

SOCIAL PROTECTION AND AGEING IN MALAWI

Zifa Kazeze*

*Mr. Kazeze is a former employee of the United Nations Economic Commission for Africa (UNECA). *He acknowledges comments on the zero draft received from Mr. Libor Stloukal from FAO, Rome; Mr. H. Mwamlima from the Department of Poverty and Disaster Management Affairs, Lilongwe; and Ms. Michelle Remme from FAO, Lilongwe.*

I. INTRODUCTION

Population issues in general have evolved over time in Malawi. It will be noted that population issues in the context of family planning was a taboo in Malawi till 1982 when the Malawi Government adopted a child spacing programme. Subsequently, the Government adopted a National Population Policy in 1994. That policy has objectives which include the lowering of population growth rate compatible with the social and economic development objectives. The policy is silent on issues of the elderly people. Under a Care Support Empowerment of the Aged (Project MLW/02/PO6), the United Nations Fund for Population Activities (UNFPA) provided funding to Aged Support Society of Malawi (ASSOM) during 2002 to 2004. UNFPA support focused on increasing public awareness of the needs of the elderly population in Malawi, particularly their role in the care of orphans, HIV affected and people living with AIDS. In 2004, UNFPA support to ASSOM was discontinued for a number of reasons, one of which was that the project seemed to have detracted from its original goal.

In 2003, ASSOM, with the collaboration and assistance from the Ministry of Economic Planning and Development and the University of Malawi, conducted research on **The Aged Persons in Malawi: Towards Understanding Their Situation and Challenges** (11). The study covered the districts of Zomba, Nsanje, Blantyre, Mchinji, Lilongwe and Mzimba. One Traditional Authority (TA) was selected in each of the selected districts and five villages were selected in each selected TA. The findings of the study highlighted the following:

- Generally, most people surveyed perceive aged persons in a positive way, however some view them as witches or wizards;
- Abuse of the elderly persons is common as nearly half of the respondents (48 percent) knew or had heard of some abuse of old persons;
- The abuses of old persons were within the households and communities and were hardly reported;
- Older women are more affected by ill health and economic hardships than older men;
- Poverty and lack of income were serious problems affecting the well-being and livelihoods of the elderly people;
- As the majority of the aged never worked in the formal sector, they have no pension to help them in old age.

Among the recommendations in the study were the following:

- Government and stakeholders should formulate a policy on the aged to guide programmes aimed at mitigating the impact of socio-economic challenges the elderly people face;
- Opportunities be created for income generating programmes for those elderly people who are able to work;
- Government should find long-term solution such as establishing a social security system to support the aged;
- Trained community based paramedical personnel to provide basic health care to the aged at the community level; and
- Civic education to be provided in the communities on the rights of elder persons to reduce the incidence of abuse of the aged.

The current Government of Bingu Wa Mutharika is the first to seriously focus on issues affecting the elderly in Malawi, for example,

- a) The Malawi Growth and Development Strategy (MGDS), 2006 to 2011, has recognized the need to address issues related to social protection of the most vulnerable including the elderly people (1);
- b) the Government has established a Ministry of Persons with Disabilities and the Elderly;
- c) the Government has drafted a policy on the elderly;
- d) the Government is currently drafting a policy on social protection of the vulnerable including the elderly;
- e) the President has established an NGO called the Bingu Silvergrey Foundation for the Elderly (BSF). One of the objectives of BSF is to promote and safeguard the social security and welfare of the elderly;
- f) the on going Pilot Cash Transfer Project includes the elderly.

The President has the commitment to improve the well-being of the elderly in Malawi. When officially launching the BSF on 18 November 2007, he said that being elderly did not mean that one was useless, but that one had something to contribute to society. Through the activities of the BSF, government and other organizations and development partners, the President expects that a bridge between the elderly and the younger generation (intergenerational solidarity) will be created so as to ensure that skills and knowledge continue to be passed on from one generation to the next.

Among the priority areas of the MGDS include agriculture, food security, prevention and management of nutrition disorders, HIV and AIDS. These are relevant issues of discussion for this meeting. Further more, it should be observed that the sub theme on conservation of natural resource base, the MGDS focuses on fisheries, forestry, environmental protection and Wild life. This is another important livelihood issue for the current meeting. In this context, the Government of Malawi, with assistance from the Food and Agriculture Organization (FAO), has prepared the Forestry HIV and AIDS Strategy, 2007-2011. FAO also assisted the Government of Malawi in conducting research and organizing a workshop on Rural Ageing and Livelihood Challenges in July 2007. FAO is also supporting the current workshop.

Malawi, like many developing countries, suffers from intergenerational transmission of poverty. Some form of social protection, including social pension programmes would go a long way in reducing poverty and vulnerability among older people and their families.

Furthermore, it would be difficult for most developing countries, including Malawi to achieve the Millennium Development Goal on reducing poverty by half by 2015 without some form of social protection for the elderly and other vulnerable groups. It is in this context that Professor Joseph Stiglitz (*Nobel Prize winner and former Chief Economist of the World Bank and founder of the Initiative for Policy Dialogue*) says, **“There is no subject of greater and increasing importance than ageing, correspondingly, there is a need to provide for the important population group composed of older people. This influences the very nature of our societies and affects not only older people but also all aspects of societies” (2)**

This paper attempts to present, in Section II, a global, regional and sub regional debate on ageing issues and social protection. Section III presents the current situation on social protection for the elderly and other vulnerable groups in Malawi while Section IV presents some examples and lessons from other countries on social protection. Conclusion and recommendations are in Section V.

II. GLOBAL, REGIONAL AND SUBREGIONAL DEBATE ON AGEING AND SOCIAL PROTECTION

a) Global Level

Global issues on ageing have evolved since 1982 when the International Plan of Action on Ageing was adopted at the First World Assembly on Ageing in Vienna. In 1991, United Nations Principles for older persons were formulated. The principles include areas such as independence, participation, care, self fulfillment and dignity.

The Second World Assembly on Ageing was held in Madrid, Spain from 8-12 April 2002. That Assembly adopted the Madrid International Plan of Action on Ageing (MIPAA). MIPAA calls for the need to integrate the evolving process of global ageing within the larger process of development. Specific issues on older persons in MIPAA include: (3)

- Active participation in society and development ;
- Work and the ageing labor 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;
- Emergency situation;
- Health promotion and well-being throughout life;
- Older persons and HIV and AIDS;
- Universal and equal access to health care services;
- Older persons and disabilities;
- Housing and the living environment;
- Care and support for care givers;
- Neglect, abuse and violence and;
- Images of ageing.

All the above issues are determinants of the well-being of the elderly. For each of the above issues, MIPAA has specific recommendations on addressing elderly people. MIPAA has identified poverty as the greatest threat to older people worldwide and has called on governments, public and private institutions to incorporate older people into development processes and allocate resources accordingly.

