

Editorial

Welcome to the first issue of Ageing in Africa this year.

As the fight against the AIDS pandemic continues, HelpAge International is lobbying stakeholders to recognise and include older people in the fight against the disease. Not only are they bearing the burden of caring for people living with AIDS and orphans, a growing number of older people are infected. Read Dorothy's story - a 62 year old woman living with AIDS

Older people continue to be largely neglected or ignored by many humanitarian agencies in their responses to emergencies. HelpAge International (HAI) draws on its experience of working in protracted emergencies to suggest ways to identify and respond to the longer-term needs among older people and their families. More information is found in this issue.

Older people comprise a large number of workers in the informal sector where incomes are erratic and low. Read about the Decent Work Agenda whose aim is to push for the recognition of the right of all to work in good quality employment and the recognition of all workers, especially those in vulnerable circumstances.

This year marks five years since the AU Policy Framework and Plan of Action on Ageing was endorsed by African heads of state and government. The AU is leading a review with governments to evaluate their progress in implementing recommendations made in the Plan of Action. Read more on this and the case of Kenya, where the Finnish Embassy has funded a one year review exercise.

Happy reading!

INSIDE:

- Commission on Social Development
- Rebuilding Older People's Lives
- AU Policy Framework and Plan of Action

Older People and HIV/AIDS: Facts and Figures



Doris Linda takes care of her 32 year old son who is living with AIDS

In the 2006 Report on the Global AIDS Epidemic, UNAIDS and WHO reported that a 'substantial proportion of people living with HIV are 50 years and older'. However, reports are not specific about the number of infections above that age but lump all older people together.

HelpAge International believes that this approach continues to convey an ambiguous message to programme implementers and policy makers. Current programmes are discriminatory and exclude older people from strategies to fight the disease.

However, data is available at individual testing sites, as HelpAge International

partner organisations in eight countries have discovered. They are monitoring HIV prevalence in people aged over 50 in selected VCT centres.

With the permission of the clinics they have analysed the data to calculate the HIV prevalence of older people.

While the data available is still being collated by HelpAge International, enough has been collected already to show that HIV prevalence among women and men aged 50 should be an issue of concern for policy makers. Below is a summary of the data collected in two countries:

Continued on page 2

Continued from page 1

While the figures are not necessarily representative of whole populations, they do demonstrate that older people are infected and need attention.

Prevalence in people aged 50+ disaggregated by sex	Women	Men
KENYA, Ahero	53%	29%
ZIMBABWE, Makoni and Hurungwe	17%	25%

Prevalence disaggregated by age (0-49 and 50+) and sex	Men		Women	
	0-49 years	50+ years	0-49 years	50+ years
Kenya	31%	29%	40%	53%
Zimbabwe	12%	25%	25%	17%

It should be noted that the above figures are not nationally representative and were not gathered from sites where testing routinely takes place (e.g. antenatal clinics) but at VCT centres where people choose to present themselves. It is likely that only older people with progressed symptoms came forward for testing. The data is therefore biased in that respect but it nevertheless proves that older people do come forward for testing and that some of them are HIV positive.



Dorothy can't walk far and relies on her family to take care of her

Tuberculosis. I was told that I did not.

He thought HIV was a young person's illness

"I still felt tired so my daughter-in-law who works for the Muthande Society for the Aged (MUSA) suggested I go to the voluntary counselling and testing clinic for a test."

Dorothy was shocked when the results showed she was HIV positive.

Positive at 62

Dorothy can't walk far and relies on her family to take care of her.

For the past year, 62 year-old Dorothy Mdelela has been living with HIV and is cared for at home by her family. She can't walk very far and spends a lot of her time in bed.

Not enough understanding about HIV

Her two daughters passed away from AIDS related illnesses in 2004. Dorothy who lives in Durban, South Africa was their full-time carer and believes the virus may have been transmitted while caring for them because she did not have enough of an understanding about HIV and how to protect herself from infection.

"Two years after my daughters passed away I became ill. The process of finding out I was HIV was very long. When my glands became swollen and I started to get chest pains I went to the doctor because I thought I had

"I was living with my unmarried son at the time but he couldn't cope with my illness and was in denial. Because of my age, he was sure that the clinic had made a mistake. He thought HIV and AIDS was a young person's illness."

