



# Global AgeWatch Index 2013

*Insight report*

**HelpAge  
International**

*age helps*

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Our work is strengthened through our global network of like-minded organisations – the only one of its kind in the world.

**The Global AgeWatch Index is the first global index to rank countries according to the social and economic wellbeing of older people.**

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# Preface

This ground-breaking report is important for at least three reasons:

- It broadens the way we understand the needs and opportunities of older people, going far beyond the adequacy of pensions and other income support which, though critical, often narrows policy thinking and debate about the needs of this age group.
- It involves a pioneering application of human development methodology to the construction of an index of the wellbeing of older people.
- It challenges countries in every part of the world. The report's ranking of countries in terms of the needs and opportunities of older people shows that a country's GNP neither guarantees good living for older people nor is an obstacle to improving their situation. Older people in poorer countries often have better lives on average in several key respects than those in somewhat richer ones. The index of older people thus serves as a challenge to governments and community groups to raise their sights as to what is possible. As the number and proportion of older people rises in many countries, the importance of these lessons cannot be overstated.

The human development approach – putting people at the centre of economic policy – has gained increasing attention over the last two decades. Some 140 countries have by now prepared National Human Development Reports applying the human development methodology to the welfare of people in their own country. The annual Human Development Reports of the United Nations Development Programme (UNDP) have each year hit headlines with challenging messages, especially for the contrasts they have presented with conventional economic thinking preoccupied with economic growth, finance and, recently, with austerity. Yet only a few of the Human Development Reports have given direct attention to the situation of older people.

Human development focuses on priorities for strengthening the capabilities and broadening the opportunities of people of all ages. Many of the reports have focused on strengthening capabilities through education – understandably, leading people to think implicitly of school systems and of young people. But education is also important for older people, especially informal classes and less structured forms of learning. Moreover, policy to strengthen older people's capabilities needs to encompass much more than this. A high priority is to strengthen their capacity to be self-reliant in new situations, to understand how to cope with new health challenges, to keep physically fit and mentally active, to care for grandchildren and others, and to make use of community services. Many of these capabilities develop naturally with experience but not always. Communities, non-government organisations and local and central governments all have a key role to play, including to monitor how well older people are doing in acquiring and using these capabilities.

Equally important are questions related to expanding the opportunities open to older people, especially those in older age groups. Here, community and state support is important – to make health services accessible to older people, to focus part of preventive services on the special needs of older people, to encourage children and adults to maintain or strengthen traditions of caring, and to act in other areas such as making public transport more accessible by, for instance, lowering the cost at off-peak times. There is a wealth of experience in these and other areas, some of which is brought out in the country examples featured in this report.

This report is important but only a first step. I think back to the first Human Development Report issued in 1990. Since that time, many improvements have taken place in the HDI, the Human Development Index, used to rank countries by how well their populations are doing in terms of life expectancy, access to information and education and ability to make economic choices in areas that matter to them. Over the years, the HDI has expanded in terms of coverage and meaningfulness of

the indicators used. Poverty indicators have gone far beyond simple measures of income, using multidimensional measures based on household surveys data.

We should now expect similar improvements in the Global AgeWatch Index, by including more countries, refinements of the data used, more use of household surveys and no doubt refinements in how the concepts of capabilities and opportunities are applied. There is also a need to focus the Global AgeWatch Index on groups within each country – on older people in rural areas, towns and cities, the richer and poorer areas of the country, the different age groups of older people and on the different experiences of older women and men. For each of these, the Human Development Report approach provides a truly human and humane frame for understanding and policy formulation. As the older population grows in all parts of the world, these approaches will become ever more important.



**Professor Sir Richard Jolly**  
*Institute of Development Studies,  
University of Sussex*



# Foreword

The global population is growing older, thanks to improved diets, better sanitation, medical advances and greater prosperity, as well as falling birth rates. Such is the pace of change that, by 2050, the older generation will outnumber those under 15. These demographic changes are now progressing fastest in the developing world which, in the space of a generation, will be home to eight out of ten of the world's older people. We cannot afford to waste their experience and expertise.

These unstoppable forces shaping our societies over the coming decades are not yet matched by efforts to ensure that the right policies and actions are in place to create a world in which all generations can flourish. Responding to population ageing is a challenge for all countries, but greatest for developing countries that are often the least prepared for the changes underway.

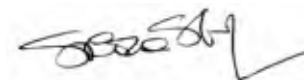
*Ageing in the Twenty-First Century: A Celebration and A Challenge*, published by the United Nations Population Fund (UNFPA) and HelpAge International in 2012, made clear that the opportunities offered by this demographic shift are as endless as the contributions that a socially and economically active, secure and healthy ageing population can bring. The report highlighted the important role that older people, with their talents, skills and life experience, are already playing. But the report also made clear that there are very important challenges that need to be faced now.

It is for this reason that HelpAge International has produced the Global AgeWatch Index – the first global index to rank countries according to the social and economic wellbeing of older people. The Index shows us that the best way to improve the lives of future generations of older people is by investing in health, education and employment for young people today. It provides a measure of 13 different indicators across four key domains of income security, health status, education and employment, and aspects of the enabling environment already identified by older people as being of utmost importance to them. The Global AgeWatch Index takes us further in our journey to ensure positive ageing for all across the lifecycle. It balances the positive aspects of progress and solutions with evidence of the ever-present reality that millions of older people still face very challenging living conditions and lack of access to essential services.

The Index has been developed and constructed from international data sets drawn from the United Nations Department of Economic and Social Affairs, the World Bank, World Health Organization, International Labour Organization, UNESCO and the Gallup World Poll. It has benefited from a global advisory panel of more than 40 independent experts in ageing, health, social protection and human development. The Index will be developed over time to expand from its current number of 91 countries to all UN Member States.

In the spirit of the global call for the “data revolution” to “leave no one behind” in the post-2015 development framework, our aim is that the Index become a central reference point for governments, employers, civil society, communities, families and older people themselves to ensure a culture that does not discriminate on the basis of age. A culture in which contributions of older people to their economies and societies are recognised and supported is one that “leaves no one behind”.

The Global AgeWatch Index will guide countries in a whole range of areas essential to the wellbeing of their older populations. By giving us a better understanding of the quality of life experienced by people in older age, the Index will help focus attention on where things are going well and where there is room for improvement. We hope that the ability to compare the lives of older people in different countries will stimulate further research and better data on older women and men, as well as knowledge sharing and learning between nations.



**Silvia Stefanoni**  
*Interim Chief Executive Officer,*  
*HelpAge International*



# Introduction

**Ageing gives us cause for celebration: longer lives throughout the world are a triumph of development. This has come about through advances in healthcare, nutrition, sanitation, education and economic prosperity, which have led to declining fertility rates, lower infant mortality, and increasing survival at older ages.**

The outcome of these advances is that the 21st century is seeing an unprecedented global demographic transition, with population ageing at its heart. By 2050 – less than 40 years away – older people (defined as aged 60 or over) will make up more than one-fifth of the global population (see Figure 1).

Population ageing – when older people account for an increasingly large proportion of the total population – is happening across the world. It is already transforming economies and societies, sparking keen debates on issues ranging from the financing of healthcare, pensions and other social protection measures to policies on labour markets and migration. For this, a robust evidence base is critical. Yet data on the situation of people in later life is still scarce, even in sectors such as public health, employment and the economy, which directly affect the lives of millions.

We believe that successful policy making requires reliable data and an understanding of the issues highlighted in this report as well as the facts about ageing. The Global AgeWatch Index has been developed to provide this. It has brought together a unique set of internationally comparable data based on older people's income status, health status, education and employment, and enabling environment. These domains have been selected because they were identified by older people and policy makers alike as key dimensions of older people's wellbeing.



Kevin Schoenmakers/Flickr; Peter Caton/HelpAge International

**By 2050, people aged 60 or over will make up more than one fifth of the global population, yet data on the situation of older people remains scarce.**

This report starts by looking at the speed and scale of population ageing, its implications for policy makers and why the Global AgeWatch Index is necessary. In the next section we explain how the Index was constructed. The report goes on to present key findings about older people's wellbeing, globally and regionally. It shows that older people are faring best in Nordic, Western European, North American and some East Asian and Latin American countries, while they fare less well in many African countries and other countries in East and South Asia. However, the findings also indicate that people in countries at similar stages of economic and social development may have widely differing experience of older age, and that older people in some low- and middle-income countries fare considerably better than older people in some wealthier countries.

The report concludes that money isn't everything (limited resources need not be a barrier to countries providing for their older citizens), history counts (progressive social welfare policies across the life-course are likely to reap benefits in older age), it is never too

soon to prepare (countries with young populations can benefit from investing in their older people) and ageing well requires action (notably, ensuring income security and access to affordable healthcare for older people and an end to age discrimination).