Social protection measures can assist poor people, including the elderly to respond to the effects of poverty and also contribute towards the achievement of the Millennium Development Goals including that on the reduction of poverty by half by 2015. Social protection can take different forms such as cash transfers (pensions; child support grants, child feeding programmes) or through the provision subsidized farm inputs (fertilizer, seed, etc) or public works. Cash transfers are particularly important to the elderly as their income earning capacity is lower than the younger adults and continue to decline with further advancement in old age.

MIPAA is implemented globally, regionally, sub regionally and nationally. It should be emphasized here that implementation at the national level is crucial and key towards the success of MIPAA. Thus national governments have the central role and primary responsibility in assisting their elderly. The first five year review will be reported to the United Nations General Assembly in 2008.

b) Regional Level

Regionally, the five United Nations Regional Commissions debated ageing issues. Each regional commission made input into the MIPAA. In the case of Africa, however, the Economic Commission for Africa (ECA) worked with the African Union (AU) and the input to MIPAA was AU Policy Framework and Plan of Africa on Ageing (4) adopted by AU Heads of State and Government in July 2002. The policy framework and plan of action serves as guide for all member states in the designing, implementing, monitoring and evaluating national policies and programmes to meet the needs of older people. The policy framework and plan of action focuses on key priority issues on ageing including: the rights of older people; poverty; food security and nutrition; housing and living environment; family; social welfare; employment and income security. All these are determinants of the well-being of older people in Malawi and any other country in the world.

Regarding social protection issues in Africa, an Intergovernmental conference on social protection was held in Livingstone, Zambia, from 20- 23 April 2006. It brought together more than a hundred ministers and senior representatives from 13 African Governments. Malawi participated at that conference. The aim of the conference was to examine new ways to tackle poverty and promote human rights of the poorest in Africa. The conference emphasized that political will was the driving force for long-term investment in social protection programmes.

The Livingstone conference defined ***social protection as a range of protective public actions carried out by the State and others in response to unacceptable levels of vulnerability and poverty, and which seek to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves.*** The outcome of the Livingstone Conference was the Livingstone Call of Action on Social Protection which is reproduced in the box (5).

The AU is taking a lead role on continental issues on social protection. It has drafted

THE LIVINGSTONE CALL FOR ACTION

- Greater cooperation between African and other countries in sharing and exchanging information, including experiences and action on social protection and cash transfer.
- Cash transfer programmes to be a more used policy option by African governments. Transfer programmes include social pensions and cash transfers to vulnerable children and households, older people and people with disabilities.
- Commitment at national and international levels to social protection and to the promotion of consensus between ministries and institutional coordination, to enable effective national plans.
- African governments to prepare costed cash transfer plans within two to three years that are integrated into national development plans and national budgets, which development partners can supplement.
- Increased investment in institutional and human resource capacity and accountability systems.
- Reliable long term funding for social protection, from national budgets and from development partners.
- The institutionalization of biannual conferences on social protection supported by the African Union.

Livingstone, Zambia, 23 March 2006

a Social Policy Framework which is aimed at fostering sustainable human and social development. The Social Policy Framework will provide guidelines which will assist member states in formulating national policies that address poverty and basic needs of poor people, especially the most vulnerable. An AU Conference of Ministers responsible for Social Protection is planned for 2008

c) Sub-regional and National Levels

In the case of Africa, the debate goes on also at sub regional level and finally at national level. Both UNECA and AU have sub-regions.

It will be noted that in Malawi, a national policy on ageing has been formulated. Among the overall policy objectives include:

- Promoting the status, well-being and security of the elderly;
- Protecting the rights of older persons;
- Encouraging community-based care for elderly people;
- Combating abuse and exploitation of older persons;
- Empowering older persons to contribute and participate in the economic, political and social activities;
- Alleviating poverty amongst the older persons.

Consultations on the draft are expected to be conducted in each of the three regions by the end of 2007 while a national consultation is planned for early 2008. Thereafter, the draft will be submitted to the Cabinet. As for social protection, Malawi is currently drafting a Social Protection Policy.

III. SOCIAL PROTECTION FOR THE ELDERLY IN MALAWI

OVERVIEW

In the recent past, social protection was not given any priority and yet most people are affected by high poverty level. Various economic and development strategies have not been successful in improving the well-being of the population in general. The elderly have been experiencing increased socio-economic hardship. Currently, the Government of Malawi estimates that 52.4 percent of the population live below the poverty line of US\$1 per day.

In the past, the elderly in Malawi used to depend on the economic and social support of their children and the community. With increased socio-economic difficulties and changing family ties, children fail to look after their ageing parents. Similarly, communities are failing to provide for the needs of the elderly. The plight of the elderly is made worse with the direct and indirect effects of HIV and AIDS. This pandemic has taken a toll on the lives of young people of working age groups. The result has been large numbers of orphans under the care of grand parents who are economically not equipped to provide support and care of their own needs. Help Age International (HAI) estimates that 50 to 60 percent of orphans live with grand parents in Malawi, Botswana, Namibia, South Africa, Tanzania and Zimbabwe.

Malawi does not have a comprehensive social protection programme. Existing social protection for those employed in the public service benefit very few retired employees. Even for the majority in this group, the retirement pension benefits are not sufficient. The Public Pensioners Association of Malawi (PUSEPA) is an NGO and was established in 1994. It negotiates with the Government on issues affecting retired public servants with a view to preserve, protect and promote their rights and dignity. Those people employed in the informal sector have no form of social protection. Thus the majority of rural population, which constitutes about 83 percent of the country's population, has no form of social protection. They are income insecure. There is therefore, a need for a non-contributory pension as a significant component of old age income security.

Since 2004, UNICEF has been influential in advocating for social protection especially the need to integrate social cash transfers into the Malawi Growth and Development Strategy (MGDS) and into the budget of funding organizations such as the Global Fund and the National AIDS Commission. The advocacy by UNICEF was successful and in 2005 UNICEF financed, on request from the Government, a consultancy to draft the terms of reference for operational research to draft a social cash transfer pilot scheme. In 2006, UNICEF financed study tours for Malawians to study cash transfer schemes in Zambia and Brazil. In July 2006, the Mchinji pilot cash transfer scheme started with financial and technical support from UNICEF.

A number of workshops and consultancies which were donor initiated since 2005 contributed to raising awareness in Malawi among policy-makers on social protection issues. Government realized the need to formulate a National Social Protection Policy Framework (NSPPF). To accelerate the process, the government established, in September 2006, a Social Protection Steering Committee (SPSC) on permanent secretary level and Social Protection Technical Committee (SPTC) on director level to

facilitate the formulation of a national policy on social protection. The Government has embarked on the process of drafting a National Social Protection Policy. The aim of the policy is to ensure a strategic coordination of new and existing social protection initiatives within a common institutional and funding framework.

