Ageing and International Development

Introduction

This chapter begins by examining what is meant by ‘international development’. It shows that this can be interpreted in different ways and that these interpretations have important consequences for how we identify and perceive ageing and development issues. The second part of the chapter provides an overview of how ageing and older people have remained a relatively marginal concern for global development agencies, and how this has been supplanted by a narrow focus on pension reform. This leads on to a discussion of the simplified and largely negative portrayal of older people in development thinking. The final part of the chapter makes a number of suggestions about how to move towards a more nuanced and helpful understanding of ageing and development issues.

Different Perspectives on International Development

International development can be understood as a set of processes, such as globalization, modernization, migration, and cultural and institutional change. These processes influence richer countries just as much as poorer ones. The speed and abruptness with which they occur vary between and even within countries, making generalization dangerous. Broadly speaking, demographic transition has occurred much more rapidly in developing regions than it did in developed ones. Yet it should not be forgotten that in some of the world’s poorest countries fertility levels remain very high and mortality decline has been reversed, due to factors such as HIV/AIDS and conflict. Some countries, notably India and China, are experiencing unprecedented transformations, against which Britain’s own Industrial Revolution is a pale reflection. In others, especially in sub-Saharan Africa, changes such as urbanization, the spread of mobile phone technology, and unhealthy Western eating habits belie a life of continued hardship and poverty for the vast majority of their populations (see Chapter 31). For all countries, the consequences of rapid change for cultural norms, attitudes, and household dynamics remain unclear and deeply contested (DFID, 2000; Scholte, 2000). While development processes will inevitably have important effects on the lives of current and future generations of older people, these effects will be complex and context-specific. For gerontologists working in the field, striking a balance between generalized understandings and unique experiences represents a major challenge. As will be seen, there has been a strong tendency to produce overgeneralized claims, and this has contributed to simplistic policy responses.

A second interpretation of international development is a geographical focus on so-called developing regions. This would seem to be almost tautological, but it is an important distinction from the previous ‘process’ interpretation that has a global scope. In many ways, focusing on developing regions is highly problematic. First, the distinction between a less-developed region or country and a more-developed one is somewhat arbitrary, particularly at the margins. For example, it is unclear whether many formerly socialist countries belong in one camp or the other. Secondly, it implies a neat, polarized distinction between conditions prevailing in developing and developed countries, and this goes on to imply that it is safe to make generalizations about older people in one set of countries vis-à-vis the other set. In fact, the extent of socioeconomic, epidemiological, and demographic variation among developing countries is much greater than the variation between the developed and developing worlds (Table 29.1). For example, Brazil’s per capita gross domestic product (GDP) may be only a third that of the United Kingdom, but Ethiopia’s is less than a tenth of Brazil’s. In terms of the share of population aged 60, the gap between developed and developing countries is rather more obvious, at least for now. However, the other indicators in Table 29.1 show that generalizations about later-life experiences across developing countries are even less appropriate than they are for the developed world. This volume contains separate chapters on Africa and Australasia that provide further detail about the extent of
diversity both between and within developing countries.

It is possible to identify a third distinct interpretation of international development. This refers to a set of targets, norms, and concerns about international issues held by influential global policy actors. They include large multilateral organizations, mostly linked to the United Nations, as well as bilateral agencies (such as the UK’s Department For International Development, or DFID) and a plethora of non-governmental organizations (NGOs) and other groups. Until the 1980s, the priorities of most of these agencies were strongly focused on facilitating economic growth and reducing fertility in poorer countries, and they were substantially influenced by Cold War ideological and strategic concerns. Since then, the emphasis has shifted in a number of ways. Most obviously, there has been an apparent move away from the primacy of economic growth towards issues of sustainability, poverty reduction, and human development (Remenyi, 2004). On the surface, this has been a major shift; for example, all World Bank and DFID activities now have to be justified in terms of their poverty impacts. For the larger and more influential agencies, however, there are signs that while the language of development may have changed, the fundamental priorities have not. Among NGOs and academics, there is general recognition that recent poverty initiatives, such as the Poverty Reduction Strategy Papers, are little more than neoliberal macroeconomic policy frameworks, albeit dressed up in softer language (Marshall et al., 2001). Similarly, it is not accidental that the World Bank’s most influential publication on pension reform (World Bank, 1994) is entitled ‘Averting the old age crisis. Policies to protect the old and promote economic growth’ the underlining is the Bank’s, not this author’s. The shift in development language has been more meaningful in the growing advocacy role of international and local NGOs, especially in areas such as gender, human rights, and the environment. However, the overall effect of these activities on the underlying priorities of the most powerful development agencies should not be overstated.

