



Communiqué: Leading Action on Ageing and Health in Africa Nairobi, Kenya, October 6th – 7th 2016

Overview

The Leading Action on Ageing and Health in Africa Conference sought to catalyse and promote a life-course approach to ensure that older persons and the children and adolescents under their care receive priority attention and are not left behind as governments, INGOs, local organizations and development partners work to achieve Sustainable Development Goal (SDG) 3: by 2030, “*Ensure healthy lives and wellbeing for all at all ages.*”

From October 6th to 7th, 2016, the Leading Action on Ageing and Health in Africa Conference brought together key experts, actors and stakeholders from diverse sectors to share best practices from Africa on interlinking issues related to ageing, social protection, and health. The dialogues put a spotlight on the unique needs and capabilities of older women and men, the realities of demographic change, and the need for multi-sectoral coordinated action. Deliberations involved older persons and representatives of civil society; United Nations; development partners that have supported HelpAge International including Sweden/Norad, Irish Aid and the UK Department for International Development; research institutions; and ministries and departments related to health, social affairs, labour, gender, community development and elderly affairs and disability from five national governments. Ultimately, the group of conference delegates agreed on key recommendations related to three critical focus areas: (1) health systems; (2) HIV and AIDS and the intergenerational impacts; and (3) social protection and the socioeconomic determinants of health.

This communiqué asserts and recommends priority actions required by national governments, development partners and civil society in order to fully realize the rights of older women and men across Africa, enhance their capacities, reduce their vulnerabilities, and promote the wellbeing of children and adolescents under their care - today and in the future as Africa’s older population grows.

Importantly, this communiqué combines technical recommendations on three issue areas, which are frequently addressed independently: health systems, HIV and AIDS and social protection. This is in recognition of the fact that no issue can be addressed in a silo; and that older persons and those under their care face multiple and intersecting realities that must be addressed with integrated and coordinated actions by governments, civil society and development partners together.

Preamble

Today, more than 64.4 million older women and men (those over the age of 60) are living in Africa, with 84 older men for every 100 older women (UNDESA 2015). By 2030 the number of older persons in Africa will have jumped to 105.4 million, and by 2050 it will have more than tripled, to 220.3 million persons. Thanks to improved health care systems, provision of clean water and better sanitation and nutrition, Africa’s massive youth bulge is expected to age similarly to the populations of many higher-income countries. Yet the already-strained public infrastructure

is not prepared for the rising number of older persons across the continent. Without progressive action at the local, national and regional levels, the growing number of older women and men will experience the same stigma, vulnerability, invisibility, and weak public infrastructure for older persons as exists across much of the continent today.

Importantly, progressive action must begin by addressing ageism. An implicit biases which translates into discriminatory beliefs and behaviours, ageism underlies the marginalization and exclusion of older persons across all cultures and countries. Ageism is embedded in structures and policies, and negatively impacts all aspects of older persons' daily lives.

This reality is reflected in fact that for too long older persons have been overlooked and ignored in the international development and global health agendas. It underlies the lack of data on HIV and AIDS prevalence amongst persons over age 50, limited social protection coverage, dearth of knowledge around older persons' caregiving role, and slow efforts to respond to the rise of non-communicable diseases (NCDs) in sub-Saharan Africa, which primarily impact older persons. As such, older persons are particularly vulnerable, and often lack both the awareness and access to basic services that enable good health and wellbeing. Notably, as the impacts of marginalization and inequality compound over the life-course, older women are made particularly vulnerable. This is exacerbated by the fact that women tend to live longer than men but often do not have inheritance rights, and widows often face social and cultural exclusion. As such, women become particularly vulnerable to income insecurity and abuse in older age. Importantly, these vulnerabilities often affect vulnerable children and adolescents under the care of older persons. Statistics from HelpAge International and UNICEF estimate that there are at least 1.4 million older carers of orphans and vulnerable children in Eastern and Southern Africa, of whom 80% are older women, and research conducted by University College London and Stellenbosch University speaks to the strong positive correlations between older persons' wellbeing and mental health, and development outcomes for children under their care (Sherr et al 2016).

In order to promote wellbeing for all generations, address discrimination, and ensure that the rights of older women and men to participation, income security, health and wellbeing are realized, strong and empowering policy action is needed. While governments must take the lead in implementing social policy, this set of recommendations recognizes the key role of civil society and development partners to support governing bodies, ensure accountability, promote participation, and strengthen evidence.

To this end, the following recommendations were adopted by delegates of the Leading Action on Ageing and Health in Africa Conference, on 7th October 2016, in Nairobi.

