b).

Key reasons for the otherwise general lack of policy formation and/or policy action on ageing in most SSA countries, where explored, are found to include a) persisting assumptions that family continues to care for elders adequately; b) an insufficient awareness of, or interest in key policy needs of older people; and/or c) a focus on other priorities for “development” spending, with older persons largely excluded from such development agendas (e.g. Asagba, 2005; Aboderin and Gachuhi 2007). What these reasons suggest essentially is that policy makers – despite formal expression of commitment to, and guidance from, international frameworks – remain

- ✓ insufficiently persuaded that the realisation of policies for older people a) will concur with and contribute to the achievement of core national development goals; and/or b) will do this more efficiently, given resource constraints, than policies relating directly related to these goals; and/or
- ✓ insufficiently clear which policies to pursue as a priority and/or how to implement them (see also Aboderin and Gachuhi 2007).

Challenges for research and advocacy on ageing in SSA

Given the deficits and apparent obstacles to policy formation and action outlined, a key challenge for research and advocacy on ageing in SSA is to explicate the intersections between ageing and mainstream development agendas. Specific clarification is needed a) on where, why and how addressing issues of ageing and older persons could concur with, and support the pursuit of core development goals, but also b) vice versa, on where and how mainstream development agendas in fact concur with key objectives of the ageing agenda. This latter question has thus far received little attention, if any.

PART II: STEPS AND APPROACHES

A first step towards addressing these challenges is to better appreciate key parameters and elements of mainstream development endeavours that policy on ageing in SSA needs to take into account and to connect with. We discern three such aspects.

Key aspects of mainstream development agendas

1 Resource constraints

First are the severe constraints on resources available to finance development and social efforts in SSA. These constraints reflect, among others, persistent shortfalls in North/South development aid and unfair terms of global trade, and oblige governments to make choices and set priorities among development needs. Current development priorities entail two key relevant elements, namely:

- ✓ Prevailing poverty reduction strategies, which focus on infrastructure and human capital development and, to a lesser extent, social protection for the most vulnerable groups.
- ✓ An intensifying emphasis on the promotion of traditional African cultural values as an essential basis for home-grown African development and self-reliance.

2 Poverty reduction strategies

In many, if not most, SSA countries, national development plans are now encapsulated in a Poverty Reduction Strategy Paper (PRSP). PRSPs increasingly form a basis for national budgeting and the co-ordination of major development assistance – upon which African states are heavily and increasingly reliant (ADB, 2006; Deacon, 2007, forthcoming). PRSPs essentially reflect the dominant

development agenda for Africa – and underlying neo liberal perspectives – set by the international community. This agenda took centre stage in 2005, the proclaimed year for Africa, when unprecedented levels of dedicated international policy attention and public campaigns were reached, culminating in pledges on aid and debt cancellation made at the Gleneagles G8 Summit and in the report of the Commission for Africa (African Development Bank, 2006; CfA, 2005). More recently, the key agenda was reaffirmed at the G8 summit in Heiligendamm in 2007, amid strident criticism of non-delivery on commitments.

The central and overall goals of “development” in PRSPs in the coming decades are to reduce poverty and, specifically, to achieve Millennium Development Goals (MDGs). MDG targets, to be achieved by 2015, are:

- ✓ Halve the proportion of people whose income is less than \$1 a day and the proportion that suffers from hunger.
- ✓ Attain universal primary education in all countries.
- ✓ Eliminate gender disparity in primary and secondary education and at all levels of education.
- ✓ Reduce mortality by two-thirds among children younger than five years.
- ✓ Reduce the maternal mortality ratio by three-quarters.
- ✓ Halt and begin to reverse the spread of HIV/AIDS, and the incidence of malaria and other major diseases.
- ✓ Halve the proportion of people without access to safe drinking water, and by 2020, achieve significant improvement in the lives of at least 100 million slum dwellers.
- ✓ Develop a global partnership for development (UN, 2000).