In designing social protection policies in developing countries, including Malawi, attention should be paid to the following:

- A policy has to be formulated based on the specific circumstances of the country concerned;
- Special attention need to be given to strengthening family structure and traditional community support in caring for elderly people. These family/ community and traditional mechanisms have been weakened over the years due socio-economic hardship and changing family structures;
- Policies should take cognizance that the informal sector is very large in developing countries and continues to grow while there is no insurance pension for those in the informal sector;
- Generation of resources for social protection to address the needs of all older persons ;
- Linking social protection and development outcomes. Social protection is a development strategy in reducing poverty. Thus social protection and development complement each other; and
- Strong political commitment and effective institutional mechanism are a must in the delivery of social protection policies and programmes.

The current Government for the first time is addressing social protection issues in its MGDS. Under the theme on Social Protection and Disaster Risk Management, the government has indicated that protecting the most vulnerable will require the following actions: (1)

- Caring for the most vulnerable with limited factors of production (malnourished under-five children, school-going children, orphans, pregnant and lactating mothers and destitute families);
- Preventing the vulnerable from slipping into poverty due to economic shocks;
- Increasing the assets of the poor to enable them to engage in economic development activities; and
- Preventing disaster where possible and mitigating the negative impact of disasters on the vulnerable.

MALAWI PILOT SOCIAL CASH TRANSFER

Brief Background

Malawi is one of the poorest countries with 52.4 percent of the population living on less than US \$1 per day. The project profile on the pilot cash transfer in Malawi shows that :(6)

- Over 4 million children in Malawi live in poverty, which is deep and widespread;
- Poverty is manifested by low income, low literacy, food insecurity , high rates of child malnutrition as well as high disease prevalence;
- 50 percent of children under the age of five are stunted;
- 13 percent of the country's 7.3 million children under the age of 18 have lost their parents, many due to HIV and AIDS; and
- More than 50 percent of children who should be in primary school have dropped out due to poverty, hunger and cultural barriers.

Concerned with the situation highlighted above, the government of Malawi would like to improve the livelihoods and welfare of the poorest and most vulnerable people through social protection. The Government, with financial and technical support from UNICEF initiated a pilot social cash transfer scheme in Mchinji District in July 2006. The project is being extended to six other districts (Likoma, Salima, Machinga, Chitipa Mangochi and Phalombe) with financial support from the National AIDS Commission (NAC)

THE PILOT SCHEME

a) The Goal and target

In context of comprehensive social protection programmes, the goal of the pilot cash transfer scheme is to contribute to national effort: reduce poverty and hunger in the very poor households; increase school enrolment and attendance; and improve the health, nutrition, protection and well-being of orphaned and other vulnerable children.

The project targets 10 percent of very poor households that are labour constrained without able-bodied members in the 19-64 age group fit to work, but have dependants. Such households are generally headed by the elderly who look after the orphaned and vulnerable children; child and female headed households debilitated by chronic diseases including HIV and AIDS.

The process of selecting the 10 percent beneficiary households is done through a multi-stage participatory process. It first involves the holding of a Village Development Committee (VDC) meeting to brief the people in the village on the pilot project; then choosing representatives of villages under the VDC; training the selected representatives as Community Social Protection Committee (CSPC); identifying the beneficiary household and ranking them; subsequently, interviews are conducted by the CSPC, and verification is done by the District Social Protection Sub-committee (DSPSC), supported by extension workers and approval of the final list of targeted households is carried out by the Social Protection Steering Committee (SPSC)

b) The Monthly Cash Transfers

The monthly cash transfers are paid to the beneficiaries by District Assembly (DA) staff accompanied by police officers at a safe and secure place. The amount of the transfer depends on the household size and also takes into account if a household has children in primary or secondary school. Where there is a child enrolled in primary school, a bonus of US\$1.3 is added; in the case of a secondary school child, the bonus is US\$2.6. The child bonus is intended to encourage school enrollment and attendance. The monthly cash transfer amounts per household, without school entitlements, are as follows:

- 1 person household US\$4 (about MK600)
- 2 person household US\$7 (MK1, 000)
- 3 person household US\$10 (MK1, 400)
- 4+ person household US\$13 (MK1, 800)

Information on the social transfer scheme shows that by April 2007, 7,480 children from 2,442 households had benefited from social transfers, including an education bonus. About 80 percent of the child beneficiaries are orphans. Nearly 70 percent

of the beneficiaries of cash transfers so far are children. It is expected that with the extension of the scheme to 6 other districts that social cash transfers will reach 6,000 households by the end of 2007 and 12,000 households by the end of 2008. A one year evaluation report of the cash transfer scheme in Malawi is expected to be prepared by the end of March 2008.

c) Institutional Machinery

At the national level, the Ministry of Economic Planning and Development, in collaboration with the Ministry of Women and Child Development, oversees the design and implementation of the cash transfer scheme. Under the leadership of the Office of President and Cabinet (OPC), a Social Protection Steering Committee (SPSC) has been established, and together with the technical working group is mandated to oversee and provide technical support for the formulation of a social protection policy and programme.

At district level, the District Assembly (DA) is responsible for the implementation of the scheme. The structure at district level include: a multi-sectoral social protection sub-committee which validates information from the community based social protection committee (CSPC) and approve eligible beneficiaries. NGO's and community based organizations play an important role as members of the SPSC.

At the level of the community there is a community social protection committee (CSPC) which identifies the most needy households according to the targeting criteria.

d) Financing of the Scheme

Regarding financial support, NAC provides financial support especially with the extension of the scheme to 6 other districts .UNICEF provides technical and financial support to the design, testing, monitoring and evaluation of the project. It also assists with capacity building of government staff.

e) Assessment of the Pilot Project

At the time of preparation of this paper, no data was available on the assessment of the project. As noted earlier, some evaluation of the project will be completed in 2008.

IV. SOME EXAMPLES AND LESSONS ON SOCIAL PROTECTION PROGRAMMES FROM OTHER COUNTRIES

OVERVIEW

Countries in Africa that have some form of social pilot programmes include Lesotho, Namibia, Botswana, Kenya, Mauritius, South Africa, Senegal and Zambia. The programmes in South Africa and Senegal are large scale and are based on means tested and restricted to the older people. Means tested social protection pensions have the disadvantage of missing many people. Moreover, they are difficult to operate. As opposed to means tested programmes, universal non-contributory social pensions cover a wider sector of the population and hence help to improve the livelihoods of many people. Elsewhere in developing countries, social pension programmes are implemented in Brazil and Nepal.