Table 29.1 Socioeconomic, epidemiological, and demographic data for selected regions and countries

<table>
<thead>
<tr>
<th>Parameter</th>
<th>UK</th>
<th>Brazil</th>
<th>China</th>
<th>Ethiopia</th>
<th>Senegal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate, 197075</td>
<td>2.0</td>
<td>4.7</td>
<td>4.9</td>
<td>6.8</td>
<td>7.0</td>
</tr>
<tr>
<td>Total fertility rate, 200005</td>
<td>1.7</td>
<td>2.3</td>
<td>1.7</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>GDP/capita, US$ pp?, 2003</td>
<td>27,147</td>
<td>7,790</td>
<td>5,003</td>
<td>711</td>
<td>1,648</td>
</tr>
<tr>
<td>Per cent of total mortality due to chronic disease, 2002</td>
<td>87</td>
<td>63</td>
<td>66</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Per cent urban, 2005</td>
<td>89.2</td>
<td>84.2</td>
<td>40.5</td>
<td>16.2</td>
<td>51.0</td>
</tr>
<tr>
<td>Per cent population aged 60+, 1975</td>
<td>19.7</td>
<td>6.0</td>
<td>6.9</td>
<td>4.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Per cent population aged 60+ 2005</td>
<td>21.2</td>
<td>7.8</td>
<td>10.1</td>
<td>4.7</td>
<td>6.2</td>
</tr>
</tbody>
</table>


As will be seen in this chapter, the implications of these various agendas for older people are not entirely clear. Linking older people’s well-being to specific issues such as poverty eradication and AIDS mitigation may provide some opportunities, but may also risk skewing priorities and overlooking other key areas of concern. In particular, it raises the issue of whether gerontologists working in development should largely ignore older people from middle or upper socioeconomic strata. Since these may account for the majority of older
people in some countries, this is a large group to exclude.

These three different takes on international development are not mutually exclusive, but it is important to recognize that they have different implications for research and policy on older people. HelpAge International is the only major NGO that is primarily concerned with ageing and development. It largely conforms to the third interpretation of development, paying particular attention to poverty and human development agendas. However, HelpAge International's activities are not exclusively focused on the world's poorest countries, and its remit refers to 'disad-vantaged older people worldwide'. By contrast, the United Nations Department for Economic and Social Affairs, the lead agency in organizing the Second World Assembly on Ageing and the Madrid International Plan of Action on Ageing, has a broader and more global remit. As such, its concerns are just as focused on the European Union as they are on sub-Saharan Africa.

Population Ageing and Development

Attempts to make explicit reference to older people's needs in global development agreements date back to 1948, when a draft 'Declaration of Old Age Rights' was proposed at the United Nations General Assembly (Gorman, 1999). The failure to ratify this proposal, and the long delay until the 1982 Vienna World Assembly on Ageing, reflect the limited attention ageing commanded as a global development issue. This was hardly surprising, since most developing countries had yet to reach the final stage of demographic transition, and fertility rates remained high (see Table 29.1). Consequently, international concern was focused on total rates of population growth and the implications of bottom-heavy population pyramids for poorer countries (Ehrlich, 1971).