Thus far, most SSA countries are unlikely to achieve any of these targets. In some cases there has been no progress at all and even a deterioration in the country’s situation (UN Millennium Project, 2005; UN/DESA, 2007a,b). To address this impasse, PRSPs and major international frameworks have set three priorities:

- i) The development of infrastructure, the reform of public governance institutions, enhancement of the investment climate, and the establishment of efficient markets to promote economic growth and employment opportunities.
- ii) Investment in the social sectors, with a primary focus on the young, specifically a) in the MDG focal areas of primary education, maternal and child health, HIV/AIDS and other infectious diseases; and b) for the longer term, measures to address the “crisis” of youth – i.e. un-/underemployment, disenfranchisement, and a lack of education or training among those aged 15-35 years. An aim is to enable youth to become “productive workers, family

heads, citizens and community leaders” (World Bank, 2006; AU, 2006a). A focus on the young is intended to alleviate their deprivation and suffering, but also, crucially, to develop human capital, in order to raise societies’ productivity and, ultimately, economic growth. Indeed, the international and African community view investment in (future) worker efficiency of the young as the key to achieving lasting economic and social development in SSA in coming decades (Schäfer, 2006; UNECA, 2006; AU, 2006a):

Political stability, social solidification, and economic prosperity [in Africa] lie in harnessing the capacities of the youth (UNECA, 2006).

Africa’s greatest resource is its youthful population and... through their active and full participation, Africans can surmount the difficulties that lie ahead (AU, 2006a:1).

This view rests squarely on assumptions about the greater productivity and dynamism of the young compared to older age groups (see Barrientos, 2002; UNECA, 2006), and on considerations of broader demographic dynamics. African governments are urged to invest in the large young population in order to harness the first demographic dividend for accelerating economic growth in the coming “window of opportunity” from about 2020 onwards – as fertility begins to fall and before the older population increases significantly, and where there is a surplus share of the population in the “productive” ages (see World Bank, 2006)⁷. To this end, the newly adopted African Union Youth Charter 2006⁸ obliges Member States to enact and implement coherent strategies to improve the social and economic situation of youth within national development frameworks⁹ (AU, 2006a).

- iii) In addition to the two primary priorities above, PRSPs explicitly recognise a need for social protection measures to safeguard the poorest and most vulnerable groups in society. The importance of such measures is increasingly emphasised moreover by some major donor countries – such as the UK (CfA, 2005; HAI, 2007b, DFID, 2006). Yet, there is little agreement on who the main vulnerable target groups are and what criteria should be used to assess such vulnerability and eligibility. PRSPs and other frameworks typically mention a range of (often overlapping) groups, which include all ages, namely, “children, young people, unemployed, families, people with disabilities, HIV/AIDS affected households, older people and women” (see HAI, 2007b: 2-3; Aboderin and Gachuhi, 2007).

3 Promotion of African cultural values as a basis for “home-grown” development

In tandem with a focus on the PRSPs has been an intensification of an African quest for “home-grown” development solutions, as part of a pursuit of an African “rebirth,” or Renaissance. The quest is encapsulated in the African Union’s Horizon Strategy 2004–2007 and is fuelled by a growing scepticism regarding the benefit of western development models for Africa (see AU, 2004a,b,c).

On one level, the African critiques have highlighted the adverse impacts and clear failure of Structural Adjustment Programmes (SAPs), as “prescribed” by the World Bank and International Monetary Fund (IMF), and adopted by almost all SSA countries during the eighties and nineties, to foster economic growth and social development in the sub-region¹⁰ (see AU, 2004; Soludo & Mkandawire, 1999). On a more fundamental level, critiques have exposed modernisation theory inspired thinking,¹¹ which “consciously or unconsciously and in different measure” continues to underpin international agendas for development in Africa. Such thinking essentially views development as a unilinear process and, at its crudest, considers “how African countries could... be made to become more like Europe and the United States” (see Olukoshi & Nyamnjoh, 2005).

In the pursuit of home-grown development, African states have asserted a central need to promote and “infrastructure” African cultural values, as the “bedrock” of such development (OAU, 1999; AU 2004a).¹² They have emphasised moreover the particular import of advancing traditional values among the young, given that “the continuous cultural development of Africa rests with its youth” (AU, 2006a: 2).

In this context, AU frameworks specifically mention a need to instil customary values of family and intergenerational filial support. Thus, the African Youth Charter asserts the responsibility of youth to “have full respect for parents and elders and assist them anytime in cases of need in the context of positive African values” (p.19). This assertion directly echoes recommendations in the AU Plan, which call for the introduction of legislation that makes it “an offence for family members... to abuse older persons;” requires “adult children to provide support for their parents” (p.8); and learns “from traditional values and norms regarding family values and the care of older persons” (p.16).