Dorothy moved in with her married son and his family and says she was very ill when she first arrived. "My son works for a doctor's surgery so luckily he was able to get me free medicine." Dorothy takes a booster dose of vitamins and minerals, as well as herbal medicine that she buys from a traditional healer.

Although Dorothy relies on her family to take care of her, she receives a non-contributory pension so can financially support herself and buy her own herbal medicine and nutritious food.

Dorothy has accepted that she has the disease. "I would love it if there was a cure but there isn't. The disease is there and I can't do anything about it."

WHO Age-friendly Cities

The population of older persons is increasing rapidly. Some studies suggest that by the year 2015, the current population of older people (approximately 600 million) will double to 1.2 billion and by 2050, this number will reach 2.6 billion.

Despite this reality, society has yet to robustly acknowledge older persons by being more responsive to their needs. This is particularly so in developing countries, where coupled with poverty and other social concerns such as HIV/AIDS, the experience of ageing becomes extremely difficult.

With funds from the World Health Organisation (WHO), HelpAge International recently conducted a study in Kenya aimed at establishing the degree to which cities reflect age-friendly characteristics. The study was undertaken in Nairobi City, Kenya's capital and a regional centre of economic and diplomatic significance.

A profile of the city suggests that, like many other developing countries in Sub Saharan Africa (SSA), Nairobi displays significant disparities amongst its population, particularly in regard to accessing necessary services. In addition, and again as is the case in other SSA urban centers, there is a growing level of urban poverty in Nairobi, evidenced by large informal settlements, where residents regularly experience insecurity. Access to adequate health and other essential services is a challenge to residents in these settlements.

Findings from the WHO Age Friendly Cities study suggest that Nairobi City exhibits a duality of character. It displays both age-friendly and non age-friendly characteristics at the same time. It is largely a "young persons" City; older persons largely remaining "below the waterline of visibility."

For example, many of the older people interviewed during the study indicated that housing is a major concern. Further, difficulties in accessing community support and health care in particular, are significant contributors to challenges faced by older persons in Nairobi.

In this respect, older people recommended the establishment of health centres specifically for older persons, as has been done for women.

The report reveals that there are significant differences between older people living in homes for the aged and those living in the community. This is especially in regard to housing, and access to community support, health services and leisure activities.

Responses by female interviewees during the focus group discussions appear to indicate certain challenges peculiar to older women in Nairobi, relating in particular to transport and insecurity.

Commission on Social Development Focuses on Vulnerable Groups

HelpAge International was represented at this year's UN Commission for Social Development meeting held in New York in February 2007. Among other issues, the situation of vulnerable groups, rapidly shifting demographic tendencies and inter-generational trends today were discussed.

The Commission is a functional commission of the Economic and Social Council (ECOSOC) of the United Nations. It provides a unique position to stimulate and strengthen international cooperation on issues such as the persistence of poverty, the worsening of inequalities, and the problems of social cohesion and social integration that exist in various parts of the world. The Commission is also one of the intergovernmental bodies that have the duty of promoting the coherence of and links between economic and social policies.

International experts, scientists, country representatives and specialists participated in a panel discussion on ageing. Discussions centred around the main achievements and obstacles in the implementation of the Madrid International Plan of Action on Ageing, with the aim of contributing to its five-year review and appraisal by the Commission this year. Adopted at the Second World Assembly on Ageing held in Madrid in 2002, the Plan of Action recognizes the potential of older people to contribute to the development of their societies. In signing onto the Plan, UN Member States committed themselves to include ageing in all their social and economic development policies.

Below are excerpts from a HAI statement made at the panel:

"This year marks the half way point to the achievement of MDG's, and the fifth anniversary of the 2002 Madrid International Plan of Action on Ageing. This plan has one very important target - to halve old age poverty by 2015 in line with the first MDG. The plan also has targets around:

- Access to health
- Participation
- Listening to older people's voices
- Older people's right to development

It is no wonder that at the outset of 2007, when the cycle of review of the implementation of the Madrid International Plan of Action on Ageing (MIPAA) starts in



Resources for tackling ageing challenges for vulnerable older people are scarce

earnest, the eyes of older people around the world are on their governments, the UN system and other international bodies. They are asking, "What progress?" "What hope?"