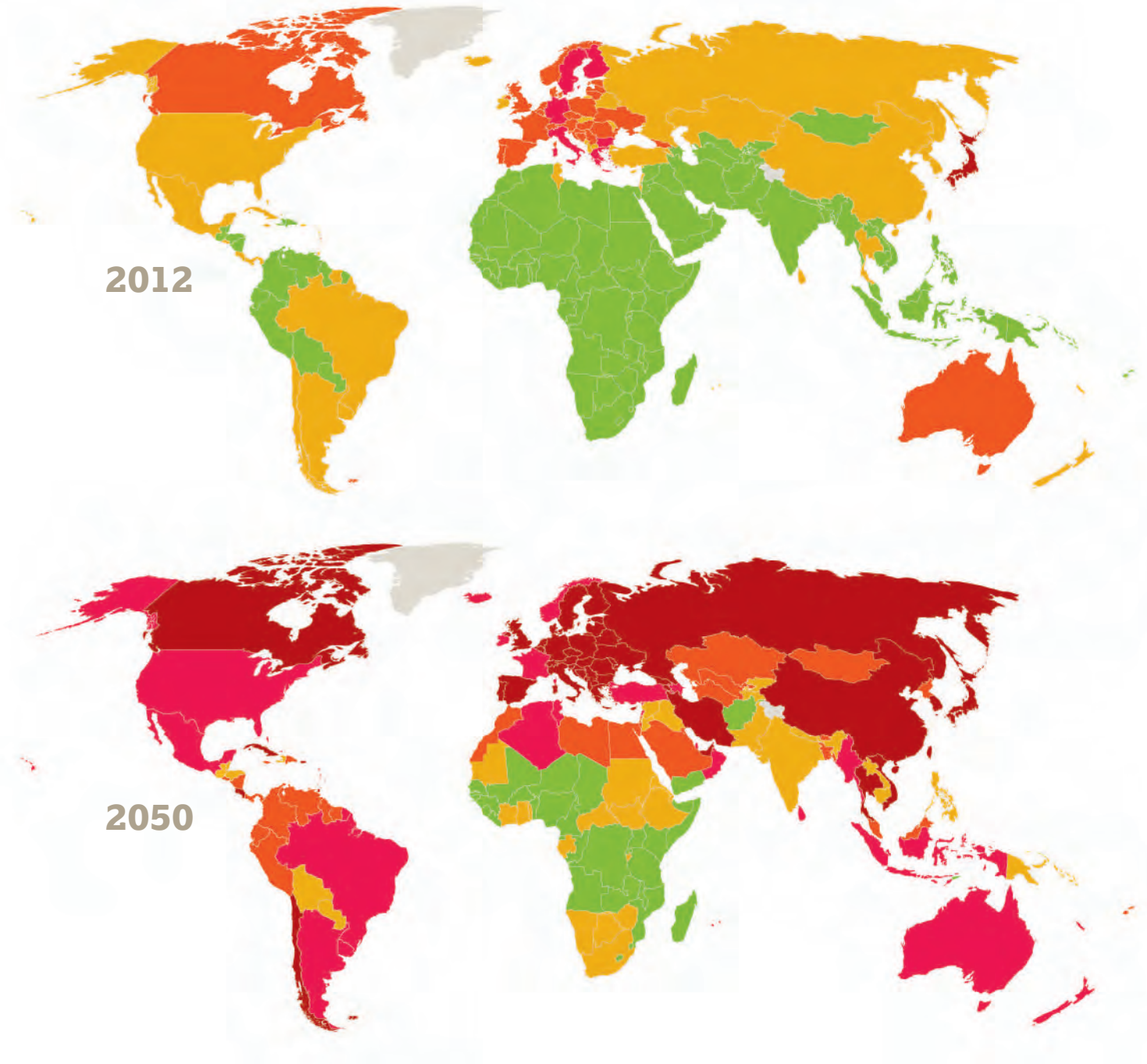
In pulling together available internationally comparative data, it also highlights data gaps and the overall shortage of internationally comparable data on these issues in a number of countries. It has been possible to include only 91 countries this stage because of current data limitations. The aim is both to monitor progress and steadily extend the Index to include all countries.

We hope that the Index will enrich the debate on sustainable human development, looking beyond the relationship between investment in ageing and economic growth to consider the ways in which we can support people's capabilities and choices as they age – for the benefit of all ages.

**Figure 1: Proportion of population aged 60-plus in 2012 and 2050**

The proportion of the world's older population will rise dramatically over the next decades.

- 0-9%
- 10-19%
- 20-24%
- 25-29%
- 30+%
- No data



Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations

## Ageing fast

Rapid demographic change is characterised by growing numbers of older people and declining birth rates, and is taking place in the context of the complex interplay of urbanisation and migration. While rapid global population growth (which started with the post-war baby boom) continues, it is slowing, and demographic transition is leading to older populations everywhere (see Figure 2 and Appendix 1).

In just 10 years' time, the number of older people will surpass 1 billion. By 2050, there will be 2 billion older people, nearly 10 times as many as in 1950. Far from affecting only higher-income countries, population ageing is happening fastest in developing countries. Currently, more than two-thirds of older people live in developing countries. By 2050, this will be four-fifths.<sup>1</sup>

Older people will soon outnumber youth. In 2000, for the first time, there were more people over the age of 60 than children under 5. And by 2050 there will be more people aged 60 or over than children under 15.<sup>2</sup>

One of the drivers of population ageing is increasing longevity. Currently, life expectancy at birth is 78 years in the developed world, and 68 years in developing regions. By 2050, it will be 83 and 75 years respectively. In all countries, people who have reached the age of 60 can expect to live into old age. Average life expectancy at age 60 in Sweden – the country ranked highest in the Global AgeWatch Index – is 25 years. Even in Afghanistan, which ranks lowest, a person aged 60 has an average life expectancy of 16 more years.<sup>3</sup>

Older populations themselves are ageing, with the size of the “oldest old” population (aged 80 and over) increasing faster than that of the older population as a whole. The number of centenarians in the world is projected to increase from fewer than 316,600 in 2011 to 3.2 million in 2050.<sup>4</sup>

## Regional differences

There are marked differences in the rate of demographic transition between different regions. Sub-Saharan Africa remains the “youngest” region, with 6 per cent of its population over 60 in 2012, compared with 22 per cent in Europe, the world’s “oldest” region.<sup>5</sup> Uneven rates of population change mean that alongside ageing, many countries are facing a “youth bulge” due to their success in reducing infant mortality. In some countries of sub-Saharan and North Africa, 40 per cent of the population are under 15, with nearly 70 per cent under 30.<sup>6</sup>

However, all regions are ageing (see Figure 3). Percentages can mask the actual numbers of older people. In Africa, there will be 215 million people aged over 60 by 2050 – 13 times the number there are today.<sup>7</sup> Japan is currently the only country in the world with 30 per cent of its population aged 60 or over. By 2050, 64 countries will have nearly one in three people aged 60 or over (see Figure 4). In many developing countries, the transition to an older population is happening much more quickly than it did elsewhere. While it took 115 years for the older population of France to double (from 7 to 14 per cent between 1865 and 1980), Brazil will make the same transition in just 21 years (between 2011 and 2032).<sup>8</sup>

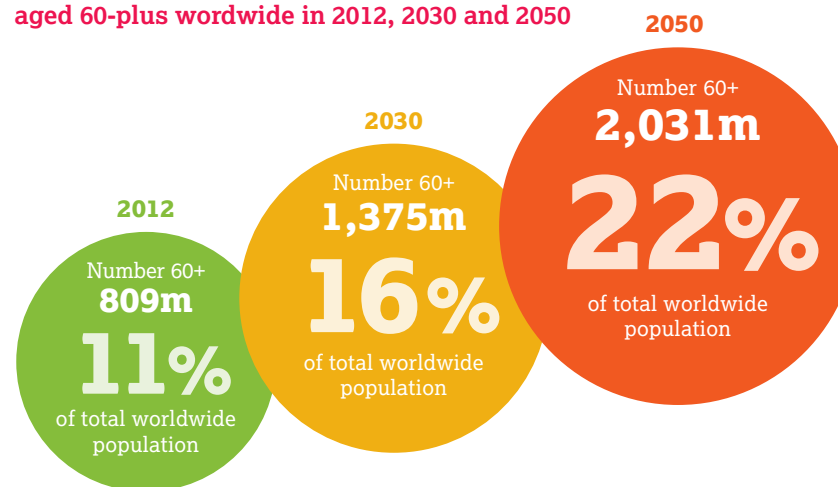
## Gender disparities

There are also marked gender differences in ageing populations. Women tend to live longer than men, resulting in higher numbers and proportions of older women than men worldwide. In 2012, for every 84 men aged 60 and over, there were 100 women.<sup>9</sup>

Women outlive men in nearly all societies, and in these additional years of life women often experience poor health and increasing disability. While older women tend to have stronger social networks than older men, lack of access to paid employment (which enables savings), less decision-making power in the family and community and, for some, vulnerability to gender-based violence throughout the life-course are all risk factors for a disadvantaged old age for many women.<sup>10</sup>

In many societies, being widowed or single, either through divorce or never having married, profoundly changes a woman’s status in society. Lower educational attainment and lower social status may limit the capacity of older women to access services and legal protection, and to participate in their communities.

Figure 2: Number and proportion of people aged 60-plus worldwide in 2012, 2030 and 2050



Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012; UNDESA Population Division, World Population Prospects: the 2012 Revision, 2013

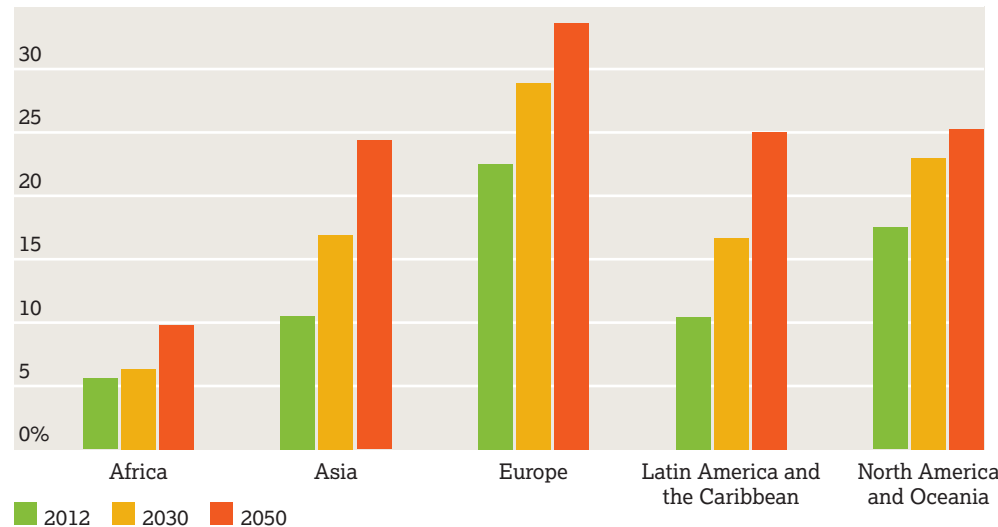
## Ageing well – a global priority

The United Nations Population Fund (UNFPA) and HelpAge International made clear in their 2012 report, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, that while important progress has been made by many countries in adopting new policies and laws on ageing, more needs to be done to fulfil the potential of older people. The report urges governments, international organisations and civil society to commit fully to a concerted global effort to realign policy to the realities of 21st-century demographics. In particular, it recommends supporting international and national efforts to develop comparative research on ageing, and making evidence from this research available to inform policy making.