Coherence and effectiveness of present arguments for policy on ageing

Based on an appreciation of the above key aspects of mainstream development plans, a second step towards explicating the intersections with ageing agendas is a critical assessment of the coherence and effectiveness of present arguments for policy on ageing.

The identified constraints and priorities of current mainstream development agendas in SSA point to several weaknesses in the central arguments that are currently advanced to advocate for policy on ageing. These calls, as mentioned

earlier, comprise appeals to governments to a) recognise older people's vulnerability; b) realise their fundamental rights; and c) acknowledge and support their contributions, especially to family and community. The arguments are indeed powerful: they espouse a notion of positive ageing, are incorporated in MIPAA and the AU Plan, and are supported by major international covenants on human rights. Such covenants include:

- ✓ The *UN Universal Declaration of Human Rights* (1948).
- ✓ The *African Charter of Human and People's Rights* (1981).
- ✓ The *International Covenant on Civil and Political Rights (ICCPR)* (1976).
- ✓ The *International Covenant on Economic, Social and Cultural Rights (ICESCR)*(1976).
- ✓ The *UN Declaration on the Right to Development* (1986). (See AU/HAI, 2003; UN; 2002.)

Nonetheless, in the context of the present development agendas in SSA, such calls are easily passed over, given four key areas of ambiguity:

- i) *Ambiguity over the term 'rights'*. Are rights something that must be provided actively? Or are human rights simply something that should not be removed?
- ii) *Ambiguity of priorities of age groups*. At present, both old and young citizens are recognised as vulnerable and as having fundamental economic, social, cultural and political rights. Similarly, both old and young already do, or have the potential to contribute to development. Given resource constraints, whose rights and whose contributions are to be addressed as a priority? Given the core emphasis of mainstream agendas, it is likely to be those of the young (see also HAI, 2007b).
- iii) *Ambiguity over time frames*. Arguments urging a need to ensure the well-being of the rising numbers of older persons in the coming decades assume that future cohorts will suffer the same vulnerability as present cohorts. However, a common expectation among policy makers might be that present policy investments in the young may in fact avert such vulnerability in their old age.
- iv) *Finally, ambiguity over policy options, priorities and rationales*. Even where governments are prepared to act on ageing, they are faced with the multifaceted nature of older people's vulnerability, rights and contributions. Given constraints, which facets should be focused on as a priority and why? This ambiguity is heightened by the tendency of advocacy arguments to conflate calls for policy to support older people's contributions with calls to enhance their quality of life. The two, seemingly, are presumed to be congruent. This presumption reflects a general but problematic assumption (expressed, among others, in both MIPAA and the AU Plan) that older persons' present contributions to family and community (specifically mentioned are

“financial support and the care and education of grandchildren and other kin” (MIPAA, para. 43)) are a) valued by older persons and young recipients alike; and b) more importantly, are contributions that older persons, if given the choice, would wish to continue to make (to this extent). In other words, it is assumed that the *existing* patterns of intergenerational support from old to young are beneficial to, and are desired by both parties, and thus should be strengthened (see Temple, 2007; MIPAA, para. 43). Surprisingly, this assumption appears to hold even with respect to older persons’ care burdens in the context of HIV/AIDS.¹³

Thus far, arguments have given little consideration to important questions of i) whether current types and levels of intergenerational support from old to young (which are often necessitated precisely by social and/or economic strain, and driven by older persons’ sense of inescapable responsibility) are, in fact, *not* beneficial to, or are *not* desired by, old and/or young; and ii) whether there may thus be a need or demand for formal mechanisms to assume these support functions.¹⁴ In other words, little attention has been paid to the possible presence of conflict (Giarrusso *et al.*, 2005), or to detrimental effects of existing intergenerational support arrangements and the implications for policy.

Clarifying needs, options and rationales for policy on ageing

Recognition of the above limitations in current arguments provides a sound basis for a third required step to connect ageing with development agendas. This step is to clarify ageing policy needs, options and rationales in relation to mainstream priorities and parameters. Such efforts, we suggest, must build on an explicit application of two of the principal approaches espoused in MIPAA, namely a) the promotion of intergenerational solidarity, and b) the adoption of a life course perspective¹⁵ in the formulation of policy on ageing. Given its broad remit, MIPAA leaves open how the application of these approaches may serve to locate intersections between ageing and mainstream development agendas. The AU plan makes no reference at all to the importance of either of the approaches.