Recommendations

I. Cross-cutting recommendations

1. Undertake strong campaigns at all levels and across all sectors to address ageism.

Undertake campaigns to challenge and overcome ageism, specifically targeting discrimination in the political, economic, social, and health care spheres. This must involve ensuring the inclusion of older women and men in all relevant initiatives; campaigning against stigma surrounding older persons living with HIV and AIDS; supporting

knowledge and information sharing to older persons; promoting their participation; and instituting laws, policies, and practices for non-discrimination on the basis of age.

2. Address gender inequalities across the life-course, and empower and secure the rights of older women.

The impacts of inequality compound over the life-course, rendering older women particularly vulnerable. As such, it is imperative to address gender inequalities at all ages, including but not limited to implementing empowerment initiatives, promoting the participation of women in political spheres, prioritizing women and girls in education and skills training, securing the economic rights of women of all ages, and addressing violence, abuse and victimization against women throughout their lives.

3. Strengthen the quality and rigor of data disaggregation, analysis, research, and information sharing.

In conformity with SDG 17, ensure data collection is inclusive of persons of all ages and that data is disaggregated by age, sex and disability at a minimum; ensure research agendas capture the capabilities, vulnerabilities and well-being of older women and men, as well as innovations which can impact their lives; and promote information sharing to ensure that initiatives across all sectors address the needs and support the capabilities of older persons.

4. Involve older persons in decision-making, including in policy, plans and strategy drafting, and ensure that their voices are at the forefront of decisions that affect them.

It is critical to empower older persons to participate in decision-making, including by sharing information and building awareness of their rights. All actors should create enabling opportunities and environments for older persons to be advocates for their right to services from government. For example, actors should tap into the structures of older citizens' and community-based monitoring groups, older persons associations, and local councils of older persons, to monitor the services they use at all levels and plan for the future.

5. Adopt, implement and strengthen enabling environments rights-based policies at all levels.

With support from all actors, governments should develop progressive policies and enabling environments to protect and promote the rights of older women and men. While specific standalone policies on ageing are critical, older persons must also be recognized and their needs addressed in policies across all sectors. Furthermore, policies should be country specific - taking to account population dynamics, demographic change projections and other national and global trends – and consistent across other national policies and with regional and global commitments.

6. Strengthen coordinated and integrated action across all levels and sectors.

Realizing the rights, supporting the capabilities and reducing the vulnerabilities of older women and men requires coordinated and integrated action across all sectors. Public-private partnerships should be developed and strengthened and collaboration across sectors supported for a life-course approach to wellbeing, and to address the holistic needs of older persons - including needs related to health, HIV risk and impacts, caregiving responsibility, and income security.

II. Strengthen Health Systems for Healthy Ageing

1. Adopt and strengthen multi-sector platforms for NCDs at all levels.

NCDs should be considered both as a medical issue, and as a human and environmental issue requiring a life-course approach. Therefore, actors should collaborate to adopt and strengthen multi-sector platforms for addressing NCDs, which involve representation and participation from all sectors and ministries, including actors focused on issues related to children, youth, education, health, environment, and transportation, among others. NCD multi-stakeholder platforms will be responsible for promoting awareness, supporting coordination, creating enabling environments, developing comprehensive implementation frameworks, resourcing, and reporting. Notably, platforms should address not only the “Big Four” NCDs as outlined by the World Health Organization (cardiovascular diseases, cancers, respiratory diseases, and diabetes), but all chronic conditions and associated complications.

2. Address the mental health problems of older persons as a public health issue and integrate within health care systems.

Recognizing that mental health is a critical and rising issue that affects the physical and social well-being of older persons, and in some cases leads to abuse and discrimination, it is important that mental health be considered as a serious public health issue and be included within all aspects of health care responses for older persons. All actors should therefore adopt and implement the WHO programmes and policies on active and healthy ageing, which provide an enabling framework to ensure mental health issues are adequately addressed and de-stigmatized. This includes interventions focused on early diagnosis, prevention measures, training of health care staff and caregivers, and addressing issues of stigma and discrimination, among other interventions.

3. Ensure accountability and strengthen governance and financing for health systems.

Financing for health must be sufficient to ensure access to essential services for all persons; with support from civil society organizations and development partners, governments should be held to account on co-financing, health spending, and quality of care provision. To this end, older citizen monitoring and other trained community groups can be vital; public private partnerships should be strengthened for improved health financing; and governments themselves should ensure health financing is accountable and transparent.

4. Improve access to information, services, essential medicines and technologies for older persons.

Learning from the successes of the HIV response, actors should optimize awareness; provide outreach services and provider referrals; provide age-friendly messaging and health services at all local clinics; integrate NCD care with HIV and other services; and ensure diagnosis technologies and drugs used for managing non-communicable diseases, as well as mobility aides, are available and affordable at all levels of care facilities.