Unacceptably high unemployment levels and the drive to create work opportunities for young people are core concerns for many governments. While this is an urgent issue, it may obscure the realities of the economic and social challenges that their growing numbers of older citizens are facing. For example, Africa will soon be home to 10 per cent of the world's over-60s but older people's economic activity and the role older people play in shaping the capabilities of younger generations is often overlooked in the formulation of policies, and investment in income and health programmes is very limited.<sup>11</sup>

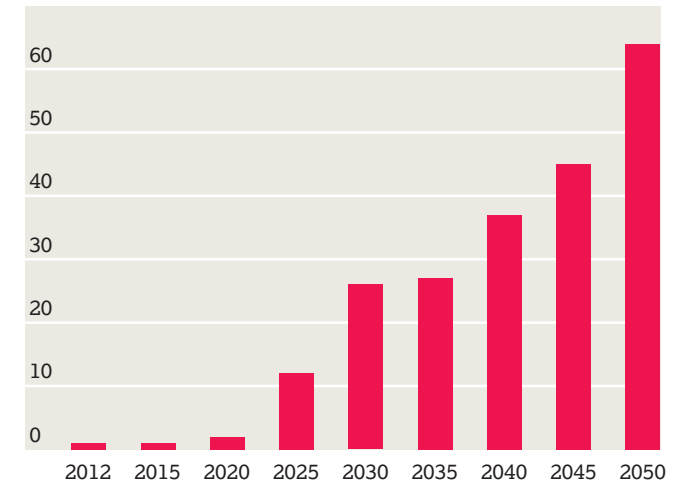
While a focus on younger generations is understandable where significant numbers of people are under 30, it is also important that policies recognise the importance of preparing for older age and reinforce the strong reciprocal bonds between older and younger generations. Expectations of a dignified and secure old age are just as much of a concern for present-day youth and future generations of younger people as they are for older people. For example, income security in old age is not just a concern of today's older people, but is also a concern for their families. Recent years have seen a growing awareness of the question of old age income security, especially in low- and middle-income countries.

**Figure 3: Proportion of population aged 60-plus by region in 2012, 2030 and 2050**



Figures 3 and 4 source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012; UNDESA Population Division, World Population Prospects: the 2012 Revision, 2013

**Figure 4: Number of countries with 30 per cent or more of the population aged 60-plus, 2012-2050**





## The challenges of ageing

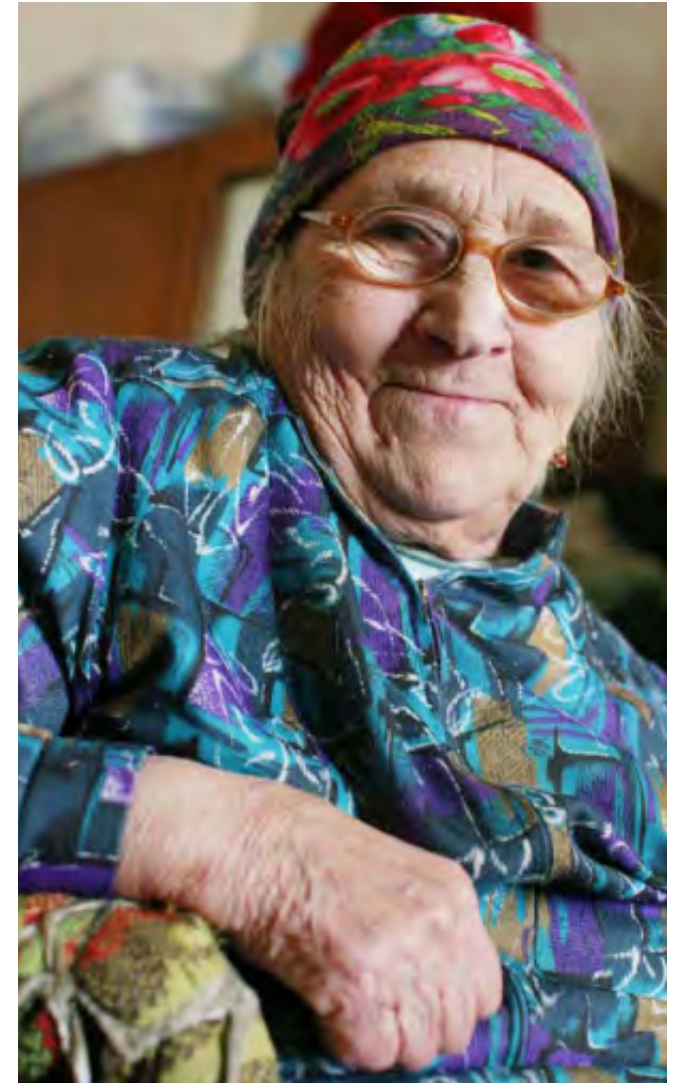
Population ageing brings both opportunities and challenges. Older people contribute expertise to societies and workforces, as workers, volunteers, consumers and taxpayers. They also provide a range of unpaid and often unseen services at family and community level and play a role in shaping the capabilities of younger generations. While expenditure on long-term care is certain to increase with the ageing of the population, the effects on healthcare expenditure are disputed. It is clear that if appropriate measures are implemented in time, population ageing does not inevitably lead to significantly higher healthcare expenditure.<sup>12</sup> This is recognised in societies where ageing is viewed positively.

Major challenges presented by population ageing include ways to ensure income security and good healthcare for people as they age, alongside tackling discrimination. Appropriate, decent work is important for people throughout their active lives, an increasing proportion of which will be in older age. Older workers want and need to be equipped with skills to work if they wish, and therefore lifelong learning and skills development need to be opportunities for older as well as younger workers. Individuals should also be enabled to make better provision for the time after they finish their working lives. Recent research shows that population ageing will not significantly impede the pace of economic growth in developing countries.<sup>13</sup>

Healthy ageing requires health services to promote good health throughout the life-course and meet the needs of older populations. In particular, the exponential rise of non-communicable diseases (NCDs) such as cancer, heart disease, diabetes and dementia, which disproportionately affect older people, requires a concerted response from health service providers throughout the world. Also, it is often forgotten that older adults are at risk from infectious diseases such as HIV.

It is also critical to address the care needs of the “oldest old”, especially in the face of chronic physical frailty and psychological support needs in older age, to relieve the strain that is increasingly borne by families. Older people who do not receive the necessary support become more reliant on their families, giving other family members less time for education, work or social activities.

Austerity programmes and budgetary squeezes in many countries will make it very difficult to provide the additional resources needed for the growing number of older people. However, the development gains of populations as a whole are under threat if development responses are not adapted to changing population structures. With population ageing, more people will be living in households headed by older people. This means that maintaining, let alone improving, standards of living and quality of life requires policies that take into account the potential vulnerabilities associated with old age, especially at the end of life. Eliminating poverty and achieving environmental sustainability means taking account of ageing explicitly as part of the development process, and ensuring that people’s rights and needs are promoted and supported across their whole life-course.



Kate Holt/HelpAge International



Kate Holt/HelpAge International

Healthy ageing requires health services to promote good health throughout people’s lives and meet the healthcare needs of older populations.



No existing index provides a global picture of how well countries are doing to support the wellbeing of their ageing populations.

Older people are among the most vulnerable in emergencies and disasters due to a lack of family and community support, and age-related concerns such as limited mobility and the impact of chronic health conditions, which all limit their access to assistance.

### Ageing and inequality

The persistence of inequalities between and within countries has harmful consequences for people across the world, with particular impacts on older people. Inequality of income has been growing in most parts of the world in recent decades and is now widely accepted as a major problem. Lifetime inequalities of income, education, employment, health and gender are likely to increase with age, and issues of equality and equity are therefore as essential to the wellbeing of older people as they are to that of other age groups.

Tackling inequalities through policy, practice and monitoring is therefore crucial to sustaining development progress and improving the wellbeing and capabilities of current and future generations of older people. A sustainable and prosperous world is one where people of all ages and abilities are supported throughout their lives.



## The need for a global ageing index

It is possible to turn the challenges of population ageing into opportunities, and there are good examples in many countries. Policy makers broadly agree that we can and should do better in measuring social and economic progress as a means to promote improvements. The result has been the emergence of a number of different indexes providing evidence that is useful for policy makers. The Human Development Index (HDI), published each year by the United Nations Development Programme (UNDP), has had a significant influence in bringing human development to the fore, and is now accepted as a standard ranking of countries to show the quality of life of their populations, measured in terms of life expectancy, education and living standards.

Wellbeing in relation to ageing is being tackled by a number of regional and specialised frameworks and indexes, including the World Health Organization's Active Ageing framework and the Active Ageing Index of the European Commission and United Nations Economic Commission for Europe.<sup>14</sup>

However, none of the existing indexes provides a global picture of how well countries are doing to support the wellbeing of their ageing populations. A new index that measures the core domains of economic, health, social and contextual wellbeing of older people can focus attention on successes and assist that progress, as well as identify areas that need to be addressed. Such an index will identify global and regional patterns and allow individual countries to assess their own situation.

## Data revolution

In his July 2013 report to Member States on the Millennium Development Goals and new development framework the UN Secretary General recommends that policy responses are needed in countries with ageing populations to support older people “so as to remove barriers to their full participation in society while protecting their rights and dignity”, and that age be taken into account as a cross-cutting issue in all goals and targets.<sup>15</sup> Age-specific data (data on specific age groups) is needed to ensure that policy making is robust and responsive to ageing. Clearly, data alone does not move any agenda forward. But if it is collected regularly and used to identify policy and programme gaps it can achieve good results.