Thus, a task for thinking and advocacy on ageing in SSA is to begin to apply the two perspectives systematically and critically, and on this basis to:

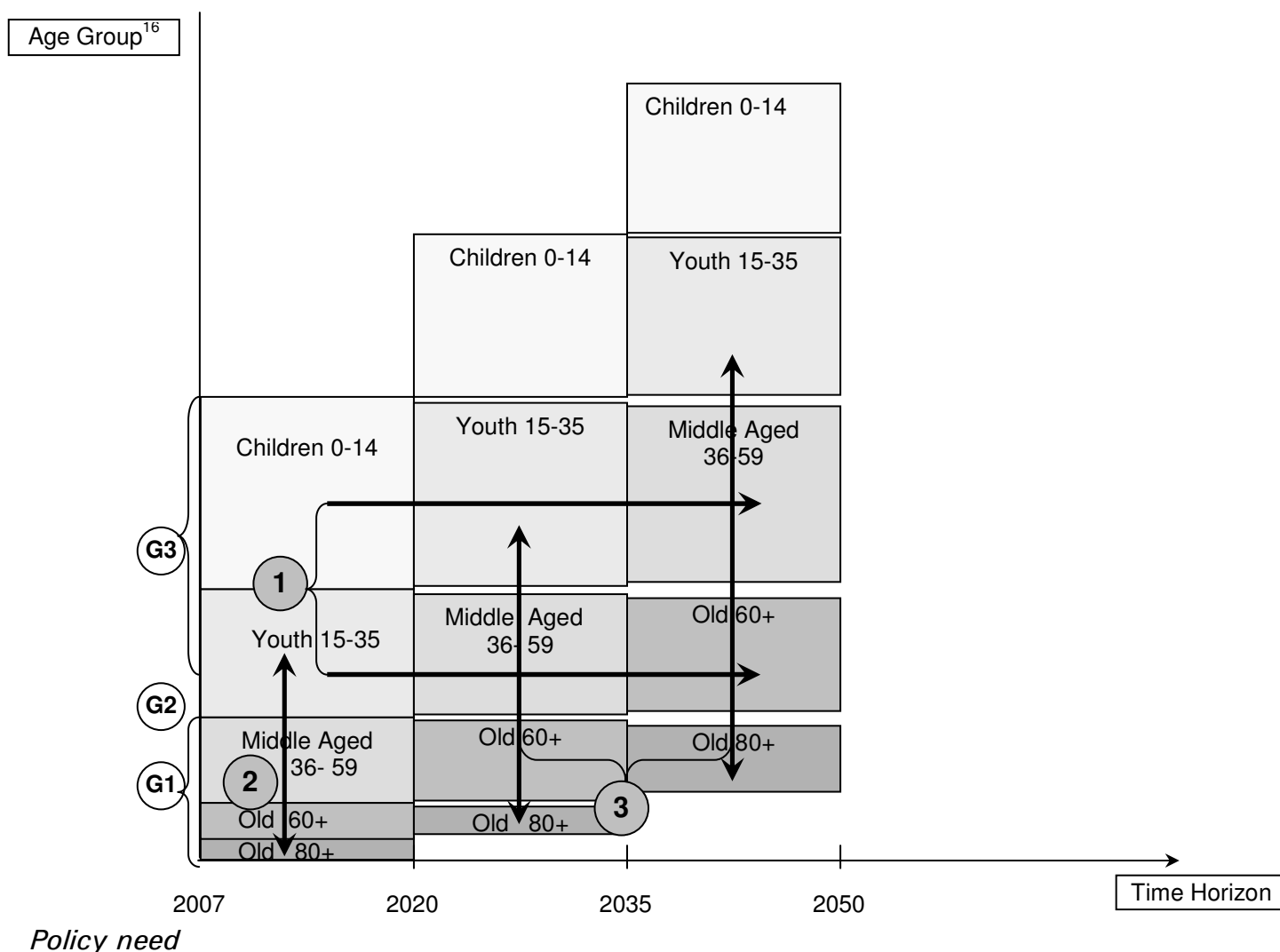
- i) Discern the principal levels and time horizons for which a need for policy on ageing arises.
- ii) For each level consider the key queries that arise regarding policy options and rationales in relation to a) the key parameters and priorities of current mainstream development agendas, and/or b) possible core sector specific objectives (e.g. in health).

- iii) Pinpoint the fundamental information needs and research approaches that are required to address the above queries.