During the early 1990s it was increasingly recognized that population ageing had become a global trend and this was expected to create substantial challenges for public policy in a number of areas. These concerns were fuelled by events in different parts of the world: recognition of the long-term demographic effects of one-child policies in China, the rising cost of health care and social services in OECD (Organization for Economic Co-operation and Development) countries, the multi-billion dollar bankruptcies of state pension funds across Latin America, and the collapse of state provision for older people in former socialist economies (Banister, 1987; Mesa-Lago, 1991; Moon, 1993; Rush and Welch, 1996). At the same time, fertility rates in most developing countries had started to fall rapidly. This gave demographers and policymakers time and space to consider new issues, and past worries about a 'population time-bomb' gave way to new fears about an 'old age crisis' (World Bank, 1994).

As such, population ageing might have been expected to feature relatively prominently in the 1994 Cairo International Conference on Population and Development. This did not happen, as the central thrust of that event became the replacement of a narrow approach to population control with a rights-based reproductive healthcare agenda (Lane, 1994). Instead of emerging as an integral part of wider population and health strategies, population ageing rapidly become associated with global pensions policy. This should be seen as a major turning point in the international response to population ageing, and it continues to frame debate and policy. Its contribution to a coherent and contextualized policy response to population ageing in developing countries has, however, been almost entirely negative.

In the same year as the 1994 Cairo Conference, the World Bank published its influential and controversial Averting the Old Age Crisis. The report begins apocalyptically: The world is approaching an old age crisis. As life expectancies increase and birth rates decline, the proportion of the population that is old is expanding rapidly, swelling the potential economic burden on the young. Meanwhile, existing systems of financial security for older people are headed toward collapse.

(World Bank, 1994)
The World Bank’s proposed solution to this impending ‘crisis’ was exclusively focused on the reform of public pension programmes, promoting private administration, and moving to more sustainable financing models. For those poorer countries where pension systems were less extensive, the World Bank cautioned against state provision for older people, arguing that this would crowd out support from extended families. These proposals provoked a strong response from those opposed to the World Bank’s explicit neoliberal agenda, such as the International Labour Organization (Charlton and McKinnon, 2001). Discussion was dominated by the pros and cons of different models of pension management and largely overlooked the fact that pension programmes had a minimal impact on the well-being of the majority of older people in most developing countries, especially the poorest.

This conflation of ageing and development with pension reform agendas continues to the present day, partly reflecting the World Bank’s dominance across international development thinking. According to its own website, between 1984 and 2004, the World Bank gave over 200 loans and issued more than 350 papers on pension reform, but made no loans or publications for other projects specifically concerned with older people (Bretton Woods Project, 2006). Over this period, the Bank’s position, and that of other key development agencies has shifted, with a cosmetic softening of the initial hard-line neoliberal approach, and increased emphasis on new ‘social pension’ schemes for the poor (Holzmann, 2000; Holzmann and Hinz, 2005). Yet the impression remains that pension reform is essentially the be-all and end-all of ageing and development policy.

The extent to which the pension reform agenda has skewed attention away from potentially more significant aspects of ageing and development is highlighted by the relative lack of attention given to older people in global health initiatives. This can be seen in a number of ways. First, there remains a heavy emphasis on infectious ‘killer diseases’, such as AIDS, malaria, and tuberculosis. While these illnesses undoubtedly deserve the attention given to them, the fact that chronic diseases account for a much larger number of deaths in most developing countries goes largely unrecognized. The key tools and targets of international development Poverty Reduction Strategy Papers and the Millennium Development Goals make no specific references to chronic disease. When efforts are being made to raise the profile of chronic disease, there is a tendency to distance the issue from older people. According to one influential paper, ‘Chronic diseases in developing countries are not just diseases of the elderly, since cardiovascular disease accounts for as many deaths in young and middle-aged adults as HIV/AIDS’ (Yach et al., 2004).

Related to the continued focus on infectious disease, there is little indication that more general health priorities have responded to the changing demographic composition of developing countries. The emphasis remains firmly on mother and child health services. For example, in 2001 the influential World Health Organization (WHO) Commission on Macroeconomics and Health identified 49 priority health interventions for low-income countries, none of which has specific relevance for older people (Hanson et al., 2003). Older people scarcely figure in national plans for essential primary healthcare interventions (Ensor et al., 2002; Gómez-Dantés, 2000). There is no evidence that interventions for older people were carefully considered and then screened out of selective programmes; instead, it would seem that older peoples’ health needs were ignored from the outset of policy design. Many developing countries are heavily dependent upon NGOs for the provision of basic health services, and these NGOs may find that the plight of older people in poor countries is a less marketable issue for fund-raising than that of other groups.