While data may be held nationally, the construction of international data sets is such that internationally comparable data on the situation of older people is still limited. This is true even in sectors such as health,

employment and the economy. International data sets that are routinely used to set indicators and monitoring mechanisms, such as those reporting on HIV and violence, still have a cut-off at around age 49. There is insufficient comparable data disaggregated by sex for a detailed analysis of the differing experiences of older women and men in the Global AgeWatch Index. The shortage of data on older people may be systematically excluding them from development plans and public policy provision.

This Index aims to stimulate debate by making relevant data and information available to policy makers and other opinion formers within a systematic analytical framework. The aim is that successive reports will show changes, enabling an increasingly well-informed debate on how countries are responding to population ageing as well as prompting further research and improved data sets for national and international policy making.

“I appreciate my old age because I am still active in society. Age has given me experience and a better understanding of society; I can teach the young generation.”

*Tilahun Abebe, 76, Vice President, Ethiopian Elderly and Pensioners National Association*



Erna Menteshot Himiz/HelpAge International

# Constructing the Global AgeWatch Index

## Measuring older people's wellbeing

Without the use of age-disaggregated data, the issues surrounding ageing are often invisible. Data that is only collected for younger age groups is not only incomplete but also distorts national and global findings. Comparative evidence that is age inclusive can allow countries to learn from each other's experiences of building evidence and using it to bring about appropriate evidence-informed policy reforms.

The Global AgeWatch Index is constructed on the basis of the core priorities for which sufficient international data exists. The aim of the Index is both to capture the multi-dimensional nature of wellbeing and quality of life of older people, and to provide a means by which to measure performance and promote improvements.

We have focused on the views of older people themselves, who have consistently identified income, good health and access to quality healthcare, and capacity to participate in their communities as key determinants of wellbeing. Old age need not be a time for a narrowing of horizons but rather an opportunity to broaden the capabilities necessary for wellbeing. The capability approach of Amartya Sen has also provided important insights in the design of the Index. This is why we have constructed the Index along the domains of income security, health status, education and employment, and the enabling environment.

## Data on older people presented for the first time

Working with experts from international organisations such as the World Bank, the World Health Organization (WHO), the International Labour Organization (ILO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), we have put together data sets to reflect the perspectives of people aged 60 and above and are presenting them here in the form of an index, some of it in this form for the first time.

One of the main challenges in constructing an analytical framework to measure and monitor the economic and social wellbeing of older people globally has been the lack of internationally comparable, reliable data broken down by age and sex. This has constrained our choice of domains and indicators. Instead we settled on a restricted set of indicators with a maximum coverage of countries. The indicators chosen are comparable across countries in the main, but in some cases unavoidable compromises have been made in order to create the best index possible.

The result is that we have been able to include 91 out of a total of 193 countries that were considered, ranked globally and by domain.<sup>16</sup> However, these 91 countries include 89 per cent of the world's population aged 60 and over.

A longer-term objective of this Index is also to stimulate collection of data on population ageing and older people and fill the gaps that exist at national, regional and international levels. We intend, in time, to be able to include all countries as data availability improves. But for now, there is a lack of data on Africa and the Caribbean. Another area where omissions are clear is in the Middle East; we have not been able to include a key regional population centre such as Egypt, for example.

This report presents the Global AgeWatch Index as a ranking for ease of use. We would encourage readers to delve deeper into the domain and indicator values to get both a broader picture of the lives of older people in particular societies and an insight into progress made by different countries.

Old age need not be a time for a narrowing of horizons, but rather an opportunity to broaden people's capabilities.



Antonio Olmos/HelpAge International

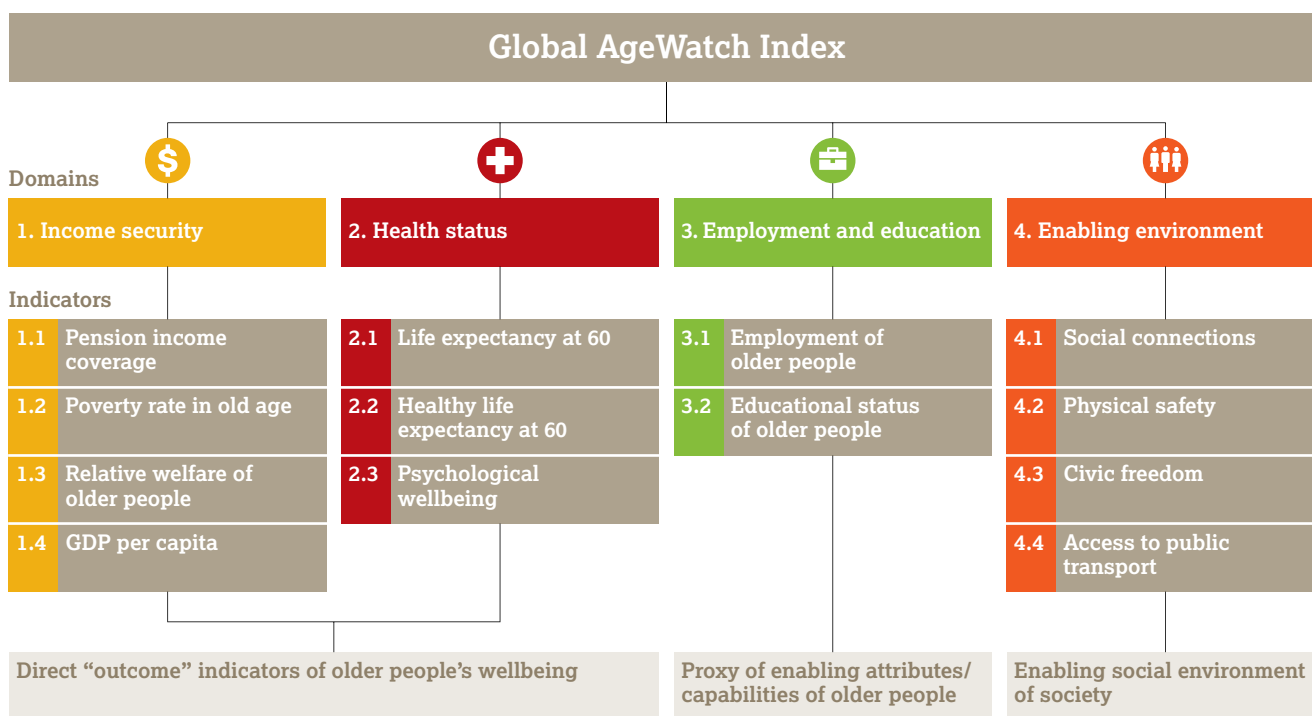
## Global AgeWatch Index domains

We have chosen 13 different indicators for the four domains where there is internationally comparable data (see Figure 5).

The overall Index is calculated as a geometric mean of the four domains. All four domains are given equal weight. All the indicators are given equal weight except for one in the income security domain (1.1) and three in the health status domain (2.1, 2.2 and 2.3), which have been given more weight because of their relative importance within the domain and because of the data quality. The domain-specific indexes are arrived at by aggregating values of indicators that represent how near a country is to the ideal value (see Appendix 2).

Countries included in the Index are those for which there is reasonably sufficient data available for indicators across all four domains. The construction of the Global AgeWatch Index has faced the challenge of sourcing internationally comparable, reliable data broken down by age. Currently, it is not possible to break all the information down by sex.

Figure 5: Global AgeWatch Index domains and indicators





## Domain 1: Income security

Income security describes access to a sufficient amount of income, and the capacity to use it independently, in order to meet basic needs in older age. Lack of cash often leads to other forms of deprivation and experiences of discrimination, humiliation and rejection, especially for older people living in urban areas without other household members to support them. In rural areas, family support is usually vital for older people who have no land or are too old to work. Many people in developing countries have no pension and for those in developed countries, pensions are often low. Inadequacy of pension income often reduces an individual's standard of living to or below the poverty line.

But income-based analysis of older people's wellbeing, while important, captures only a partial picture of personal welfare during old age. A lack of resources also impinges on other social domains, and combines with factors associated with the ageing process to produce wider inequalities.

The four indicators used for this domain are:

**1.1 Pension income coverage measures the existence and coverage of social protection (World Bank).**

**1.2 Poverty rate in old age uses a relative poverty definition (World Bank).**

**1.3 Relative welfare of older people looks at the income/consumption situation of older people in relation to the rest of the population (World Bank, OECD, Eurostat).**

**1.4 Gross domestic product (GDP) per capita serves as a proxy for the standard of living of people within a country (World Bank).**



## Domain 2: Health status

Advancing age is linked to physical frailty and is also closely associated with risk of the onset of ill-health and disability. Keeping healthy also affects older people's abilities to achieve other outcomes linked with their wellbeing.

The three indicators used for the health domain provide information about physical and psychological wellbeing:

**2.1 Life expectancy at age 60 measures how many more years a person of 60 can expect to live (WHO).**

**2.2 Healthy life expectancy at 60 measures how many years a person of 60 can expect to live in good physical health (based on Global Burden of Disease Study, Institute of Health Metrics and Evaluation, Seattle).**

**2.3 Psychological wellbeing is a subjective assessment of whether one's life has an important purpose or meaning – a key supplement to indicators of physical health (Gallup WorldView).**



## Domain 3: Employment and education

This domain describes elements of the coping capacity and capability attributes of older people. Older people value their capacity to work and to be engaged in the labour market. The motivations for older people continuing to work are, however, difficult to interpret. Employment among older people may not just reflect their need for income, or their wish to maintain social contacts and self-worth, but a combination of all these aspirations. On the other hand, education enhances older people's functioning abilities and competencies within the constraints and opportunities of the societies in which they live.

The two indicators used for this domain look at different aspects of the empowerment of older people:

**3.1 Labour market engagement of older people provides the employment rate among older people as a measure of their ability to supplement pension income with wages as well as their access to work-related support networks (ILO).**

**3.2 Educational attainment of older people indicates the percentage of the older population with secondary or higher education as a proxy of the social and human capital potential inherent among older people (Barro and Lee).**



## Domain 4: Enabling environment

Older people want to have the freedom of choice to live independent and self-reliant lives. They wish to feel safe in the environment they are living in and have access to good public transport. These aspects of societies affect individuals but are based on relationships, connected to ideas of social cohesion and inclusion. These issues were singled out as especially important in consultations with older people in 36 countries in 2012 to prepare for *Ageing in the Twenty-First Century: A Celebration and A Challenge*.