In what follows, we seek to offer an initial framework for addressing this task. In doing so, we hope to stimulate and provide a base for subsequent debate, reflection and analysis.

Employing a life course perspective, we locate the principal levels and time horizons for which a need for policy on ageing exists graphically in Figure 1 below. Three key levels are discerned:

Figure 1: Levels and time horizons for policy on ageing



Level 1 entails strategies directed at the young (children and youth) with an aim to shape their exposures over the life course, in order to optimise their capacity and well-being in old age.

Policy options

Such strategies would concur with and seek to support present mainstream policies focused on human capital building and the promotion of traditional African values among the young. Where appropriate, the strategies would aim to expand the policies' long-term beneficial effects on capacity in old age. For example, such strategies would seek to redress the disturbing (and perplexing) failure of current youth policies (such as the AU Youth Charter) to recognise a critical need for measures to prevent the emergence of age-related, chronic disease – and later life functional limitations and disability -- among present young cohorts (Aboderin *et al.* 2001; WHO, 2002, 2006).

The following key queries arise in this regard:

- i) How may long-term beneficial effects of present child or youth focused strategies be enhanced?
- ii) To what extent and in what contexts are present cohorts of older persons (by virtue of their generational/familial position, or other attributes relating to their chronological age) in a particularly favourable position to contribute effectively to such strategies and, if so, in what ways?
- iii) To what extent do older persons, given the choice, in fact wish (and are wished by the young) to make such contributions?
- iv) Do older persons need to be supported in this role and, if so, how?

Level 2

Policy need

Level 2 entails strategies to enhance the quality of life of the present generation of vulnerable older people as members of vulnerable families and/or households.

Policy options

The main policy options to be considered regard the nature of social protection transfers to older persons.

Three key questions arise in this regard:

- i) Are cash transfers – in the form of social pensions – the best way to address older person’s vulnerability and enhance their quality of life? Or are there other forms of social protection, for instance, provision of and access to specialist (e.g. health care) services that may be more essential to older people’s quality of life and should be considered as a priority?
- ii) If so, what rationales could be fielded for such measures, given that they may lack a direct element of redistribution to the young that argues for social pensions in the context of mainstream agendas? In the example of health, arguments could perhaps refer to the particular sector-specific goal and *emphasis given to a need to achieve equity in health (see e.g. World Bank, 2005; Aboderin, 2007b; Ogunniyi & Aboderin, 2007)*¹⁷
- iii) If cash transfers are the optimal way to allay older persons’ vulnerability and improve their quality of life, should they be allocated directly to older persons? Current arguments for direct allocation, as we have seen, have centered on their redistributive benefits – particularly to pension recipients’ children and grandchildren. Such allocation effectively establishes a particular “moral” order and direction to the flows of intergenerational material support in families, i.e. from old to young. The question is whether (or to what extent) such an order of flows – as opposed to allocation of cash transfers to the young to share with the old is, in fact, a) the more effective way to protect young and old, and b) the more culturally appropriate and desired way, given the mainstream focus on promoting traditional values of intergenerational family support from young to old? In other words, would older and younger generations, given the choice, wish for such an order, or would they, in accordance with customary norms, prefer material support to flow from young to old?

Level 3

Policy need

Level 3 entails a need to envision and lay foundations for strategies to ensure the “social” security of the next two “generations” of older persons, i.e. those who will a) enter “old age” from 2020 onwards (today’s “middle aged”), and b) enter from 2035 onwards (today’s youth).

Policy options

Consideration of the options for such policies needs to gauge the likely effect of present development agendas on the capacity (in particular, the material capacity) of future “generations” of old and young. By the time that today’s middle-aged reach old age, they will likely have derived only limited benefit (in terms of capacity accumulation) from the present mainstream development focus on children and youth. However, their younger generation adult kin (today’s youth and children)

may well have acquired resources with which to support their elders and, given appropriate arrangements, could possibly support themselves in old age.

A key query is what systems of old age security transfers would be most effective, culturally appropriate and desired by these next generations of older persons and their younger-generation adult kin: a) Family-based intergenerational material transfers (in line with the mainstream focus on “infrastructuring” “traditional” African values); b) societal level security provision; or c) where possible, a system of individual responsibility?