The virtual exclusion of older people from key areas of global policy contrasts with the optimistic and ambitious tone of recent international meetings, the most notable being the Second World Assembly on Ageing, held in Madrid in 2002. The resulting International Plan of Action on Ageing includes no less than 239 recommendations, all of them worthy, directed at rich and poor countries alike. Many of these Action Points are framed in very general terms, such as, ‘Promote and strengthen solidarity among generations and mutual support as a key element for social development’ (United Nations Department of Economic and Social Affairs, 2002) and, ‘Ensure, as appropriate, conditions that enable families and communities to provide care and protection for persons as they age’.

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However, there are few, if any, indications that the Madrid Plan of Action has led on to significant new policy interventions for older people in developing countries, and the general profile of ageing as a global development priority remains as minimal as ever. Arguably, a major barrier to the creation of a clear and meaningful international policy agenda is the absence of an influential global policy community whose primary focus is on older people. Instead, ageing and development remains an esoteric and secondary concern for all the development agencies, and resources remain fragmented and ghettoized. For example, the United Nations Department of Economic and Social Affairs is required to juggle its responsibility for the Madrid Plan of Action with a host of other development concerns, ranging from women’s health to international migration. The size and the resources devoted to the WHO Ageing and Life Course Programme are negligible compared to most of its other activities. As organizer of the 1994 Cairo Conference, the United Nations Population Fund is primarily concerned with promoting reproductive healthcare agendas. While establishing a separate UN agency exclusively concerned with older people could lead to further ghettoization of this issue, this may be the only way to raise its global profile. Sadly, the United Nations’ current funding crisis makes this a remote prospect.

**Depictions of Older People and The Consequences of Population Ageing**

Debates about the implications of population ageing for international development are heavily influenced by very generalized and largely negative understandings of what it means to be old. These associate later life with dependency, vulnerability, an inherent lack of capability, and a poor quality of life. With reference to economic performance, it is claimed that older people use up savings, sell off assets, are unproductive, and have expensive needs whose cost reduces the resource base of the economy as a whole. These views are encapsulated in demographic dependency ratios, which are still widely used by development economists and typically assume that all people aged 15-64 are productive, and all those aged >65 are not. According to the United Nations Population Fund:

> A growing working age population compared with older and younger dependants opens up a window of opportunity for developing countries …. Wise use of the ‘demographic bonus’ can lighten the burden of a rising older population in later years.  

*(UNFPA, 1998: 14)*

These negative depictions of older people sometimes translate into specific policy agendas. For example, the main cost-benefit analysis instrument used by the World Bank to allocate healthcare resources in poor countries, the disability-adjusted life year, gives a lower value to health improvements for people aged >60 than it does for younger groups. The World Bank justifies this on the grounds that younger people are productive, but older people are not (Paalman et al., 1998).

In fact, the evidence about ageing, economic participation, and productivity in more general terms strongly contradicts these simplifications. *Table 29.2* provides official data on estimated levels of economic participation for countries at different levels of development (see *Chapter 10*). It is likely that the data for India and Senegal understate real levels of old-age employment, due to the highly informalized nature of labour markets in these countries (Kaiser, 1994). Also, salaried work does not capture the full contributions made by older people, such as in the voluntary sector, where they are particularly prominent in many countries. More general contributions include childcare, sharing accommodation with younger relatives, and pension-pooling across households (Lloyd-Sherlock, 2006; Schröder-Butterfill, 2003). For those people who do remain in the workforce, evidence about any relationship between old age and productivity is ambiguous and context-specific (Disney, 1996).