5. Strengthen the cadre of health workers and invest in human resources for health.

To ensure that members of the health workforce are responsive to older persons, with support from all actors governments should influence the training of health workers to include specific curricula on geriatrics and age-friendly care; provide training for health care management; respect and recognize community health workers and

develop a means for their remuneration – as well as the adequate remuneration for all cadres of health workers; and tap into older persons themselves as a critical resource, including for providing peer education and peer psychosocial support.

III. Mitigate HIV and AIDS and the Intergenerational Impacts

1. Develop, strengthen and implement minimum packages of prevention, treatment, care and support services, under the guidance of national HIV and AIDS policies, to address the unique needs of older persons.

In order to address older persons as a vulnerable group with regards to HIV and AIDS, all actors should develop and deliver age-appropriate messages for older persons with regards to prevention, treatment and care and support; encourage testing by establishing age-friendly HCT services; develop and implement guidelines on anti-retroviral therapy (ART) for older persons and ensure access to ART; provide comprehensive sexual education to older persons; and provide psychosocial support specifically for older persons.

2. Integrate programmes in order to address the holistic needs of older persons living with HIV and affected by HIV, and those under their care.

In order to mitigate the impacts of HIV and AIDS on older persons and those under their care, it is necessary to address the multiple factors that contribute to vulnerability, risk, and impact. As such, all actors should integrate programmes across sectors for coordinated and holistic action, including but not limited to psychosocial support, nutrition, poverty alleviation, and healthy ageing.

3. Support and empower older persons providing care for children and adolescents affected by HIV and AIDS.

Older women and men have a wealth of experience and acquired resilience for dealing with HIV at a personal level, and for providing care. All actors should support older persons who are providing care for children and adolescents affected by HIV, by formally recognizing their role in policies and by implementing programmes which target their specific needs - including psychosocial support, income support, peer education, and access to services. This includes implementing strategies related to parenting, status disclosure, intergenerational and peer support groups, livelihood support, and providing psychosocial counselling. Furthermore, it also involves empowering youth to support older persons who are living with HIV or otherwise affected by HIV.

4. Prioritise strategies and programmes to address the impact of HIV and AIDS on children and adolescents.

The needs of older persons, and especially older caregivers or persons affected by HIV, cannot be successfully and sustainably addressed independently from other age groups. Thus, all actors should commit to achieve and sustain the elimination of mother-to-child HIV transmission; make use of maternal and other health services to reach babies and children; promote community programmes to counter stigma and discrimination and encourage father support; provide greater attention, strategies and resources for context-specific HIV prevention services for youth including comprehensive HIV sexual and reproductive health services and access to HIV-sensitive social protection; and involve adolescents in advocacy, policy and programme development, service provision. Older persons' acquired resilience and wealth of experience should be harnessed to this end for broader, intergenerational impact.

IV. Promote and Strengthen Universal Social Protection Floors

1. Develop and strengthen legal instruments at all levels to ensure that social protection initiatives are legally binding.

Recognizing the right of older persons to basic income security, as enshrined in the Universal Declaration of Human Rights and various international legal instruments including the ILO's "Recommendation 202 on Social Protection Floors," actors must implement sustainable, long-term and legally binding programmes. This includes not only social protection floors for income security, but also national health insurance funds and other social protection mechanisms.

2. Design and coordinate social protection programmes to ensure that all eligible older and otherwise vulnerable persons are enrolled in social protections programmes, which address their multiple needs.

Governments have a responsibility to recognize vulnerable persons, and ensure they receive the support that they are eligible for – including those who have worked or are working in the informal sector. This entails working with vulnerable groups and civil society partners to ensure that social protection floors are designed and implemented to ensure a minimum level of income security in old age and address the vulnerabilities affecting older persons – such as through *cash plus care* and *cash plus support* approaches. Similarly, social protection measures should be HIV-sensitive by ensuring they reach persons who are either at risk of infection, are living with the virus, or are affected by HIV.

3. Ensure that there is adequate accountability and monitoring of social protection programmes through citizen and community monitoring, and through the implementation of comprehensive information management systems.

Accountability of social protection mechanisms must be ensured; to this end, citizen monitoring efforts have been very successful and should be strengthened and scaled up. Furthermore, information management systems (IMS) are critical to the success of social protection programmes, and this should be reflected in human and financial resource investments. IMS can augment coordination tools such as single registries to ensure coordination and accountability in the implementation of social protection floors.

4. Promote sustainable financing of programmes in order to support and scale up social protection coverage.

All actors must work to ensure that projects and programmes uphold long-term government commitments to social protection floors. To this end, public-private partnerships and other innovative financing mechanisms as outlined in Sustainable Development Goals 1 and 17 should be leveraged to scale up social protection measures. Furthermore, with support from all actors governments should prioritize scaling up programmes that are currently being implemented, and ensure that pilot programmes are implemented as a stepping-stone to universal coverage.

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