Fundamental information needs and required approaches

The above key queries on policy options point to two sets of fundamental, and so far unanswered, questions on ageing in SSA, which need to be addressed as a priority. In addition, of course, is a need to establish reliable demographic estimates on older populations, and base-line data on the social, economic and health status of older persons (Cohen & Menken (Eds), 2006; Velkoff & Kowal, 2007; Ferreira & Kowal, 2006)

The first set of questions pertains to quality of life and vulnerability in old age in SSA:

- ✓ What are the nature and essential elements of quality of life, and associated vulnerabilities for older persons in SSA?
- ✓ How can quality of life be realised or fostered, and associated vulnerabilities prevented or reduced by measures in old age or at earlier life stages (especially in childhood and youth)?

The second set of questions regards intergenerational support and solidarity in SSA:

- ✓ What are the nature and benefits (but also detriments), and basis of existing intergenerational family support flows between old and young?
- ✓ What forms of intergenerational solidarity (at family and/or societal level) are desirable for old and young at present and for the future?

In order to generate meaningful evidence that is germane to mainstream development debates, we suggest that research on the above questions must be grounded in “consultations” with both older persons and younger persons, and embrace an interpretive stance. Such a stance implies recognition that an understanding of social phenomena must be based on a comprehension of individuals’ meanings, motives and purposes (at a micro-level), and their recursive relationship with the wider economic and social contexts (at a macro-level) -- including increasingly salient influences of globalisation (Giddens, 1991; Strauss &

Corbin, 1990; Guba & Lincoln, 1994; Ryff, 1986; Marshall, 1986; Baars *et al.* 2006). A key outcome of such research should be an incisive understanding of what familial and/or societal arrangements old and young envision and desire for their own, and their kin's old age.

To this end, we propose that research draws broadly on the increasingly salient capability approach (Sen, 1989, 1999) and its central notion of development as "expanding the freedom of individuals to pursue the life they have reason to value," (Sen, 1989, 1999).¹⁸ This approach, given its intellectual and ethical force, has emerged as the leading alternative to, and is presently effecting a paradigm shift away from, the neo liberal perspectives of dominant international institutions (see Clark, 2006; Jolly, 2003; Kuonqui, 2006; UNDP, 2006). For methodological and issue specific conceptual frameworks, investigations of intergenerational support and solidarity can draw helpfully on methodologies developed and used in the now considerable body of intergenerational research in Asia (see e.g. Hermalin, 2002), as well as a few existing analyses of intergenerational relationships in SSA (e.g. Møller, 1994; Aboderin, 2006). We suggest that investigations of quality of life (QOL) in old age in SSA be based on a direct and careful application of specific propositions of the capability approach.

Exploring quality of life in old age in SSA

The dearth of knowledge and research on quality of life in old age in contemporary SSA contrasts sharply with the wealth of empirical evidence on QOL of older people from Europe and North America (see e.g. Gabriel & Bowling, 2004; Daatland, 2005; Mollenkopf & Walker, 2007; Walker & Hennessy, 2005). Moreover, and importantly, it belies the critical importance that both the MIPAA and the AU Plan accord to the enhancement of the quality of life of older persons as the central goal of policy on ageing. Thus, MIPAA asserts that "success...in achieving adjustment to an ageing world" will be measured "in terms of social development, the improvement for older persons in quality of life and in the sustainability of the various systems, formal and informal that underpin the quality of well-being throughout the life course" (para.14). Similarly, the AU Plan states that "the question of older persons should... above all, be seen in terms of quality of life" (p.6).¹⁹

Yet, as others have noted (e.g. Zaidi, 2007), neither MIPAA nor the AU Plan clarify or discuss what "quality of life" for older persons in fact entails, and what the associated vulnerabilities are in the African context. Recent conceptual work, drawing mainly on empirical findings from developed societies, proposes a multidimensional view of QOL in old age, entailing physical, socio-economic, psychosocial and spatial dimensions (see Mollenkopf & Walker, 2007). These broad facets (as well as those mentioned in the AU Plan) undoubtedly capture dimensions that are relevant to older people's QOL in Africa. However, they do not capture the

values and priorities that older persons bring to conceptions of their quality of life and the obstacles they face in realising these. It is these values, priorities and obstructions that research must explore and illuminate by building on the capability approach and an insightful application of the approach in the UK by Grewal et al. (2006).

Sen's approach considers two main dimensions (see Alkire, 2002; Clark, 2006):

- ✓ What people have reason to value doing or being (their valued functionings).
- ✓ People's abilities, freedom or opportunities to pursue or achieve these functionings (their capabilities).