The HelpAge International network is committed to support the implementation of the MIPAA from the grassroots to the top. To chart progress, raise awareness and identify solutions, our partners have interviewed government ministries, district authorities and older people themselves in over 10 countries.

The preliminary results are remarkably consistent. Older women and men - whether powerful or poor - are asking for action to deliver their right to social security, to health and to participation as equal members of society.

However, what they are still experiencing is increasing poverty and discrimination.

We have noted before, in forums like this one, that data on older people's poverty is still not routinely collected in poor countries. Existing evidence on poverty rates overall tell us that the poverty of older people is roughly 5% greater than that of the general population. Malnutrition and respiratory diseases kill far more older people than children. In Africa 9% of people over 50 years of age are blind.

However, these issues facing older people never seem to be addressed. Resources for

tackling ageing challenges are still scarce even within the UN system. We really wonder why. Why for instance is there still no ONE agency dedicated to the issues of older people in the UN?

In many countries, especially in the developing world, there are no social pensions at all. Many older people do not have any regular income. However, they have a right to social security in old age. When will this right be delivered?

Today 672 million people are over 60 years. Older people represent 17% of the voting population. By 2050 there will be 1968 million people over 60. Eighty percent of these people will live in the developing world. Almost a third of the voting population at that time will be over 60. For the first time in history, the number of older people will exceed that of children below the age of 14.

We are seeing a growing mobilisation of older people. Peers are coming together to support one another and claim more equal access to resources.

We see how these support networks established by older people support other vulnerable people in the community - including very vulnerable children; for example by providing community canteens and regular day care.

Continued on page 5

Achieving Decent Work for All Ages

Most people in developing countries work in the informal sector and have 'poor quality' jobs. Large numbers of those holding informal and low paying jobs are women, the very young and older workers. Not only do they have low and insecure incomes but they lack social protection.

Studies show that over 60% of those over 60 years of age work in the informal sector. It is crucial to support workers of all ages that work outside the formal sector to enable them to live a life of dignity. It is for this reason that the International Labour Organisation (ILO) initiated the Decent Work Agenda. The concept is aimed at providing an overall framework for action related to labour and economic and social development.

The aim of the Decent Work Agenda is to create an enabling environment to tackle poverty. One of the ways of doing this is to balance economic performance with social justice. Further, the Agenda is pushing for the recognition of the right of all to work in good quality employment across the life course; the recognition of all workers - in informal sector as well as formal - as valuable contributors to development; and the availability of social protection to all workers and not only those in formal employment schemes

The Agenda is highly relevant for all vulnerable people, across the lifecycle, including older men and women. It has four pillars based on international standards set by the ILO and the UN and national programmes linked to poverty reduction strategies:

- Productive and freely chosen employment
- Rights at work, including the core labour standards
- Social protection; right to social security (UDHR)
- Social dialogue and the inclusion of the gender dimension

Older workers make up an increasing and significant number of the informal workforce and must be recognised in all strategies to address the needs of workers. These include respecting their rights at the work place, and involving them in social dialogue as well as in the implementation of commitments to universal social protection.



Hein du Plessis/HelpAge International

Older people form a big number of the informal workforce and must be recognised in strategies to address workers' needs

Provision of social protection is the underutilized pillar of the Decent Work Agenda. Governments should be furthering the right of all to social protection. Social security for all is both a universal right and effectively reduces poverty among the poorest (including older people and other adults, orphans and other vulnerable children and the physically challenged).

A recent intergovernmental conference on social pensions in Asia concluded that the implementation of cash transfers by governments as a strategy of providing social security is a clear indication of political intent to address vulnerability and support the poorest.

Social transfers deliver rapid impact in the poverty reduction effort. The ILO estimates that the poverty reduction impact of introducing social pensions and disability grants in Tanzania would be 40%. Through the provision of universal old age pensions, South Africa has demonstrated that pensions are a poverty reduction measure.