All four of the indicators in this domain are subjective assessments by people aged 50 and over, provided by the Gallup WorldView poll:

**4.1 Social connections looks at the perceived support available from relatives or friends.**

**4.2 Physical safety gives an idea about how safe people feel in their neighbourhoods.**

**4.3 Civic freedom assesses how much control older people feel they have over their lives.**

**4.4 Access to public transport measures both access to and quality of transport, which is key to older people's quality of life, enabling them to access services such as healthcare and shops, as well as friends and family.**

## Construction challenges

One important exclusion from the Global AgeWatch Index is the breakdown of indicators by sex.

Other notable omissions of relevant indicators include the following:

### Income security domain

In order to demonstrate the differences in the standard of living of older people across countries, we wanted to use the average income of older people or a measure of absolute poverty among older people. Neither of these indicators was available at the time of the construction of the Index.

### Health status domain

We wanted to capture how a range of countries have been able to make progress in reducing the incidence of non-communicable diseases (NCDs). However, we did not find a clear indicator that assessed wellbeing in connection with the prevalence of NCDs, or incidence of NCD-specific mortality.

### Education and employment domain

We did not have an indicator about access to and take-up of education and training services for older people. Older people strongly value lifelong learning opportunities, and evidence suggests that these improve the health and wellbeing of older people as well as their participation in social activities.

### Enabling environment domain

An important exclusion is an indicator on political participation of older people, principally because age-disaggregated data was unavailable across a large number of countries.

For a more detailed account of the construction of the Global AgeWatch Index and data sources, you can read the full methodology report here: [www.globalagewatch.org](http://www.globalagewatch.org)



HelpAge USA/HelpAge International

“Finding ourselves dependent on our children for our most basic needs shatters our pride and our self-worth.”

*Salvacion Basiano, past president of the Confederation of Older Persons Association of the Philippines*

# Global results

## What does the Index tell us?

The global ranking of countries shows that older people are faring best in Nordic, Western European, North American and some East Asian and Latin American countries.

Sweden (1) features in the top 10 in all four domains: Income security, Health status, Employment and education, and Enabling environment. The other places in the top 10 are filled by two more Nordic countries – Norway (2) and Iceland (9), three from Western Europe – Germany (3), the Netherlands (4) and Switzerland (6), two North American countries – Canada (5) and the USA (8), and two countries in Asia and the Pacific – New Zealand (7) and Japan (10). Austria (11), Ireland (12), the UK (13) and Australia (14) are also among the top 15 countries. Older people fare less well in many African and East Asian countries – as well as in Jordan (88), Pakistan (89) and Afghanistan (91) (see Table 1, Figure 6 and Figure 7).

However, there are exceptions to this pattern. To begin with, the Index shows that people in countries at similar stages of economic and social development may have a widely differing experience of older age. For instance, older people in Germany (3) and Canada (5), which have a high ranking in the UNDP's Human Development Index, seem to fare notably better in terms of the Global AgeWatch Index than those in Belgium (24) and Estonia (29), which have a similarly high HDI ranking. This indicates that public policies play a significant role in older people's experience of ageing, even in countries with high human development in general.



Aaron Shumaker/Flickr

Countries that rank high include Japan, which has put in place a number of policies for older people and is exploring ways to promote independent living.

The Index also provides evidence that questions common assumptions. For example, the speed of population ageing, especially in low- and middle-income countries, has led many commentators to say that the developing world is “growing old before it grows rich”.<sup>17</sup> They explain the poverty of older people, the inequalities experienced by many and their lack of basic services or income, as outcomes of the overall lack of development of the societies in which they live. However, the Index shows that older people in some low- and middle-income countries such as Sri Lanka (36) and Bolivia (46) fare considerably better than older people in some wealthier countries. This indicates that policy choices can be made at any stage of a country's development. These political choices can have positive impacts on society as a whole as well as on the wellbeing of older populations, whatever the country's level of overall development.

The Global AgeWatch Index recognises the opportunity we have to make the world a better place, both for older people and for societies as a whole. It shows that good management of ageing is within reach of all governments. The rankings illustrate that limited resources need not be a barrier to countries providing for their older citizens, that a history of progressive social welfare policies makes a difference, and that it is never too soon to prepare for population ageing. A running thread is that action in the key areas of income security and health is essential.

Good social policies introduced in some middle-income countries, namely Sri Lanka and Mauritius, offer lessons not just to other countries at the same stage of economic development but also to more developed countries that need to do more to improve the relative position of older adults.

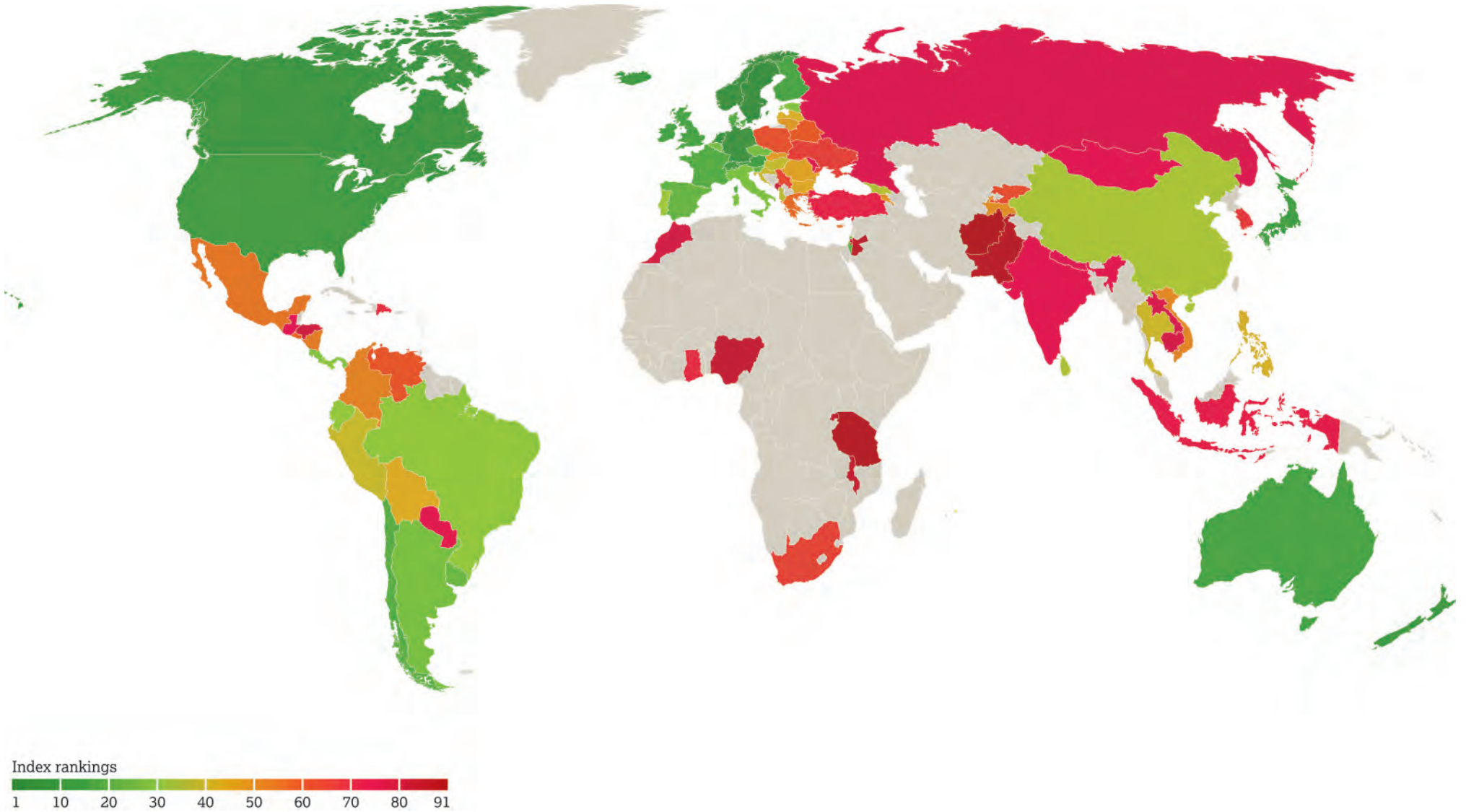


**Table 1: Global AgeWatch Index overall rankings**

1. Sweden	21. Israel	41. Croatia	61. Venezuela	81. Morocco
2. Norway	22. Spain	42. Thailand	62. Poland	82. Honduras
3. Germany	23. Uruguay	43. Peru	63. Kyrgyzstan	83. Montenegro
4. Netherlands	24. Belgium	44. Philippines	64. Serbia	84. West Bank and Gaza
5. Canada	25. Czech Republic	45. Latvia	65. South Africa	85. Nigeria
6. Switzerland	26. Argentina	46. Bolivia	66. Ukraine	86. Malawi
7. New Zealand	27. Italy	47. Bulgaria	67. South Korea	87. Rwanda
8. USA	28. Costa Rica	48. Romania	68. Dominican Republic	88. Jordan
9. Iceland	29. Estonia	49. Slovakia	69. Ghana	89. Pakistan
10. Japan	30. Panama	50. Lithuania	70. Turkey	90. Tanzania
11. Austria	31. Brazil	51. Armenia	71. Indonesia	91. Afghanistan
12. Ireland	32. Ecuador	52. Tajikistan	72. Paraguay	
13. United Kingdom	33. Mauritius	53. Vietnam	73. India	
14. Australia	34. Portugal	54. Colombia	74. Mongolia	
15. Finland	35. China	55. Nicaragua	75. Guatemala	
16. Luxembourg	36. Sri Lanka	56. Mexico	76. Moldova	
17. Denmark	37. Georgia	57. Cyprus	77. Nepal	
18. France	38. Malta	58. Greece	78. Russia	
19. Chile	39. Albania	59. El Salvador	79. Lao PDR	
20. Slovenia	40. Hungary	60. Belarus	80. Cambodia	