<table>
<thead>
<tr>
<th>Table 29.2 Estimated rates of economic activity (%)</th>
<th>selected countries, 2005</th>
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<tr>
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<td>The SAGE Handbook of Social Gerontology</td>
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</table>
The view that population ageing inevitably retards development, since investment is lost to the mounting costs of social provision, is also open to doubt. The effect will be strongly mediated by the ways in which people experience later life and the ways in which social provision is organized. The costs of supporting older generations with high levels of disability, chronic disease, and general dependence will be greater than if they are relatively healthy and active. While there is a link between ageing and health expenditure, the United States spends twice as much of its GDP on health services as the United Kingdom does, despite having a more youthful population. Rather than ageing, the gap is mainly due to inefficiencies in the US private health insurance market (Detmer, 2003). Similarly, Argentina's health fund for pensioners has generated a deficit of several billion US dollars, contributing to the country's economic crisis in 2001. Again, the deficit has been caused by mismanagement and corruption on a grand scale, and has no relationship to population ageing (Lloyd-Sherlock, 2003). In poorer countries the social sectors fail to meet the basic needs of many people, old and young. For example, between 1997 and 2000, annual per capita health spending is estimated to have been US$11 in Ghana, US$23 in India, and US$45 in China (World Bank, 2004). In these cases, it is meaningless to project the impact of population ageing on expenditure.

Some NGOs and academics have sought to challenge the prevailing negative paradigm. According to HelpAge International, ‘The substantial productive contribution of older people … is largely unrecognized by policymakers. Too often older people are stereotyped as passive or helpless the realities of their lives unobserved’ (1999: xiii). These arguments resonate with the WHO's ‘active ageing’ agenda and the growing prominence of concepts such as successful ageing in Western gerontology. These alternative perspectives are an important counterweight to the more influential negative paradigm, but there are dangers that some development agencies may take this new approach to the other extreme, playing down the real needs and vulnerabilities of many older people. In some cases, organizations such as HelpAge International seek to portray older people in ways that will satisfy the different dictates of the development agenda (Tonteri, 2006): on the one hand, older people (especially women) are characterized as heroically altruistic and productive (addressing the human capital and productivist agendas); on the other hand, they are labelled as highly vulnerable and among the poorest of the poor (addressing the poverty reduction agenda). Two separate HelpAge International publications claim that '[Older people are] the poorest of the poor, [who] lack the financial and social support and resources to meet their own needs and those of the children under their care’ (HelpAge International, 2004, cited in Tonteri, 2006) and that ‘Despite the exclusion they face, older people provide a vast pool of social capital as knowledge bearers and educators, as well as taking on the triple roles of caregiver, homemaker and income earner in many households’ (International HIV/AIDS Alliance/HelpAge International, 2003, cited in Tonteri, 2006).

These views are both generalized and, to some extent, contradictory. As such, they run the risk of damaging the credibility of challenges to equally problematic negative depictions of later life. Generalizing about what it means to be old, either from a positive or negative perspective, leads to generalizations about the consequences of population ageing, and to generalized policy responses. While it may be obvious to Western gerontologists, there is an urgent need to replace oversimplified and under-evidenced claims with a sense of old age as a fluid, heterogeneous, and contextualized experience.

One starting point for developing a more nuanced view would be to challenge the standard ‘sixty plus’ ap-
proach for measuring and understanding later life. Almost all international reports about population ageing exclusively define old age in simple chronological terms usually as all those aged 60 or over. For example, the United Nations Population Division’s various publications on ageing trends provide no information about those aged 59 or less. The implication is that all those aged 60 or more have important things in common, which clearly distinguish them from people at younger ages. This definitional simplification is particularly problematic when comparisons are made between richer and poorer countries. Table 29.3 shows that being 60 years old means rather different things for women in Japan, India, and Senegal, with wide variations in the number of years they may expect to survive and to remain healthy. Equally significantly, nearly half of Senegalese women born in 2002 will die before their 60th birthday, despite substantial falls in infant mortality and low rates of AIDS by sub-Saharan African standards.

Given these variations in experience, developing alternative, less rigid chronological markers of later life could reduce the artificiality of demographic presentation. It could also have valuable policy implications. A 60+ approach is in part linked to the dominance of pension reform concerns, and so presenting the numbers differently might help challenge the notion that old age equals retirement. One alternative, already used when calculating annuities, could be to use chronological markers based on estimated remaining years of life. If this were set, say, at 20 years, the proportion of women in Japan and Senegal classified as ‘old’ would become around 13 and 7 per cent, respectively. This suggests a much smaller ‘ageing gap’ between rich and poor countries.