Description of some Selected Programmes

a) Zambia Kalomo Pilot Cash Transfer Project

The objectives of the project were:

- Reduce extreme poverty and hunger in 10 percent most destitute households in the region (about 1,000 households)
- Focus mostly on households headed by older people caring for orphans and vulnerable children, in which the bread winners are chronically sick or they have died
- Generate information on the feasibility, costs and benefits of a social cash transfer scheme as a component of social protection strategy for Zambia

The German Government supports financially this project. The payments are about ZK 30,000 (US\$6) per month per household. The amount is increased to ZK 40,000 (US\$8) for households with children. Transfers are made to local banks where beneficiaries are assisted to open accounts or in remote areas to schools or hospitals. It is estimated that the national version of the project would cost about .5 percent of the GDP. The pilot cash transfers scheme to older people caring for orphans has improved school attendance. The results of the pilot project in Kalomo have been encouraging. Consequently, both the government of Zambia and DFID and other donors have shown interest to replicate the project. Other African countries have shown interest in the Zambia pilot scheme.

b) Lesotho Social Pension

Social pension in Lesotho was introduced in 2004. Those aged 70 years and above, except those already receiving a government pension, receive 150 Maloti (US\$22) per month. Such pension is received at post offices throughout the country. Photo identification is required to register for pension. This pension is financed from state budget. Social pension constitutes 2.4% of the national budget or 1.43 percent of GDP. In 2006 almost 72,000 people, 96 percent of those eligible were receiving the social pension, more than half of them were women.

The results from the programme on social pension suggest that positive impact not only on the recipients but also beneficial impact on the local economy and community. There is debate on the need to increase coverage by widening eligibility to start from the age of 65 and also to increase the cash transfers. Research done on the Lesotho social pension shows that 18 percent of recipients spent part of their social pension on creating cash jobs for other people.

c) South Africa Social Pension

As noted earlier, South Africa implements a means-tested, non-contributory pension. This was first introduced in 1928, however, it was extended to all racial groups only in 1993. Coverage for eligibility is women over 60 years and men over 65 years. The monthly pension is about R780 (US\$109). The Department of Social Development administers the pension which is financed by the general taxation. The old age pension cost about 1.4 percent of the GDP. Country wide, about 2 million people receive old age pension, which is 94 percent of those over 65 years. It is observed that although the pension is means tested, it has a universal coverage of those over 65 years.

In terms of impact, the social pension reduces the number of those below the poverty line by 2.24 million. Further more, it increases the income of the poorest 5 percent of the population by 50 percent. Research by HAI conducted in South Africa indicates that social transfers including pensions facilitate access to create employment. Similar research in northern Namibia also shows that one quarter to one half of pension income is invested in productive enterprises.

d) Brazil Pension Programme

The 1988 Brazil constitution recognized the right to social protection for workers in the rural areas, particularly for those in informal employment. This led to the formulation and implementation of a new rural old age pension since 1991. Initially, the age of pension eligibility was reduced from 65 years of age to 60 for men and 55 years for women. Later on, entitlements to old age, disability and survivor pensions were extended to workers in subsistence activities in agriculture, fishing and mining as well as to those in informal employment. Prior to 1991 only heads of households were entitled to a pension. After the reforms the entitlements were extended to all qualifying workers thus expanding coverage to female rural workers who were not heads of household. Pension benefit was raised from half to one minimum wage (200 Reals as of December 2002, equivalent to US\$55).

The non-contributory pension programme in Brazil reaches about 5 million poor older people at a cost of 1 percent of the GDP. The programme is reported to be financially sustainable and commands strong political support. Social pension in Brazil increases the share of the poorest 5 percent in national consumption by 100 percent, the pension programme in Brazil is associated with increased school enrolment, and particularly girls aged 12-14. A pension in the family reduces a household probability of being poor by 18 per cent.

General Lessons

From the few examples given above and research results by various organizations including HAI, as well as by individuals, it is clear that social protection pensions:

- empower the elderly;
- help reduce extreme poverty and hunger and improve health;
- contribute to the human rights agenda including gender equality;
- improve the life chances of orphans and vulnerable children;
- programmes are feasible and create economic opportunities;
- can be implemented at minimum cost which may be less than 3 percent of a country's GDP;
- strengthen the social contract between the government and its citizens, thereby enhancing social cohesion ;
- strengthen intergenerational solidarity within households/families;
- improve economic situation of households where the elderly provide care to vulnerable children whose long-term prospects are thus enhanced;
- strengthen the ability of households to manage asset and respond to risks, vulnerabilities and opportunities; and
- contribute to gender equality and promote empowerment of women.

The above are positive factors which impact on the well-being of the elderly, other vulnerable groups and society as a whole.

It should be noted that there are challenges in most developing countries that limit the initiation and implementation of social protection programmes, especially non-contributory pension. These include: weak political commitment, demonstrated by lack of priority accorded to social protection as well as non provision of budget for social protection; dependency on donor support , especially funding; sustainability of donor driven projects/programmes is seldom when donor funding stops; successful pilot projects are generally not replicated nation wide; weak human and institutional capacity. Where governments are committed, the above limitations can be overcome and pave way for the implementation of social protection programmes.

If leaders agree with Professor Joseph Stiglitz that “*There is no subject of greater and increasing importance than ageing, correspondingly, there is a need to provide for the important population group composed of older people. This influences the very nature of our societies and affects not only older people but also all aspects of societies*”, then they should take action and address issues of social protection for the elderly.

V. CONCLUSION AND RECOMMENDATIONS

a) Conclusion

Older persons are important and have contribution to make in socio-economic development. It is important, therefore, that the implications of ageing issues in Malawi are understood, especially the challenges older persons face and to respond to the challenges and opportunities of ageing. To fully understand the challenges and opportunities, there is need to understand factors that determine the well-being of elderly persons. Among these are: 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; health promotion and well-being throughout life; older persons and HIV and AIDS; universal and equal access to health care services; housing and living environment; care and support for care givers; neglect, abuse and violence etc.

MIPHA and the AU Policy Framework and Plan of Action on Ageing provide frameworks for mainstreaming ageing in the development processes. It is the primary responsibility of government, at national level to implement the recommendations in these policy instruments.

Social protection and development outcomes are linked. Social protection should be viewed as a development strategy in reducing poverty. As noted in the paper, poverty is the greatest threat to elder persons. Social protection and development complement each other. General lessons on social protection pensions show that these programmes are feasible and affordable. The programmes have positive impact on the elderly, other vulnerable groups and society as a whole.