Building on these dimensions (as demonstrated in Grewal et al., 2006), important distinctions may be captured between:

The attributes or activities older people aspire to and value as essential to the quality of their daily lives (i.e. their most essential valued functionings).

- i) The abilities they need to achieve these (i.e. their essential capabilities).
- ii) The key factors that might obstruct their gaining access to these abilities (i.e. key constraints on capabilities).

In considering these dimensions – and in view of the present emphasis and queries on older people's contributions to families and community, it is crucial to explore to what extent (and where) older people's most essential valued functionings and capabilities are, in fact, non-selfish: i.e. relate to a wish to benefit others, in particular their younger kin (see also Sen, 2006).

In exploring how policy on old age or at earlier life stages can realise or foster older persons' essential valued functionings, and prevent or reduce associated vulnerabilities, it is useful to consider two principal influences on an older individual's capabilities, as pinpointed by Lloyd-Sherlock (2002), namely:

- ✓ Their internal capabilities (e.g. work skills they developed during the life course), which are shaped by the functionings they were able, and chose, to pursue earlier in their life (e.g. whether they received education or worked).
- ✓ Present structural constraints or opportunities imposed by their external environment (e.g. whether employment opportunities exist for them).

These influences point to main areas for policy interventions. Strategies aimed at today's children or youth need to focus on enhancement of the development of internal capabilities before they reach old age. Strategies for the present generation of older persons need to focus on the removal of external constraints to older people's essential capabilities.

Recognising diversity

As a final recommendation on research approaches required we reinforce a need to resist a temptation to view SSA countries (and older persons in SSA) as a homogeneous group. Explorations of intergenerational solidarity and QOL in old age must bear in mind – and aim to capture – the tremendous diversity that exists in SSA: between countries, in societal and cultural contexts in which the individuals and populations age, and among different population groups within countries.²⁰ In doing so, research may draw again on the capability approach – this time on its explicit recognition of, and emphasis on allowing for, a diversity in aspirations, views and values (see Clark, 2006).

Concluding remarks

We began this paper by reflecting on the contexts of, and key reasons for, a present deadlock in policy action on ageing and older persons in sub-Saharan Africa. We argued that in order to overcome this impasse, research and advocacy must explicate far more clearly than has been done thus far, where and how ageing and mainstream development agendas for the sub-region interconnect. Subsequently, we offered a set of systematic steps and approaches that could provide a framework for addressing this challenge.

In concluding, we return to – and re-assert – a need for SSA countries to realise the specific commitment they made to both the MIPAA and the AU Plan, which is to ensure older persons' rights and participation as contributors to and beneficiaries of development - and, in so doing, foster a society for all ages. Such realisation of a commitment implies a need for research and advocacy efforts to address the key challenges we have outlined. The MIPAA and AU Plan themselves emphasise a need for research to enable and support implementation of their recommendations. Indeed, review and appraisal of progress in the implementation of the plans is under way and will likely highlight a lack of research as a central drawback.

Notes

1. In some SSA countries up to 80 per cent of the urban population lives in slums. Globally, SSA has the highest percentage of slum dwellers. Corresponding figures for Southern, Eastern and South-east Asia are 43%, 37% and 28%, respectively (UN/DESA, 2007a).
2. The modest poverty reduction has been accompanied moreover by widening inequalities, with the share of consumption by the poor falling between 1990 and 2004 (UN/DESA, 2007a).
3. It is critical to note the considerable tenuity of current demographic projections for SSA, which reflects the great dearth of quality vital statistics data needed to furnish solid estimates. As Velkoff and Kowal (2007) discuss, fewer than ten SSA countries have vital registration systems that produce usable fertility and mortality data and only two systems (Mauritius and Seychelles) cover at least 80% of the population. Moreover, few SSA countries have data available from a recent census and several countries postponed their 2000 census round to 2006 or later. For those that do have recent census data, data quality has been uneven. Given the lack of vital statistics, population projections for SSA are typically derived from Demographic and Health Survey data, which are used to produce estimates of fertility and infant and child mortality. These are then matched to model life tables to produce adult mortality estimates.
4. The lower age cut-off for “older persons” used by the UN is 60 years. This definition of “old age” is becoming increasingly entrenched in the international discourse – intended, among other, for comparative analyses. However, use of a chronological definition of “old age” set at 60 years has severe limitations, and in truth is inappropriate, in African settings (see HAI, 2002; Apt, 1997).
5. Sub-regional differences exist within this broad picture: the rise in the number of older people will be greatest, around 300 per cent, in East, West and Central Africa. Southern Africa, paradoxically SSA's richest sub-region, will see a much lower (only two-fold) increase in the numbers of older people. The population share of older people in this sub-region, 6.6 per cent at present and projected to rise to 13.3 per cent by 2050, is however higher and will be more rapid than in any of the other sub-regions (see Table 1).
6. In Lesotho, pension beneficiaries are estimated to share 65 per cent of their pension income with their children and grandchildren (HAI, 2007a).
7. There is, of course, as others have noted, considerable controversy and debate on the question of whether the demographic dividend indeed affects economic growth and development (see Lee, 2003; Birdsall, Kelley & Sinding, 2002)
8. The charter builds on the 2004 NEPAD Strategic Framework for Youth Programme (AU, 2006a). Significantly, in contrast to the *AU Policy Framework and Plan of Action on Ageing*, (2003), the Youth Charter is a political and legal document that once ratified, will bind signatory governments to act.
9. The charter requires governments to recognise not only the fundamental rights of