**Figure 6: Global AgeWatch Index rankings**

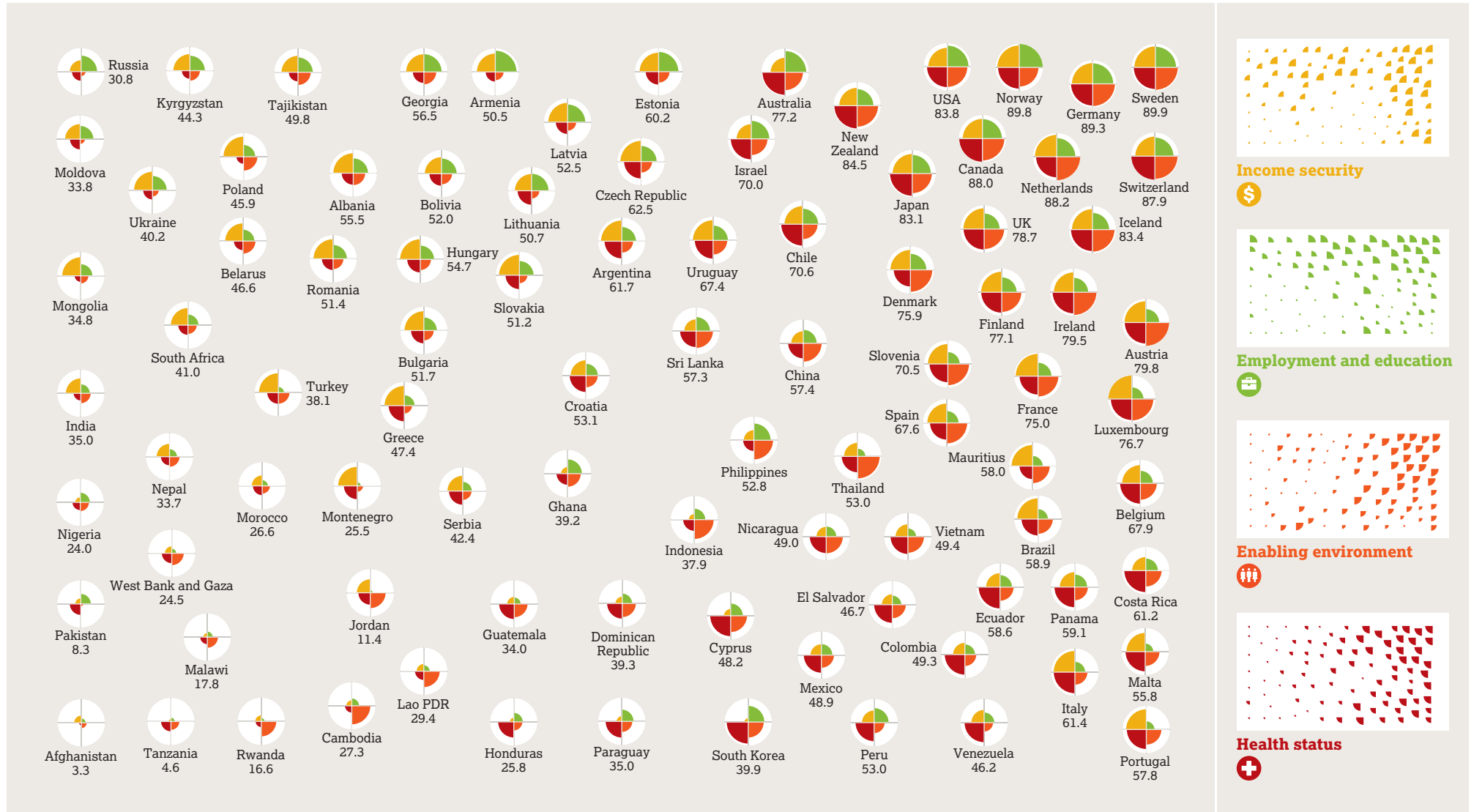
The map shows how countries are ranked in the Global AgeWatch Index. Colours on a spectrum from dark green to dark red represent the rankings from 1 to 91. Grey is used for countries that are not included in the Index.



**Figure 7: Values overall and for each domain**

This diagram shows how countries compare in terms of their overall value and their value for each domain. The figures represent the overall value and the coloured segments represent the value for each domain. The higher the value for the domain-specific index, the larger the size of the segment. Countries that are close

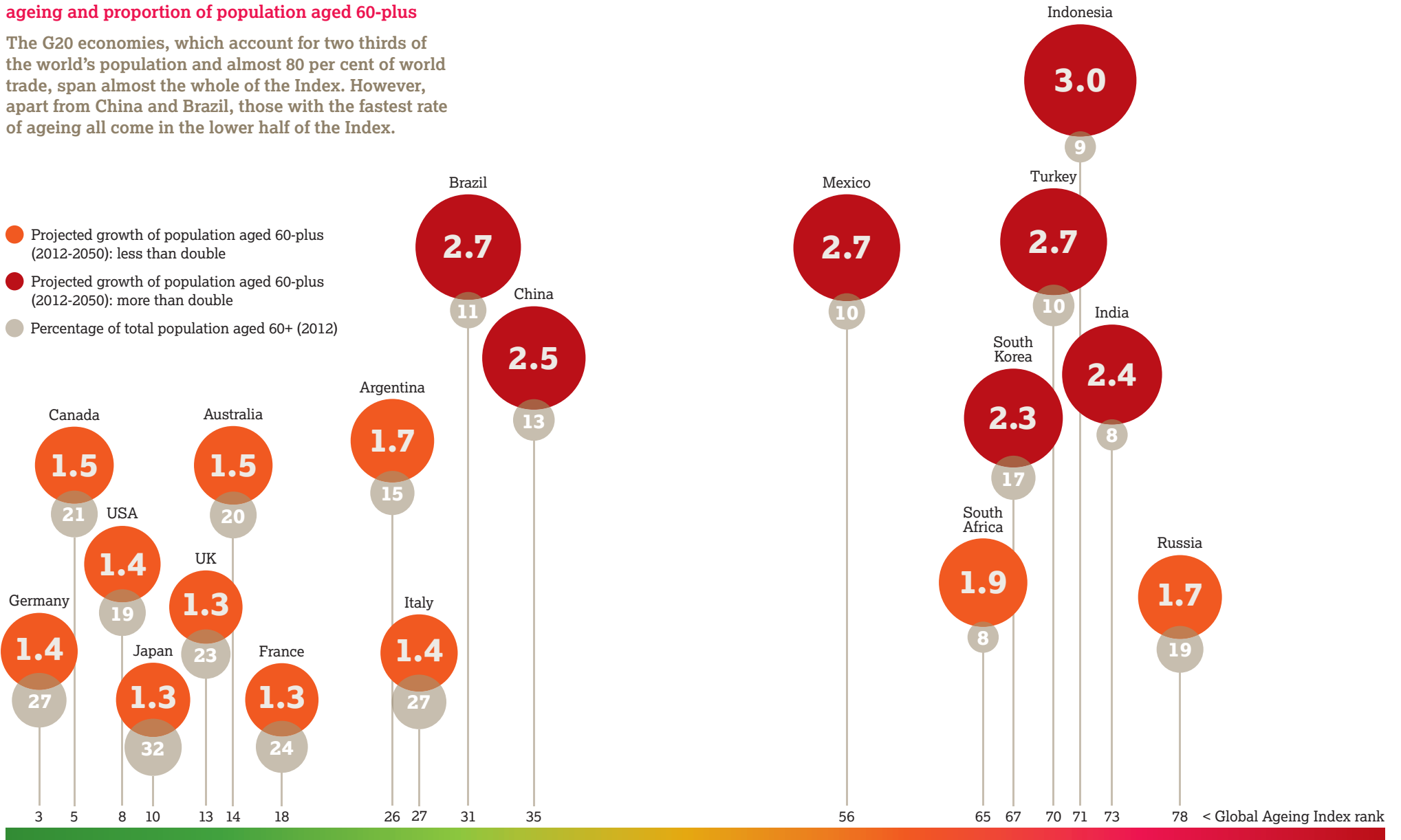
together have similar values overall and for each domain. The boxes show how countries are positioned in the diagram according to their domain values. For example, the Income security box shows that countries with relatively high values for income security are mostly towards the top and right-hand side of the diagram.



**Figure 8: Rankings of G20 economies, speed of ageing and proportion of population aged 60-plus**

The G20 economies, which account for two thirds of the world's population and almost 80 per cent of world trade, span almost the whole of the Index. However, apart from China and Brazil, those with the fastest rate of ageing all come in the lower half of the Index.

- Projected growth of population aged 60-plus (2012-2050): less than double
- Projected growth of population aged 60-plus (2012-2050): more than double
- Percentage of total population aged 60+ (2012)



The ranking of G20 countries excludes Saudi Arabia and the EU which are not in the Global AgeWatch Index.

Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012

## Money isn't everything

It is no surprise that the countries where older people fare best are nearly all in the high-income bracket. However, a look at the G20 and the five major emerging economies – Brazil, Russia, India, China and South Africa (known as the BRICS) – shows that not all the wealthier economies do well in the rankings (see Figure 8).

### Emerging national economies – the BRICS

In 2012, the BRICS countries of Brazil, Russia, India, China and South Africa were reported as being responsible for more than 25 per cent of the world's GDP based on purchasing power parity (PPP)<sup>18</sup> and home to 40 per cent of the global population.<sup>19</sup> Nevertheless, the rankings of the five BRICS nations suggests that there is no strong correlation between older people's wellbeing and a country's economic growth (see Figure 9).

With the possible exception of Russia, the BRICS are all developing or newly industrialised countries, and are distinguished by their large, fast-growing economies and significant influence on regional and global affairs.