b) Recommendations

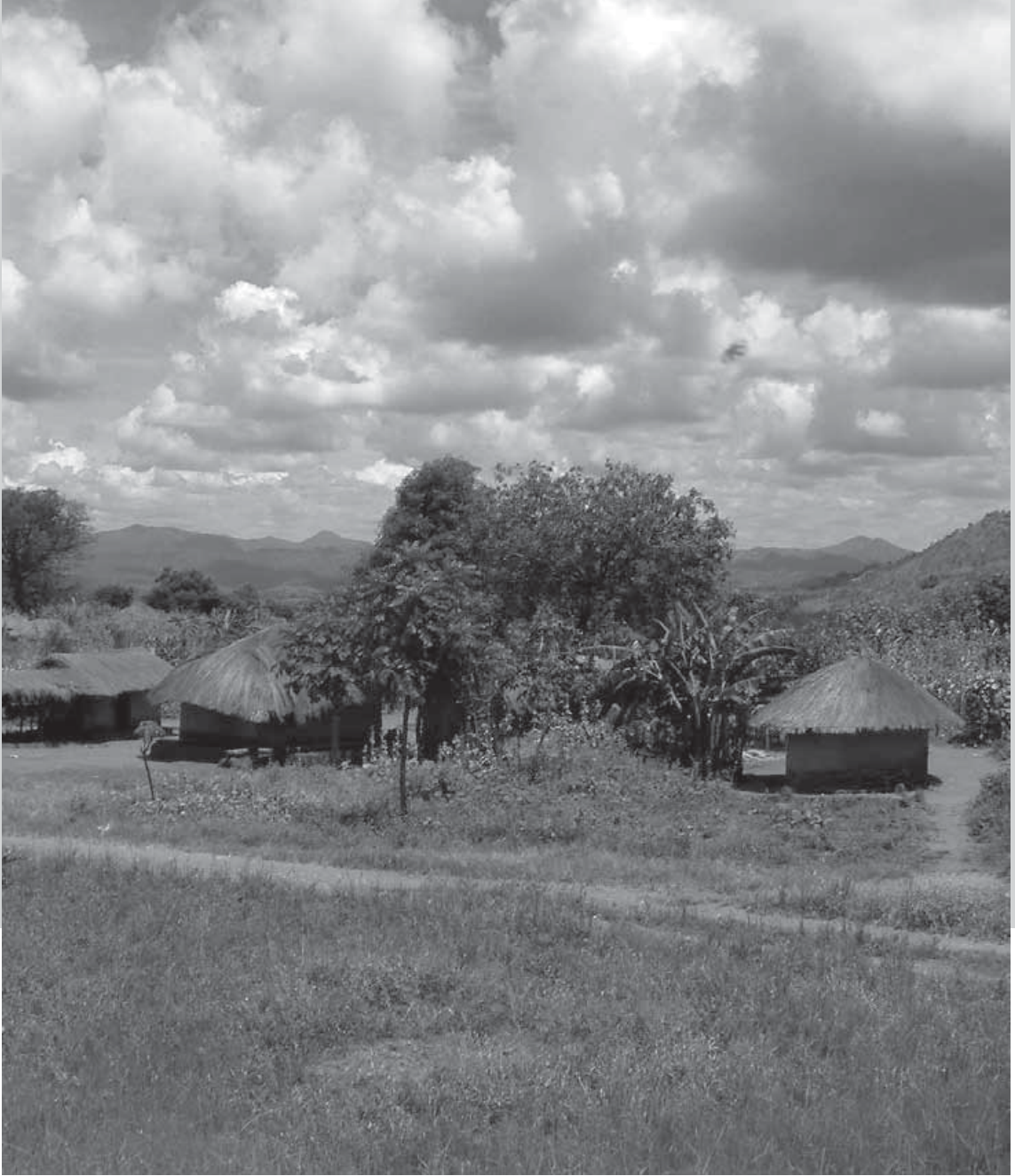
The recommendations that emerge from this paper include the following:

- The Government of Malawi, public and private sector, as well as civil society organizations need to work together to create a conducive environment that encourages the older people to continue making contribution to the country's socio-economic development.
- The Government of Malawi, the public and private sector and civil society organizations need to incorporate and mainstream older people's issues into the development process and allocate resource accordingly.
- The Government of Malawi should respond to the Livingstone Call for Action on Social Protection and cash transfer.
- In view of the policies under preparation on ageing and social protection, the Government of Malawi need to strengthen capacity of those to be involved in the implementation and follow-up on the policies after adoption. Furthermore, institutional mechanisms for implementation of the policies should be strengthened. Adequate resources should be allocated in the national budget for the policies;
- The Government of Malawi should consider the provision of non-contributory pension as a significant component of old age income security.
- The Government of Malawi, depending on the outcome of pilot cash transfer project should consider expanding cash transfer to cover the whole country.

- Development partners need to continue supporting Malawi, in its efforts to address the plight of vulnerable groups, including the older persons.
- As the support from development partners is not for ever, the Government has to ensure sustainability of programmes and projects initially supported by development partners.

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Social Cash Transfers in Malawi: From Pilot to Scaling up



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- Some lessons learned
- Relevant website addresses



Malawi Population by District



Profile of Poverty and Vulnerability

- 52% of 12,6 Million Malawians are absolutely poor;
- 22% of those are ultra-poor, living under 0.20 USD per day;
- 10% of total population is not able to participate in productive activities because they are destitute and labour-constrained;
- High and repeated exposure to shocks and risks;
- *Ex ante* strategies are limited, esp. for low income households.

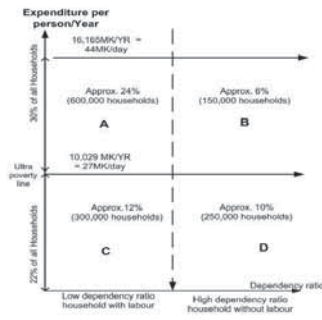
OBJECTIVES

- To reduce poverty, hunger and starvation in all households living in the pilot areas who are *ultra poor* and at the same time *labour constrained*;
- To increase *school enrolment and attendance* of children living in target households and *invest in their health and nutrition status*;
- To *generate information* on the feasibility, costs and benefits, and on the positive and negative impacts of a Social Cash Transfer Scheme as a component of a national Social Protection Programme for Malawi.

TARGETING CRITERIA

- Ultra poor: living below the lowest expenditure quintile and below the national ultra poverty line (only one meal per day, no valuable assets).
- Labour constrained: a household is labour-constrained when it has no able bodied household (HH) member in the age group 19-64 who is fit for work (chronically sick, disabled, elderly, child-headed) or when a HH member who is fit but has a dependency ratio of more than 3.

TARGETING THE ULTRA POOR



Levels of cash transfers

- 1 person household (HH): MK 600 / app. 4 USD
- 2 persons HH: MK 1,000 / approx. USD 7
- 3 persons HH: MK 1,400 / approx. USD 10
- 4 persons HH: MK 1,800 / approx. USD 13

Bonus for primary school going children of MK 200 and for secondary school going children of MK 400.

Average cost per HH p.m. is USD 13, annually USD 156 plus 20 USD for operational costs.