Social transfers improve access to essential services for the most vulnerable. Income supports access to education, health care, improved food security and transport.

When well targeted to older people and their dependants, social pensions mitigate vulnerabilities at other stages in the work course. The current push is for universal non-contributory coverage of social protection packages by Governments.

According to ILO, without social security, neither work nor life in the formal and informal economy can be decent. Achieving progressive social security for all, therefore, is a clear demonstration of serious investment in people and efforts to eradicate poverty by governments.

Action is now needed to ensure social protection and social security are included and resourced via national development programmes with the support of development partners.

Molefi Lphelehi, a 72 year old man from Lesotho, shares his story on how pensions have improved his life

"I live with my wife and my two grandchildren. Although the parents of my two grandchildren are still alive, they live with us and help out around the house.

My granddaughter helps take care of my wife and goes to school but my grandson only goes sometimes because he has to herd the cattle. Both grandchildren are still in primary school because they have learning difficulties. The government pays for primary education.

I have been receiving pension for two years now. I was summoned by the village chief to register for it. I now collect it from the local shop.

When I first received my pension I started to save money so that I could make some home improvements. I saved for a year to thatch my roof. I then saved for another three months for the labour cost. I was so proud when it was done; it was awful before because the roof used to leak. I then bought some plastic carpet for my house and also painted the inside walls.

I now spend some of my money on buying soap and washing powder so that I can have clean clothes and bed linen. I also have to put some money aside to take my wife to the clinic 20 kms. She suffered a stroke a few years ago and needs medication.

Before I received the pension I did odd jobs to get by but we always grew our own maize and peas, so we always had food. Now that I have improved my house I now want to save and bank more money just in case something bad happens to someone in my family - I would then be able to borrow money knowing that I could pay that person back.

If I didn't receive the pension anymore I suppose I would go back to square one and life would be very difficult again. I wouldn't be able to carry out my dreams of banking the money and building another house in the future. I would have to give up all these things.

The pension has made a big impact in our lives - we're so much cleaner now because we buy soap. I'm still considering using the money for an income generating project."

Commission on Social Development Focuses on Vulnerable Groups

In Africa, as elsewhere in the world, migration, chronic poverty across generations, HIV/AIDS and conflict mean that older people can no longer rely on their families. Indeed, they are the majority providers of care for children and sick adults. The evidence gathered from HelpAge International research tells us that one in five children in many countries of Africa are brought up by older people, generally older women. We know that with support, older people do a great service to their communities and countries.

This Commission is debating the importance of policy reform to achieve the goals of decent work for all, a requirement that is central to the achievement of the MDG's. Millions of older women and men are working in the informal sector and reforms must support them too. A clear way forward is to resource and implement

social protection – rightly a pillar of the Decent Work agenda.

Social security and particularly the social pension is a cost effective instrument to support recipients and their dependants by improving access to health and other services, provide funds for credit and small businesses and give older people back their dignity and independence.

This year could be the turning point for governments to back older people's call for action. By introducing a package of social pensions, free health care and anti-discriminatory legislation and practice, old age poverty can be cut by half by 2015 and the Madrid Plan put on the road to wider implementation.

We need energy, commitment and joined up thinking within governments, across UN agencies and amongst donors. Join us." ■

Rebuilding Older People's Lives in Longer-term Emergencies: The Case of Darfur

Responses to humanitarian emergencies on the scale of the Darfur crisis concentrate on meeting immediate basic needs and ensuring the safety and protection of the endangered population. It is well documented that older people, as a vulnerable group, are often neglected or ignored in this initial response. Prolonged violence and displacement present a further challenge to humanitarian agencies, creating longer-term social, economic and psychological needs.

In a recently released report, *Rebuilding lives in longer-term emergencies: Older people's experience in Darfur*, HelpAge International (HAI) draws on its experience of working in West Darfur and in comparable protracted emergencies to suggest ways to identify and respond to these longer-term needs among older people and their families. In addition to addressing older people's specific needs, HAI advocates integrating its work with older people into a broader cross-generational approach that helps to build the capacity of communities affected by protracted conflict and violence, so that they can function effectively beyond the period of the crisis.