youth, but a range of additional social and economic rights, namely to own and inherit property; to social, economic, political and cultural development; to participate in all spheres of society; to a good quality education; to a standard of living adequate for their holistic development; to be free from hunger; to benefit from social security, including social insurance; to gainful employment; and to enjoy the best attainable state of physical, mental and spiritual health (AU, 2006a).

10. Structural Adjustment Programmes (SAPs), with their emphasis on the instrumentality of the free market, in fact led to a deterioration of social conditions for the poor (AU, 2004; Soludo & Mkandawire, 1999).
11. Modernisation theory perspectives, which have effectively been debunked in the scholarly literature, came to dominate thinking on development in the 1970s, fuelled by Rostow's influential notion of the "Stages of Economic Growth" (Rostow, 1960).
12. To this end, the African Union ratified the African Cultural Charter in 1999 and planned a first pan-African cultural congress on the theme of "Culture, Integration and African Renaissance" (see OAU, 1999; AU, 2006b).
13. The MIPAA and the AU Plan acknowledge indirectly that these contributions are "unexpected" and "difficult" for older people.
14. The only place where MIPAA does not consider the question of preference between informal/family and formal intergenerational support is in relation to caregiving to frail older persons – where consideration of formal support is directed primarily to industrialised countries.
15. A life course perspective recognises that outcomes at later stages of life (e.g. in old age) are shaped not only by present conditions, but exposures, contexts and relationships in earlier life phases (see Elder *et al.* 2003; Kuh, Ben-Shlomo, Lynch & Hallqvist, 2003).
16. G1, G2, and G3 in the figure denote the older, middle and younger generations in families, respectively.
17. This need informs, and has fuelled, a growing focus on "social determinants of health," and is part of a broader emphasis given by international donors to a need for equity, especially in health, education and consumption – not only as valuable on itself, but also instrumental for economic growth (see World Bank, 2005).
18. The capability approach was developed by Nobel Laureate Amartya Sen (1989, 1999) and provided the foundations for the current notion of "human development" – which is central to the UNDP's annual *Human Development Report* and is reflected in the Millennium Development Goals.
19. In this context, the AU Plan refers broadly to older people's need for "income security, participation, access to health care or specialized living environments," or for "custody and company of their children and grandchildren" (AU/HAI, 2003). Other traditional values are to be strengthened (WHO 2002).
20. SSA is far more diverse in terms of language, cultural expression, social organisation and the environment than, for example, Europe. Nigeria alone comprises 374 ethno-linguistic groups (DFID, 2004; Nugent, 2004).

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Table 1: Trends in numbers and population share of persons aged 60+ : SSA and sub-regions

	Numbers (in millions)				% in total population			
	2005	2025	2050	Increase 2005-50 (%)	2005	2025	2050	Increase 2005-05 (%)
SSA	37.1	65.9	155.4	320	4.8	5.5	8.8	80
Central Africa	5.1	8.6	21.0	310	4.5	4.5	6.7	50
East Africa	13.1	23.9	59.3	350	4.5	5.1	8.6	90
Southern Africa	3.6	5.9	8.7	140	6.6	9.7	13.3	100
West Africa	13.2	23.7	57.2	330	4.9	5.6	9.3	90

Source: United Nations Population Division (2007). *World Population Prospects. The 2006 revision*. New York: UNPD.

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