Implementation structures

At the national level:

- Social Protection Steering Committee
- Social Protection Technical Committee
- Social Protection Unit
- National Social Cash Transfer Secretariat

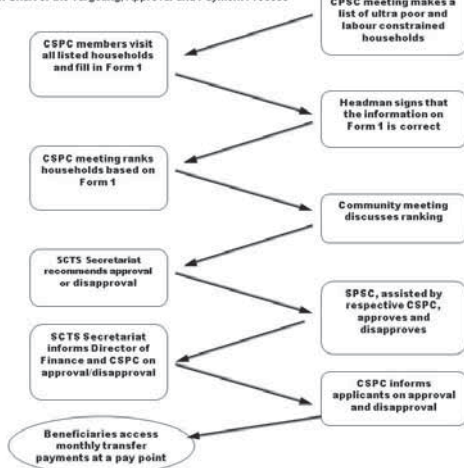
At the district level:

- District Assemblies
- District Social Protection Sub Committees
- DSWO with social cash transfer secretariat

At the community level:

- Village Development Committees
- Community Social Protection Committees

Flow Chart of the Targeting, Approval and Payment Process



Payments deliveries



COVERAGE

- In Mchinji, to date 3,094 households obtain a monthly cash transfer, reaching a total of 14,332 persons;
- 9,734 are children of whom 7,868 are orphans (81%);
- 2,018 (65%) are elderly headed, 2,028 (66%) are female-headed and 37 (1,2%) HHs are Child-headed;
- In Likoma, 194 households obtain bi-monthly cash transfer since the end of July
- In Machinga, 332 households obtained their first cash transfers in Sept and every month the SCTS increases with an additional 400 HH's
- At year-end, the aim it is planned to reach 6,000 households in four districts incl. Salima district

FINANCING

- UNICEF has provided funds for TA to design and test the methodology for the scheme, for the cash transfers, the operational cost and the initial scale up to 3 additional districts;
- The Global Fund has committed USD 371,000 for the pilot in Mchinji in 2007 with the pool fund donors (WB, DFID, CIDA and NORAD);
- GF Round 5 has 9,1 M USD in support of the roll out of the Scheme. NAC is PR and this funding started in July 2007;
- USAID, Child and Family Applied Research Grant, UNICEF New York and Boston University School of Public Health are funding the external evaluation.

Some results..

- High effectiveness of targeting, payments being made reliably and cost-effectively;
- Reduced operational cost 1.2% in May for the cash payments;
- Preliminary results show clear impact on meeting the basic needs, such as food, clothing, access to education (18% increase to primary school and 12% improvement in school performance) and increased access to health services;
- Many HHs have invested in their shelter, 75% of hh's report to have enough blankets for all hh members, livestock (61% hh's chickens, 46% goats), hh's harvested on average 12 bags of maize (of 50kg each) as well as groundnuts, soya beans as they used improved seeds and fertilizer;
- Persons Living with HIV's nutritious basis has improved.

Impact on women and children... before the cash transfer



Number of meals taken yesterday			
None	One	Two	Three
2%	45%	51%	2%

- 73% of households went 8 or more days in the last month without enough to eat
- 79% report feeling 'hungry' or 'very hungry' after taking their meals



IMPACT One year on....

Rec No	Frequency of taking a meal in a day	% of HHs	Confidence interval for Proportion of HHs		Sample Variance	Estimated Number of HHs		Number of sampled HHs
			LCL	UCL		Min	Max	
1	HHs taking 3 meals a day	75	0.62	0.88	0.007	37	53	21
2	HHs taking 2 meals a day	25	0.12	0.38	0.007	7	23	7
3	HHs that did not take a meal yesterday	0	0	0	0	0	0	0

Data from May monthly monitoring report Mchinji

Impact on children?

- More than 60% of household beneficiaries are children;
- These are the most needy children, who are under privileged, deprived, socially excluded and vulnerable;
- 80% of these children are orphans;
- Lifting these households above the ultra poverty line empowers the caregivers to provide for all household members a better and diversified meals, access to health services, NRUs (as they can now afford transport), shelter, clothes and access to education;
- Hence, a social cash transfer programme focusing on ultra poor labour constrained households is at the same time a child welfare programme. By adding a child education bonus, the programme can benefit children over average, and be seen as an investment in human capital.

Implementing the scaling up of the pilot

- Pilot was endorsed by Cabinet on 8 November 2006 and rapid scale up was requested to 6 additional districts by the end of 2008;
- Scaling up of the pilot started in June in Likoma, in September in Machinga and will begin today in Salima. Preparations are underway for the scaling up to 3 other districts in 2008;
- Government is committed;
- NSPTC has drafted the third draft Social Protection Policy. Cash transfer feature in the SP Policy as one core strategy.

Monitoring and evaluation

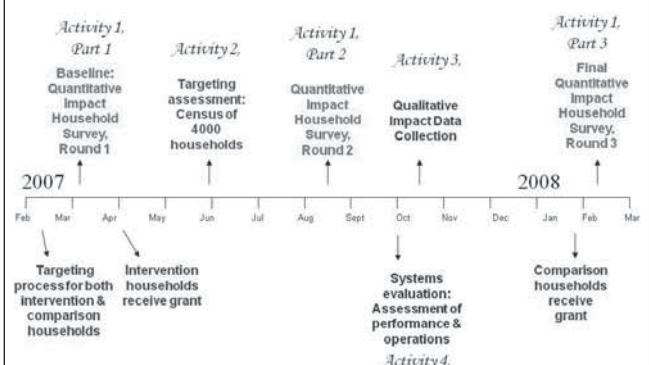
Different instruments have been established to monitor and evaluate the scheme, these are:

- District monthly monitoring reports.
- External Evaluation of the Mchinji social cash transfer pilot scheme by Boston University with Centre for Social Research/University of Malawi.
- External Evaluation of the Scaling up process of the Malawi SCT Pilot Scheme

External evaluation of pilot stage

- Scheme's impact on households & recipients
 - e.g. Poverty reduction, health, human development
- Targeting approach to quantify inclusion and exclusion errors
 - Ineligible recipients and eligible non-recipients
- Systems and operational performance
 - Transparency, efficiency, linkages to other services
- Will inform future policymaking and the scaling up of the poverty reduction intervention

Timeline



External evaluation of scaling up stage

- Verify the core hypothesis of the scheme that social cash transfers implemented by District Assemblies are an affordable, technically feasible, cost-effective intervention;
- Identify good practices and/or performance deficits of the scheme and of the way the scaling up is managed;
- Analyze the causal factors for performance deficits and for realistic options for overcoming those deficits.
- Assess comprehensively the concept of the scheme with regard to its appropriateness for the frame conditions in Malawi;
- Recommend to the Government of Malawi and the cooperating partners with regard to the role of social cash transfers as a component of the social protection policy and with regard to how the further scaling up process of the scheme should be organized.

Challenges and bottlenecks

- Government capacity at both national and district level;
- Delays due to bureaucracies, NAC, Government;
- Perceived distrust in capacity of District Assemblies;
- Other SP interventions for other ultra poor households have not been developed;
- Delay in design of Social Protection Policy due to different understanding by stakeholders of what should social protection constitute.