The Darfur humanitarian emergency of 2003/4 has become a prolonged humanitarian crisis, with an estimated 1.65 million to 2 million internally displaced people (IDPs) and a further several hundred thousand Darfurian refugees in neighbouring Chad.

Research by HAI in IDP camps indicates that older people, some 8% of the camp population, have derived little benefit from the international aid effort. In part this is the result of the strong and justified focus of INGOs on the protection of women and children who are at particular risk of violence.

HAI has also concluded that the unrecognised vulnerability of older people is exacerbated by their isolation in IDP camps where they are often separated from their extended families. In their villages, older people were respected and well cared for, even in a crisis. In the camps, however family structures have fragmented. Older people, especially older men lose their status and have few family members to support them. Indeed they are often caring for young dependants themselves.

The disintegration of families is also creating rifts between different generations and leading to violence among another vulnerable and neglected group – teenagers, who no longer see traditions and respect between generations as relevant to their lives. *Continued on page 6*

Rebuilding Older People's Lives in Longer-term Emergencies: The Case of Darfur

In response, HAI has initiated a series of quick impact projects focusing on key areas of vulnerability for older people: health problems, social isolation and lack of intergenerational support. The success of such work depends critically on cooperation with other INGOs working in health care and supporting other vulnerable groups, particularly women and children.

HAI puts forward a series of suggestions for best practice in prolonged emergencies, building on its previous research on supporting older people in emergencies:

I. Relief delivery – ensure that services reach the most vulnerable rather than the most visible and that they meet chronic needs

Health programmes should respond to chronic health care issues, not only typical emergency-related problems. This is particularly relevant for older people, who are intrinsically more vulnerable due to age, physical weakness and susceptibility to disease. To begin

addressing the needs of such groups requires a longer-term commitment and a much more sophisticated targeting of the most vulnerable, accompanied by more effective data collection. In the experience of HAI, this has meant building a network of community-based staff and volunteers capable of following individual cases and, wherever possible, providing home-based care.

II. Integration versus alienation – develop a cross-generational approach

HAI believes that a cross-generational approach adopted by a larger number of agencies could help mitigate some of the longer-term impacts of conflict and societal upheaval. For agencies mandated to address the needs of specific groups – children, women and older people – this means adopting a more inclusive approach to programming. It can also mean building stronger programming links between various humanitarian actors.

III. Peace-building and reconciliation – start early, involve older people

Early support for community coping mechanisms and conflict resolution processes could bolster the eventual peace-building role of community members. The potential contribution of older people, who would typically guide community discussions and actions in Darfur, has been largely ignored and their role undermined by the loss of status they have suffered in the social upheavals since the conflict began.

Understanding conflict resolution processes, identifying strategies to involve communities, and supporting the important role older people can play are steps that humanitarian actors should undertake as early as possible if potentially violent tensions are to be healed. ■

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Miriam Abdullah is an older woman who fled from her West Darfur home in Sudan after the janjaweed attacked in 2003, killing villagers and burning huts.

Her son-in-law was killed and her own son disappeared in the fighting; but Miriam was able to escape and walk to an IDP camp with her daughter and three grandchildren. After three years in the IDP camp, Miriam's daughter remarried and left with her new husband, leaving behind her children.

Miriam, who has been blind for the past seven years, now relies entirely on assistance from humanitarian agencies to provide shelter and food for her small family. When her grandchildren are not in school she sends them to help other older people living alone nearby.

'In the village older people had a big role to play in the community and they solved problems with their wisdom,' she says, 'but not anymore.'

Miriam fled from her home following attacks in West Darfur

AU Policy Framework and Plan of Action on Ageing: Five years on

The year 2007 marks five years since the AU Policy Framework and Plan of Action on Ageing received the final seal of approval from African Heads of State and Government.

The Policy Framework was the result of years of collaboration between HelpAge International (HAI) and the African Union (AU). The policy was drawn up as a response to address the challenges of an increasingly ageing population. The Framework is intended as a guide to support policy development work in AU member states.