Table 29.3 Indicators of ageing of female population, selected countries

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Japan</th>
<th>India</th>
<th>Senegal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women aged 60+ (% total female population) (2000)</td>
<td>25.7</td>
<td>8.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Female life expectancy at age 60 (years) (2002)</td>
<td>27.0</td>
<td>17.9</td>
<td>14.4</td>
</tr>
<tr>
<td>Female healthy life expectancy at age 60 (years) (2002)</td>
<td>21.7</td>
<td>11.4</td>
<td>10.7</td>
</tr>
<tr>
<td>Per cent of women who survive to age 60 from birth (2002)</td>
<td>95.3</td>
<td>74.6</td>
<td>60.7</td>
</tr>
</tbody>
</table>


As well as using simplistic thresholds, development policy still thinks in terms of simple life stages. The ageing and development agenda essentially means ‘old age’ and development. Rather than reflecting gerontologists’ capture of a wider agenda linked to ageing through life, this has entailed a separation of old age from wider understandings of ageing. Life-course thinking has had little influence over development research, partly due to the limited availability of birth cohort data sets. Utilizing life-course frameworks and analysis might do much to break down the walls of the ‘old age ghetto’. For example, where processes of development have been especially rapid, it would be helpful to examine how changing cohort experiences of lifetime reproduction, migration, and employment go on to influence well-being in later life.

Linked to this, there must be greater appreciation of the rapidly changing circumstances of older people in many developing countries. In some settings, current cohorts lack literacy skills, have spent most or all of their lives in rural areas, and have relatively large numbers of children, but fewer grandchildren. As the experiences of developing countries diverge, this generalization has already become increasingly invalid. Over the next few decades, the majority of older people in countries such as China will be literate, have fewer children, and will have spent most of their lives working in the urban formal sector. Both the contexts older people will be living in and the nature of those older people themselves will be very different. To some extent, there is a tendency to assume that the experience of current cohorts of older people will foreshadow those of future ones: in other words that quantitative aspects of population ageing are more important than the qualitative ones. Given that our knowledge of current circumstances remains limited, our capacity to project the future is
negligible.

At the same time, there is a need for more sophisticated understandings of old age and other cross-cutting identities. Discourse and policy still tend to take an additive approach to issues such as gender and development, emphasizing the double disadvantage of being both a woman and old. Unsurprisingly, the limited research from developing countries challenges these simplifications, revealing the complexities of gender relations in later life (Bledsoe, 1999; Knodel and Chayovan, 2008; Varley and Blasco, 2003). In many respects, an older woman in Senegal may have more in common with her younger compatriots than with older women in India or Japan. While older women in all countries face a relatively high probability of widowhood, the consequences of this are much more severe in a country like India (where the social status of widows is strongly disadvantaged) than in Senegal (where the picture is complicated by widespread polygamy) or Japan (where widowhood is less socially sanctioned) (Chen, 1998; Iwao, 1993; Lardoux and Van de Walle, 2003). On a more practical level, understanding the nature of these interacting identities may provide new opportunities to link concerns about older people more effectively into more influential development agendas, such as gender and ethnicity.

Over the past decade, there has been a growing body of research on older people in some parts of the developing world. Yet our knowledge base is very limited when compared to research in richer countries, or to other development concerns such as gender and children's well-being. As the body of research grows, it throws up an increasingly complex and sometimes contradictory set of messages about how older people are affected by processes of development. These sometimes challenge the standard generalizations that international agencies still make. According to UNFPA,

> Although the family still constitutes the main support system for older people in most cultures, traditional family support mechanisms are being eroded due to: reduction in average family size; rural to urban migration of young adults; declining levels of co-residence; and, in some countries, because young-adult family members are dying of HIV/AIDS. Nevertheless, despite the numerous negative forces being exerted in most societies, there are still many cultural settings in which older people continue to be revered for their wisdom and treated with respect by their families and communities…. This is particularly true for older women who, in most societies, comprise the catalyst for the perpetuation of cultural beliefs, attitudes and values.