Some lessons learned

- Address to households, not individuals;
- Inclusive versus exclusive targeting? HHs or vulnerable individuals?;
- Organize programmes as simple, as straight forward and as organisationally undemanding as possible – no frills!;
- Design and test in a systematic, transparent, participatory and well documented process;
- Provide appropriate and long term capacity building assistance.

FOR MORE INFORMATION Evaluation website:

<http://www.childresearchpolicy.org/mchinjicashtransfer.html>

Malawi social cash transfer website address:

<http://www.socialcashtransfers-malawi.org>

WHERE DO WE STAND IN INTERNATIONAL ACTION ON AGEING?

Libor Stloukal¹

¹ Population Policy Officer in the Gender, Equity and Rural Employment Division of the Economic and Social Development Department, FAO, Rome (libor.stloukal@fao.org)

I. INTRODUCTION

Why is **international cooperation** on ageing important? Although individual countries vary greatly in terms of demographic conditions and trends, population ageing is a universal force that has the power to shape the future as much as globalization. International dialogue on various aspects of population ageing, and its implications for policies and programmes, is essential for several reasons:

- It helps in translating international policy guidelines on ageing – some of which are discussed in greater detail below – into national policy action. Thus, Malawi can benefit from a close study of the experiences of others for the identification of mechanisms necessary to adjust to ageing.
- It helps to overcome weak national infrastructure on ageing and the lack of expertise in policy-making and programme implementation, particularly in resource-poor settings.
- It helps the civil society to lobby for policy-action on ageing. As an NGO representative recently put it: “We need to know what our government is promising at an international level so that we can call them to account at home”.
- Some determinants of population ageing are transboundary in nature (e.g. migration) and international cooperation can help to deal with such factors.

II. SHORT HISTORY OF INTERNATIONAL POLICY INSTRUMENTS ON AGEING

While the global process of population ageing can deservedly be labelled *revolutionary*, international policy responses to it have – at best – been *evolutionary*. Important historical milestones include:

- 1948: draft declaration on the rights of the elderly is submitted by Argentina, but the proposal fails to gain broader support.²
- 1968: Malta becomes the first country to raise the question of ageing as “a matter of international concern” at the United Nations.

² It is worth noting that the Universal Declaration of Human Rights (<http://www.un.org/Overview/rights.html>) adopted by the United Nations in 1948 does not include any specific prohibition of age discrimination. Until today, the human rights of the elderly are ignored in many parts of the world.

- 1991 (43 years after Argentina’s proposal!): United Nations Principles for Older Persons³ are adopted “to ensure that priority attention will be given to the situation of older persons“, with particular focus on the independence, participation, care, self-fulfilment and dignity of the elderly.
- 1999: The year is designated the **International Year of Elderly People**⁴, “in recognition of humanity’s demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century”.
- 1982: World Assembly on Ageing is held in Vienna and adopts the **Vienna Plan of Action**⁵ in order “to strengthen capacities of countries to deal effectively with ageing... and needs of their elderly”.

Since 1982, progress in achieving the **Vienna PoA** was assessed four times by the United Nations, but each time national efforts had been evaluated negatively – as can be seen from the language used:

- 1985: “progress has been limited”⁶
- 1989: “not sufficient”
- 1993: “a daunting task”⁷
- 1997: “minimal at best”⁸

A qualitative change came in 2002 with the **Second World Assembly on Ageing** which adopted the **Madrid Plan of Action on Ageing (MIPAA)**⁹ and its challenge of “building a society for all ages”. The MIPAA focuses on:

- reducing poverty, with the aim to halve the number of older people living in extreme poverty by 2015,
- addressing social and health care issues, and
- introducing anti-discriminatory legislation for older people.

MIPAA is important because:

- it signifies a move away from a “welfare approach” that tended to overemphasize the care and benefits needed to support older persons, and to exclude them from the development policy dialogue;
- it aims to ensure that people can age with security and dignity, and continue to participate in their society as citizens with full rights;
- it emphasizes the right and potential of older people to participate actively in economic and social development;
- it is an international agreement which commits governments morally and politically to include ageing in all social and economic development policies, including poverty reduction strategies;
- civil society organization, especially older people’s associations, played a major role in formulating MIPAA and continue to act as its most dedicated champions.

It is nevertheless perceived by some that MIPAA lacks concrete and refined

3 <http://www.un.org/esa/socdev/iyop/iyoppop.htm>

4 <http://www.un.org/esa/socdev/iyop/>

5 http://www.monitoringris.org/documents/norm_glob/vipaa.pdf

6 First review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/1985/6), paragraph 27

7 Third review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/CN.5/1993/7), paragraph 5

8 Fourth review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/CN.5/1997/4), paragraph 5

9 <http://www.un.org/esa/socdev/ageing/mipaa.html>

recommendations, and that it carries little convincing appeal to stakeholders such as the private sector and the media.

In response to the Second World Assembly on Ageing, the African Union Heads of States and Governments adopted in July 2002 the **African Union Policy Framework and Plan of Action on Ageing**.¹⁰ This PoA represents an important instrument to guide African Union member countries in designing, implementing, monitoring and evaluating national policies on ageing to address the individual and collective needs of older people. Specifically, it provides recommendations on how to improve the quality of life and conditions of the elderly people in the following areas:

- the rights of older people;
- health;
- poverty;
- food and nutrition;
- housing and living environment;
- the family;
- social welfare;
- employment and income security;
- education and training.

In March 2006, a regional conference for east and Southern Africa on cash transfers as a social protection instrument took place in Livingstone, Zambia. The resulting **Livingstone Declaration**,¹¹ endorsed by 13 countries, calls for African governments to put together costed national cash transfer plans within three years that are integrated within national development plans and within national budgets, and that development partners can supplement.

Ageing and older persons represent important themes for the **United Nations** and a number of other **international organizations** (for instance, HelpAge International, International Federation on Ageing, AFRAN, American Association of Retired Persons, to name just a few). It is worth noting that each of these bodies has produced fact-sheets, analyses, reports, manuals, guidelines etc., many of which are available on-line. These products represent a valuable corpus of reference materials and practical tools for work and action on ageing.