The Plan has been used by various countries in the development and operationalisation of their national policies on ageing. HAI has worked with a number of governments in the drafting of policies. Various countries are at different stages in the process. Others like Mozambique, Tanzania, South Africa, Mauritius, Mali and Egypt already have policies in place.

Currently, an Africa-wide review is taking place on the progress made in translating the Framework's recommendations into action at country level five years after it was endorsed. One of the expected outcomes of the review is for governments, depending on the level of implementation of the AU Policy, to map the way forward for strengthened commitment towards the translation of these recommendations into tangible actions to benefit the lives of older people.

Recommendations were made in the Policy Framework to address key concerns in older people's lives in the following areas:

- Poverty
- Health
- Social Welfare
- Employment and Income Security
- Housing and Environment
- Family
- Food and Nutrition
- Information and Coordination
- Rights
- Crises, Emergencies and Epidemics
- Ageing and Migration
- Education and Training

The Africa Union is spearheading the process in a number of member states. The outcome of the reviews will be shared at the Labour and Social Affairs Commission meeting to be held later in the year.

The case of Kenya

With funding from the Finnish Embassy, the

review in Kenya is at an advanced stage. It has provided an opportunity for consultations with key stakeholders - older people, development partners, local leaders at the grassroots level and Government officials in the key ministries.

In Kenya, the review has made use of multi-faceted approaches, combining both grassroots consultations and policy level engagement to review progress, renew commitments and draw action plans for the way forward in the implementation of the recommendations.

Grassroots consultations in four provinces (Nyanza, Central, Coast and Eastern) were held with older people to feed into the review process. This involved focus group discussions with older people, community leaders, district leaders, FBOs and CBOs.

The discussions centred on key challenges facing older people and measures the Kenya Government has taken to address their concerns.

The review highlighted that:

- Older people are living in poverty with limited sources of income
- Older people are unable to access adequate health care due to high costs, long distances to health centres and the negative attitude of health workers towards them. Older people face mobility problems as a result of their old age and chronic illnesses such as arthritis which further discourages them from travelling to hospitals.
- Due to ageism from society, older people are neglected by and isolated from family and friends.
- HIV/AIDS presents them with one of the greatest challenges as they care for people living with AIDS and of orphans and vulnerable children without support. They and their dependants therefore suffer food insecurity and malnutrition.
- Older people are among the most affected in times of emergencies such as floods and drought. They are not included in relief efforts by humanitarian agencies, which focus on children and lactating mothers.
- The rights of older people are violated with impunity. They cite insecurity in the form of rape and physical assault from family and other members of the community as a major threat to their well being.

Despite the challenges they face, older people lauded the Kenya Government for measures put in place to address their plight. These include:

- The National Social Security Fund which gives a regular income to retired older people
- Distribution of relief food during emergencies
- The National Health Insurance Fund which now allows anyone to access medical care at minimal cost
- The distribution of free anti-retrovirals to people living with AIDS, many of whom are under the care of older people
- A fee waiver system for needy cases that are unable to meet the cost of medical care in public hospitals, especially for in-patient cases
- The projects funded by the constituency development fund, curbing the theft of livestock and assisting in restocking to build their animal stock when they suffer theft.
- The free primary education coupled with bursary funds for the needy cases, which assists older people to send grandchildren under their care to school

A national tripartite technical meeting to disseminate initial findings from the review was held in Nairobi on 29th and 30th January. It brought together Government ministries, NGOs, UN agencies, older people, women's rights organisations, trade union representatives, and the media.

The meeting set out to:

- Gauge the progress made by the Kenya Government in the implementation of the AU Policy Framework and Plan of Action on Ageing
- Table/present the findings of the grassroots consultations with key stakeholders – older people, local government, NGOs, FBOs and CBOs
- Identify gaps in the implementation of the Policy, prioritise issues to be addressed and map the way forward

Findings of the review process and recommendations from the workshop were presented in New York at the Commission for Social Development meeting by the Kenya Commissioner for Social Services.

So far the review process in Kenya has demonstrated that the Policy Framework needs to be more widely disseminated to key stakeholders to enhance implementation of its recommendations.