(2002: 26)

These views resonate closely with Cowgill's modernization hypothesis and the largely debunked notion of a 'Golden Age' for older people (Cowgill, 1974; Laslett, 1985). For gerontologists working in other contexts, they are worryingly naive. Complex processes of development are leading to a plethora of scenarios that, more often than not, challenge the received wisdom in development circles. To take just one case, for older people in urban neighbourhoods characterized by insecurity, social exclusion, high levels of youth unemployment, and drug abuse, co-residence with younger relatives may be as much a source of vulnerability as a source of support (Lloyd-Sherlock and Locke, 2008). In this case, the standard notions about inter-generational dynamics and household processes are almost entirely misplaced.

More nuanced understandings of later life in developing countries will provide the basis for more informed policies. Here, the main challenge remains moving beyond the narrow focus on pension programmes, but there are few signs that this is happening. On a positive note, there is growing recognition that contributory pension schemes, be they publicly or privately run, are unable to include significant numbers of workers outside the urban formal sector. This has led to a shift in emphasis towards 'social pension' programmes, which theoretically operate as a non-contributory safety net for relatively poor older people. A small number of developing countries, notably Brazil and South Africa, have large, well-established social pension programmes, paying out around US$3 a day (Barrientos and Lloyd-Sherlock, 2002). In recent years, efforts have been made to establish similar programmes in other countries, including Bangladesh, Bolivia, Zambia, and parts
of India, and there is considerable optimism that these schemes will benefit substantial numbers of very poor older people (Willmore, 2007). These developments are welcome, but their capacity to reach the majority of those in need should not be overstated. A key issue here is whether policy elites in poorer countries have the political will to establish schemes that may cost in the order of 1 per cent of GDP for a group which many continue to view as 'unproductive'. In the case of Bolivia, commitment to the social pension has ebbed and flowed from one political regime to another (Revollo, 2004). In the case of Zambia, a pilot programme is largely financed by external donors and the barriers, political and institutional, to scaling up are formidable (Shubert, 2004). In some cases, such as those of Thailand and India, social pension programmes only pay out a few dollars per month, which, though better than nothing, are unlikely to transform the lives of beneficiaries. In many countries, including China, the prospects of a social pension remain remote (Shi, 2006).

One consequence of the current interest in social pensions is that it maintains the focus on pension policies, crowding out opportunities for effective interventions in other areas. In particular, there is potential to develop effective primary healthcare interventions specifically concerned with chronic disease and older people, such as training, screening, and basic medication for hypertension and diabetes. The majority of developing countries already have at least a rudimentary infrastructure of primary health provision, which should be able to deliver these simple and relatively low-cost interventions (Lloyd-Sherlock, 2004). Reducing the risk of stroke or diabetes-related illness and disability could do much to further the reality of an active ageing agenda. Put simply, the number of older people in developing countries affected by stroke (either directly or via an immediate relative) is far higher than the number of those who currently receive a pension. Depressingly, there is no indication that any of the more influential global actors are prepared to champion this issue.

In summary, the current state of debate and thinking on ageing and international development provides few grounds for optimism or complacency. Our understanding of the relationship between processes of development and experiences of later life remains sketchy (Lloyd-Sherlock, 2009). Consequently, discourse continues to be dominated by sweeping generalizations and exaggeratedly negative views of both later life and the consequences of population ageing. While the recent interest in social pensions is a welcome development, there are no signs that a more coherent and informed set of policy options is emerging at the level of global policy. This should be seen as a major failure, and one that will have lasting consequences.

Note

1 See Lloyd-Sherlock (2007) for a much more detailed discussion of this approach to measuring later life and its policy implications.

Peter Lloyd-Sherlock

References

LaneS.D.'From population control to reproductive health: an emerging policy agenda’, Social Science and Medicine, 39(9):1303–14(1994)
grave, pp. 22–44.

- older people
- pensions
- population ageing
- developing countries
- World Bank
- old age
- international development

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