10 www.helpage.org/Resources/Policyreports/main_content/1118337558-0-11/AUFrameworkBook.pdf

11 <http://www.helpage.org/News/Latestnews/VlaB>

III. EMERGING TRENDS IN POLICY-MAKING ON AGEING SINCE THE MADRID ASSEMBLY

In the years since the Madrid Assembly, governments have introduced a wide range of measures geared at addressing various challenges stemming from population ageing. Presently (2007-2008) **the first cycle of the review and appraisal of the Madrid Plan of Action** is underway and in a few months we shall have the results of this review exercise. With some simplification, the picture emerging can be summarized as follows:¹²

- The challenges resulting from population ageing are large but that they can be overcome through well-focused policies and without excessive strain on available resources.
- Governments, like individuals, tend to postpone decisions about ageing. In both cases, the result is an unhappy one.
- There is no single or “correct” way of developing policies on ageing. Each country has to identify opportunities and entry points for effective policy interventions, based on its stage of demographic and socio-economic development, cultural norms, institutional capacities, and so on.
- Population ageing requires a mix of policy interventions: promotion of income-generating opportunities for the elderly; reinforcement of social protection and health care systems; support to care-giving services; encouragement of life-long education for healthy and active ageing; elimination of all forms of abuse of and discrimination against older persons; support to research on population ageing, etc.
- The approach varies from country to country: some countries have chosen to integrate ageing issues into wider social policy, even if they do not have a specific national policy on ageing. The content ranges from policies that focus on the welfare and care of older people, to rights-based approaches, with more emphasis on older people’s participation.
- However, as a public policy issue, population ageing has to compete with other developmental problems. In Sub-Saharan Africa, for instance, one of the greatest challenges facing governments is the challenge of providing education to children and youth, and decent employment to the large and rapidly growing labour force.
- Thus, the task for national governments is to effectively respond to the societal implications of population ageing without neglecting other problems facing their countries. A basic principle for all policy-making should be the full recognition of the potential contributions to society that older persons can make.

¹² For a recent comprehensive analysis of the implications of population ageing for development and policy-making, see *World Economic and Social Survey 2007: Development in an Ageing World*, UN 2007, <http://www.un.org/esa/policy/wess/wess2007files/wess2007.pdf>

IV. EVALUATING POLICY RESPONSES

Demographic enquiries, opinion polls and other types of surveys show that, all over the world, older people want the same things: (1) economic security (including nutrition and housing), (2) access to health-related services (including water, sanitation, medical services and old-age assistance), and (3) dignity and opportunity for social participation. It follows that policies on ageing must first and foremost respond to these concerns.

One possible approach to think about (and assess) policy interventions to strengthen economic security in old age is to ask the question: How is consumption in old age financed? There are four principal sources on which the elderly can rely for their economic security, each calling for specific policy approaches:

Sources of economic security in old age	Possible policy interventions
own assets	promotion of savings and wealth accumulation over life-time
own labour income	promotion of labour participation through adequate work-force policies, access to production inputs, credit, etc.
intra-familial transfers	promotion of family cohesion and inter-generational solidarity
public transfers	provision of pension programmes and other types of public transfers to older people

Because differences between countries in pension coverage are vast, it is not surprising to find that in Thailand, for instance, public transfers account for 3 % of the consumption of the older population, while in the US they account for 37 % and in Japan for 65 %. With low public transfers, Thailand's elderly rely more heavily on their assets (43 %), familial transfers (31 %) and their own income (22 %) to fund their consumption.¹³ No comparable data are available for African countries but it is likely that they have situations similar to that of Thailand. What this – obviously highly simplistic – international comparison indicates is that old-age pension systems need to be expanded in poorer countries as a matter of priority.

13 <http://daccessdds.un.org/doc/UNDOC/GEN/N07/212/85/PDF/N0721285.pdf?OpenElement>

V. REASONS BEHIND INSUFFICIENT RESPONSES

Despite all recent achievements, **we are moving too slowly and doing too little** to address the challenges and opportunities of population ageing. At a conference held in September 2007, the UN Global Focal Point on Ageing stated that “in spite of various new initiatives around the world, the prevailing policy landscape remains unchanged: while awareness continues to grow, policy responses are lagging behind the needs of an ageing society”.¹⁴

There appear to be four main reasons for this state of affairs:

1. Many countries report lack of funding as the main reason behind their limited action on ageing. In national debates on budgetary allocations, ageing-related matters often have to compete for scarce resources with issues related to other population groups (children, youth, women, etc.) and typically end up marginalized.
2. The second major reason is the low priority of age-related concerns, particularly in countries where the proportion of the ageing population is still relatively small. However, such a stance is not only discriminatory and ethically problematic but also short-sighted, because population ageing will continue for many decades to come.
3. The third reason could be linked to weak national infrastructure on ageing, particularly in developing countries. The majority of poorer countries do not have a well-defined political body to manage ageing issues, and many politicians lack expertise in policy-making in this field.
4. Furthermore, international dialogue and action on ageing is fragmented and its main dimensions – research, policy development, and local programmes – are evolving in isolation.

It also does not help that ageing and older persons are practically absent from the international developmental debate and action. For instance, the most prominent UN document on development, the **Millennium Declaration**, does not make any reference to ageing among its eight **UN Millennium Development Goals**.¹⁵ Thus, it is not surprising that most policy-makers continue to think of ageing primarily in humanitarian terms, while ignoring its developmental implications and potential.

¹⁴ A. Sidorenko: Plenary Presentation at the Third World Ageing and Generations Congress, St. Gallen, 6-8 September 2007. For details, see <http://www.wdassociation.org/>

¹⁵ <http://www.un.org/millenniumgoals/>

VI. SO WHAT ARE THE SOLUTIONS?

Much work still needs to be done to implement MIPAA and the African Union Policy PoA. It is crucial to pay attention not only to policy issues of immediate concern – such as old persons’ economic security, access to good healthcare, and participation in society (important as they are!) – but also to issues that require a more long-term effort. Specifically, there is need for:

- a mindset change in favour of more flexible views that accommodate the active participation in society of people of all ages, and
- building firm political commitment to adapt social protection systems, labour market, health and care services to the needs and capacities of older people.

Each country in the world is at a different stage of development and embodies unique cultural and institutional characteristics. Yet, despite these differences, there are **common strategies** that can promote the universal goal of ageing with dignity, choice and independence:

- fighting poverty and strengthening food security;
- building the capacity of governments to respond to the needs of older citizens;
- promoting saving for old age;
- promoting participation in income-generating activities of those elderly who want to work;
- strengthening family caregiving or surrogate support systems;
- improving health care, supporting healthy behaviours at all ages;
- protecting the rights of older people and dealing with negative attitudes;
- building civil society and NGOs;
- using the power of the market and modern technologies.

No policy will be implemented by governments if they are not convinced it is needed and politically feasible. How to convey the importance of population ageing to political elites? International experience shows that the following “messages” can be used as **tools for the mainstreaming of ageing issues** in policy debates:

- Ageing policies do not de-emphasize other policy areas, but seek to bring society in harmony with demographic trends – thus fostering sustainable, balanced and socially just development.
- Ageing policies benefit not only the aged, but the society as a whole: children, adults, old people, public as well as private institutions, etc.
- The aim is to integrate ageing into all policy areas, not just into policies on health and end-of-life matters.
- Ageing policies are about unleashing the underused potential of older people to contribute to development. Old apple trees do not produce old apples!



Gender, Equity and Rural Employment Division
Economic and Social Development Department
Food and Agriculture Organization of the United
Nations

Viale delle Terme di Caracalla - 00153 Rome, Italy
Tel. +39 0657051
www.fao.org





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