It was also felt that there is need to involve older people in the development agenda of the Government, civil society and other development partners.

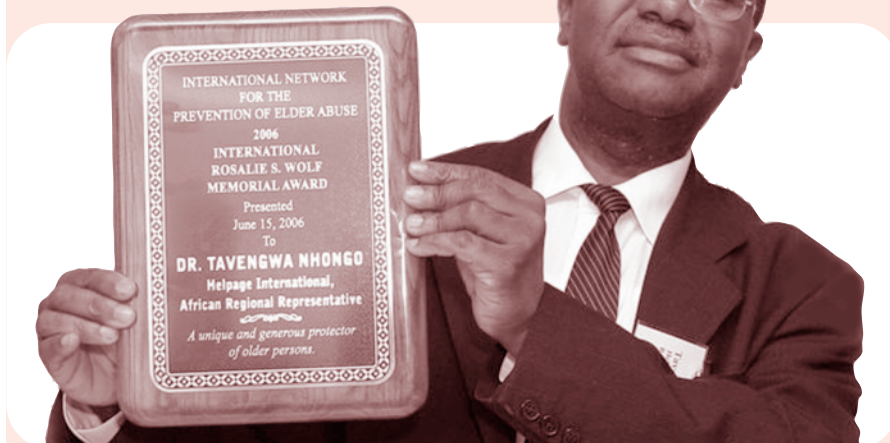
On the whole, the Government was lauded for its continuing efforts to address the needs of older people in the country. ■

Welcome

To Arjmand Banu Khan, who has recently joined the ARDC as the new HIV/AIDS Co-ordinator.

Congratulations...

Dr Nhongo holds up a placard honouring his work



Dr. Tavengwa Nhongo, the Regional Representative at the ARDC has been recognized by the International Network for the Prevention of Elder Abuse (INPEA).

He received the International Rosalie S. Wolf Memorial Award for being "a unique and generous protector of older persons".

Dr. Nhongo has been involved in work with and for older people for more than 20 years.

INPEA is an organization, founded in 1997, which is dedicated to the global dissemination of information as part of its commitment to the world-wide prevention of the abuse of older people.

As an affiliate of INPEA, HelpAge International has collaborated with the organisation for many years in its campaigns against elder abuse. This includes commemorating the World Elder Abuse Awareness Day marked on June 15th. The day, which was celebrated for the first time in 2006, will now be marked yearly.

Elder abuse in Africa continues to take worrying dimensions. This includes physical abuse when older people are suspected of practising witchcraft. Sometimes they are killed, maimed or killed by their community members who see them as the cause of deaths of other community members, road accidents, lack of rain or for other trumped up reasons.

They suffer sexual abuse even in the hands of younger family members; they are dispossessed of their property (especially land) by their adult sons; they suffer verbal abuse in the hands of health care workers who consider them a waste of expensive medicines. Older people continue to suffer from abandonment by their family and friends. Some of them end up dying due to lack of food and medical care or due to loneliness.

It is these forms of abuse and many others that HelpAge International continues to fight in collaboration with partners such as INPEA.

News Brief!



Older people in a social gathering in Sudan

Retirement Age Extended

Sudan's President Field Marshal Omer Al-Basher has extended the retirement age for university lecturers from 60 to 65 years. He made the announcement during a January meeting with key stakeholders from trade unions, universities and the education sector in the country.

The President expressed concern about the housing of the lecturers' after their retirement, adding that their contribution to the development process and the Higher Education Revolution was notable.

The raising of the lecturers' retirement age was lauded by the Chairman of Sudan Workers Trade Unions Federation (SWTUF), who said the move was in recognition by the Government of their expertise and contribution to national education and science.

Source: Sudan Vision Daily

QUOTABLE QUOTE

"If I go back there is no home, there are no animals, and the people I know are gone or killed. Who can I sit with?"

An 80-year old woman in Darfur

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Thank you for your continued support to older people in Africa and the work of HelpAge International.

Editor

HelpAge International
Leading global action on ageing

The next edition of *Ageing in Africa* will be published in August 2007. Send in articles by July 15th 2007