It is striking that life for older people in the BRICS countries, with their rapid growth and strongly performing economies, does not seem to have necessarily kept pace with overall development. Investments in household income security mean that older people have done relatively well in Brazil (31) and China (35). China has made significant progress in reducing overall income poverty, lifting nearly 700 million people above the poverty line between 1981 and 2010.<sup>20</sup> However, rates of poverty among older people remain high in comparison with other age groups, though this is now being addressed through expansion of the rural pension programme.<sup>21</sup>

Brazil's rural pension has been in place since the 1920s. The *Bolsa Familia* (Family Allowance) programme, launched in 2003, has had a major impact, helping to lift about 14 million people out of extreme poverty.<sup>22</sup> Reducing inequalities within the country and between population groups remains a high policy priority, with income security throughout the life-course being a right that is enshrined in Brazil's Constitution.

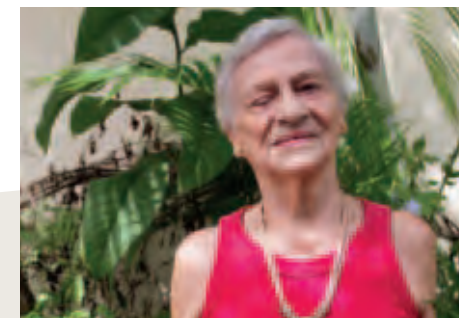
Older people in the other BRICS countries do much less well, with variations in health, income and education – largely outcomes of policy decisions that affect life experiences and achievements during earlier phases of life – continuing to affect older people's wellbeing. In India (73) and Russia (78), older people's health appears particularly problematic; indeed, life expectancy in Russia fell sharply after the collapse of the Soviet Union, from 64 years for men in 1990 to 60 years by the end of the decade.<sup>23</sup> India's low relative position is largely driven by a lower life expectancy at age 60 of 17 more years (three years less than China) and lower healthy life expectancy at age 60.<sup>24</sup>

India's strong economic performance and its already large and growing population of older people has not yet resulted in widespread income security and access to healthcare in older age. And India's position in terms of employment and education of older people is also relatively low. There has been slow improvement through partial pension coverage for the poorest through a patchwork of social protection measures at state and national level, and a campaign to introduce a universal old age benefit has gained significant momentum in the past year.

**Figure 9: Rankings of BRICS economies and proportion of population aged 60-plus 2012 and 2050**

BRICS country	Index ranking	% GDP growth 2011	% aged 60-plus 2012	% aged 60-plus 2050
Brazil	31	2.7	10.9	29.0
Russia	78	4.3	18.6	31.2
India	73	6.3	8.0	19.1
China	35	9.3	13.3	33.9
South Africa	65	3.5	7.8	14.8

Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012. Source (GDP): World Bank, <http://data.worldbank.org/indicator/ny.gdp.mktp.kd.zg>



InterAge Consulting in Gerontology

### Brazil

**“When the law was passed, we started to live”**

“The situation has changed for older people in my country since the Law for the Rights of Older People (*Estatuto do Idoso*) was approved in 2003. Even after the Policy for Older People was adopted, older people abandoned their sandals and their rocking chairs and started having a life. Now we are supported by the law. We can demand our rights.

Overall, there has been a change in the way society sees older people. Now what we need are jobs and respect in the streets. Holes in the street are the biggest enemy of the older person. That is why falls prevention classes are so important. I used to have terrible falls, I even bruised my face. After going to classes, I've never fallen again.”

*Maria Gabriela, 90, Brazil*



Sebastian Ormachea/HelpAge International

South Africa is in the middle rank of the BRICS, at number 65. It does relatively well in the area of income security – employer-based retirement plans have a long history in the country. The old age social grant, though means-tested, now reaches approximately 70 per cent of those eligible and has been found to have a significant impact on reducing poverty of older people and the population as a whole.<sup>25</sup> Occupational retirement plans are limited to those employed in the formal sector (where the coverage rate is relatively high by international comparison, estimated to be between 66 per cent and 84 per cent).<sup>26</sup> The social grant was extended to all people aged 60 or over at the end of the apartheid era; previously it had been limited to the white population and some of the coloured population.

The very varied rankings of the BRICS countries reinforce the point that older people do not necessarily prosper in fast-growing economies, unless resources are targeted at them.

## Bolivia

### Punching above its weight

Bolivia, despite being one of the poorest countries, has a progressive policy environment for older people, thanks to pressure from older people and forward-thinking policy makers.

Bolivia has a National Plan on Ageing, free healthcare for older people and a non-contributory universal pension, the *Renta Dignidad*. This provides US\$30 a month to people over 60 not covered by a pension and has been shown to have important effects in tackling extreme poverty.

However, like other countries, Bolivia relies on age-limited data sets to measure the performance of social policies. With better data, good government policies and laws would better benefit the poorest older Bolivians.

Source: PensionWatch 13 May 2013, [www.pension-watch.net/blogs/charles-knoxvydmanov-45/uprating-social-protection-benefits-an-example-from-bolivia-556](http://www.pension-watch.net/blogs/charles-knoxvydmanov-45/uprating-social-protection-benefits-an-example-from-bolivia-556)

## Comparisons with GDP

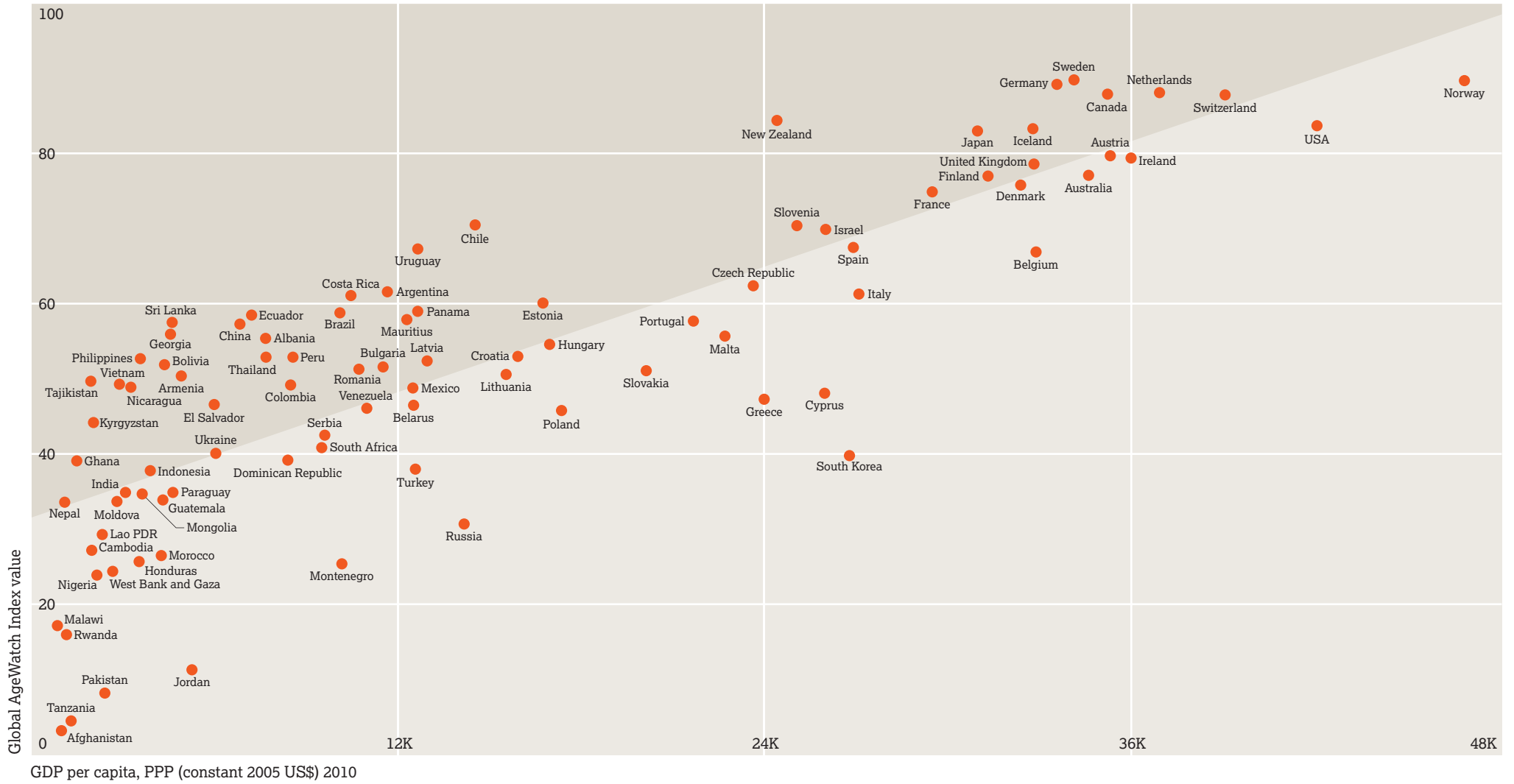
A comparison of the relationship between the Global AgeWatch Index rankings and wealth (GDP per capita – a proxy of a country's wealth and standard of living) shows that some countries fare much better in terms of older people's wellbeing than warranted by their wealth (see Figure 10). Sri Lanka, Uruguay, Chile and New Zealand, for example, do disproportionately better in the Global AgeWatch Index than their GDPs would suggest. This is similar to public health findings which show that health and wellbeing do not always correlate with GDP.<sup>27</sup>

Spain (22) and Italy (27), for example, score relatively low in comparison with New Zealand (7), despite having comparable levels of national wealth. Belgium (24) also falls within this category when compared with two other European countries, Germany (3) and the UK (13). In countries such as Russia (78), economic prosperity appears not to have benefited older people.

The Index also highlights those lower-income countries that, regardless of their level of wealth, have invested in policies with positive impacts on ageing. In Sri Lanka (36), long-term investments in education and health have had a lifetime benefit for many of today's older population. Bolivia (46), despite being one of the poorest countries, has had a progressive policy environment for older people for some time, with a National Plan on Ageing, free healthcare for older people, and a non-contributory universal pension. Nepal (77) ranks 62 in the income security domain, having introduced a basic pension in 1995 for all over-70s without other pension income. Though limited in value and eligibility and with uneven coverage, this is an example of how a low-income country has chosen to make a start in addressing the old-age poverty challenge.<sup>28</sup>

**Figure 10: Global AgeWatch Index and GDP per capita**

In some countries – Sri Lanka, Uruguay, Chile and New Zealand, for example – older people do far better than would be expected based on their country’s relative wealth.



Source: World Bank

## History counts

A comparison with the Human Development Index (HDI) shows to what extent countries with a high human development ranking do well with respect to the wellbeing of older people.

Global AgeWatch Index rankings show varying degrees of association with HDI rankings (see Figure 11). Some countries, such as Mauritius (33), Vietnam (53), Ghana (69) and Nepal (77), do relatively well. In other countries such as Jordan (88), Pakistan (89) and Tanzania (90), older people have not fared as well as the general population. This is particularly true where economic growth is rapid, suggesting that economic and social progress need to proceed inclusively to ensure that nobody is left behind.

People in countries with a record of enacting progressive social welfare policies for all their citizens across the life-course are more likely to reap the benefits in terms of better health and wellbeing and a sense of social connectedness in old age. These are positive outcomes not only for individuals but also for society as a whole.

### Universal pensions

Virtually all countries have a pension system, but eligibility has historically been based on making regular contributions to a fund throughout a person's life. This year, Sweden (1) is celebrating the centenary of its universal pension, a system put in place at a time when the country was what would now be called an "emerging economy". Similarly, Norway (2) introduced its universal rights-based pension in 1937, long before it achieved its current high-income status.<sup>29</sup> Mauritius (33) introduced a universal pension in 1958.

Recent years have seen a startling growth in interest in the role of social protection systems in low- and middle-income countries. Previously considered the preserve of richer countries, there is increasing understanding of how social protection actually underpins wider economic development. The shift in thinking has been captured in the growing calls for governments to extend "social protection floors" that should guarantee a minimum package of income security and access to basic services across the life-course.

## Mauritius

### From small beginnings

The Government of Mauritius provides nearly every resident over the age of 60 with a non-contributory, basic pension. The scheme dates from 1950 and became universal in 1958, following abolition of a means test. Remarkably, introduction of a compulsory, contributory scheme for workers in the private sector appears to have strengthened the non-contributory regime without affecting its universality.

Although Mauritius today is a prosperous, middle-income country, when it began its pioneering experiment with a universal old age pension it was a relatively poor country. In 1958, its GDP per capita was US\$4,544. That year, Mauritius transferred 1 per cent of its GDP to older people, giving each woman from the age of 60 and each man from the age of 65 a cash benefit equal to 24 per cent of per capita GDP.

Source: *Tackling Poverty in Old Age: A Universal Pension for Sri Lanka*, HelpAge International, 2008, [www.helpage.org/download/4c48e25e0b087](http://www.helpage.org/download/4c48e25e0b087)

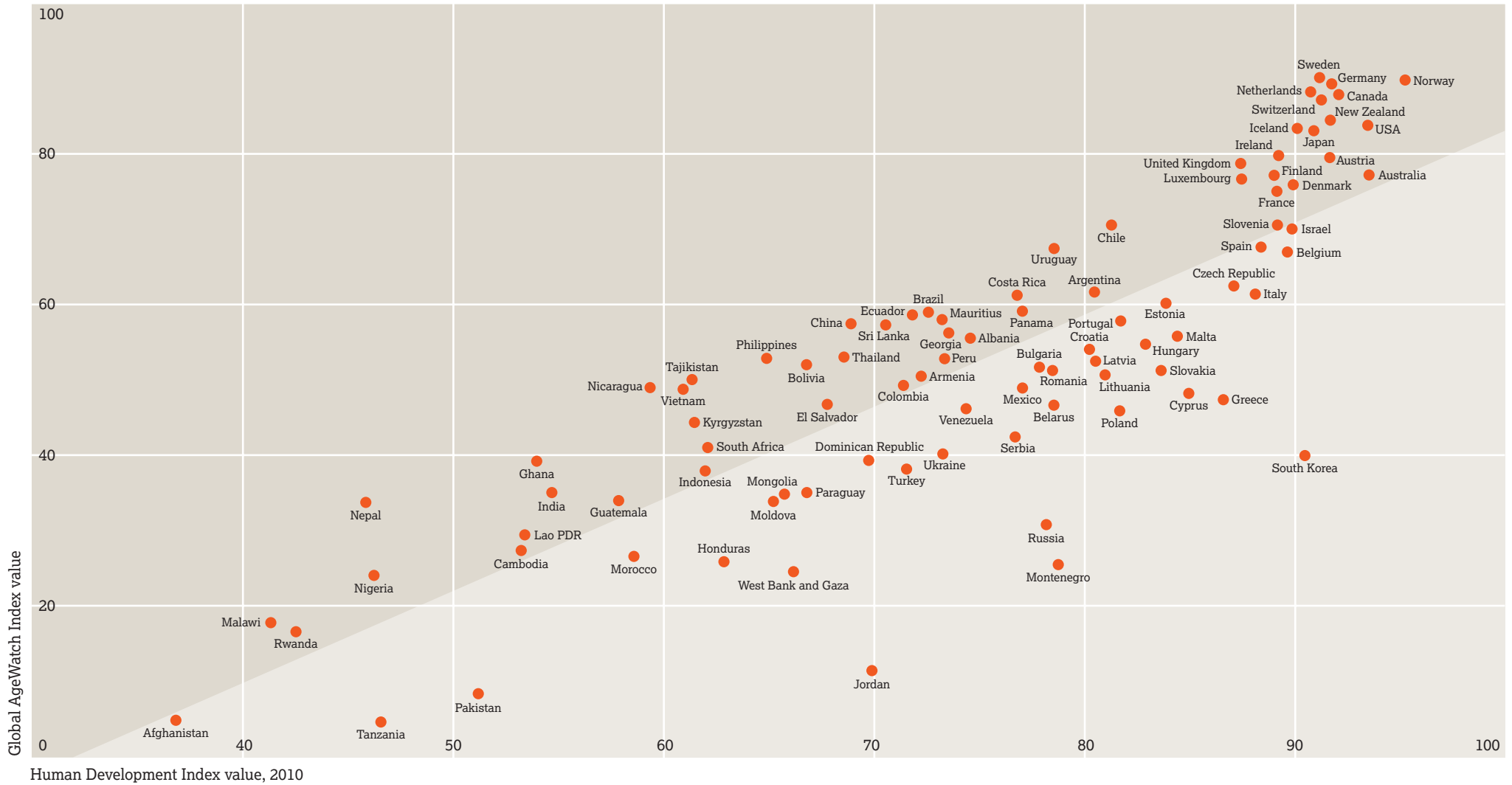


Jochem van de Weg/Flickr



**Figure 11: Global AgeWatch Index and Human Development Index**

The wellbeing of older people in countries such as Ghana, Mauritius, Nepal and Vietnam is relatively good compared with the general population, while in Jordan, Pakistan and Tanzania it is noticeably worse.



Source: UNDP

Global results

## Education and health critical

In some cases, surprising or counter-intuitive results of the Index may be explained by particular historical factors. Earlier life experiences have a differentiating impact across the whole life-course. Variations in health, income and education, which are largely the outcomes of life experiences during earlier phases of life, continue to affect how well older people fare in a country.

For example, in countries of the former Soviet Union, the existence of education systems from which the current generation of older people benefited in earlier life helps to explain otherwise apparently contradictory outcomes. Armenia (51) scores very high in the domain of employment and education (3) – a surprising result given that nearly three-quarters of adults over 50 live on less than US\$103 per month – the minimum required to survive, according to one ageing survey.<sup>30</sup> The answer may in part lie in the country's past record of progressive

social policies. Starting from a low base of literacy in the 1930s, Armenia was claiming a literacy rate of 100 per cent by the 1960s, and even if this is an exaggeration, today's older Armenians have clearly benefited from education earlier in their lives.

At the other end of the scale, the main reason why Jordan (88) is ranked so low is the low rate of secondary education completion by its older population and consequently its low score in the employment and education domain (91). These results demonstrate the importance of differentiating factors across the life-course of older generations.

In the Philippines (44), a large proportion of the current cohort of over-60s have benefited from the educational reforms introduced after independence in 1946, which created compulsory elementary and high school education. By the 1970s, the Philippines had the highest rate of tertiary education completion regionally, though

questions have been raised over its quality, given that the outcome of education has not led to rapid GDP growth.<sup>31</sup> Educational attainment therefore appears to be an important factor for wellbeing at older ages, leading to the country's relatively high ranking of 17 in this domain.

Good health is another factor that makes a key contribution to the wellbeing of older people in a number of middle-income countries. Two very different Latin American countries – Chile (19) and Costa Rica (28) – appear as notable success stories in the health domain, Chile ranking 10 and Costa Rica 11 in this domain. Again, we can see the life-course impacts of reforms introduced when the current older generation were young. In the late 1940s, Costa Rica set up the *Caja*, a social security system which has since provided universal healthcare coverage and healthcare services that are among the best in Latin America.<sup>32</sup>



Tazrian Khan/Flickr

## Sweden

### A history of success

It is exactly 100 years since Sweden's first pension system was introduced. At that time, life expectancy was 59 years and the retirement age 67. Today, life expectancy has risen to 81 years, which some commentators believe puts pressure on the pension system.

One in ten of today's children in Sweden can expect to live to 100 years old and there is now a debate about the formal age of retirement. Successful welfare policies of the 1900s have supported the historically unique situation where the number of people living beyond the age of 100 has surpassed the number of deaths in young children.

But as we live healthier lives for longer, should we also expect to work for longer? The Swedish Prime Minister Fredrik Reinfeldt recently warned Swedes that they should be prepared to work until they are 75 and to change careers in the middle of their working life if they are to keep the welfare standards they expect.

Sources: *The Local*, 17 April 2013, [www.thelocal.se/47388/20130417](http://www.thelocal.se/47388/20130417); *Dagens Nyheter Publicerad*, 7 February 2012, [www.dn.se/nyheter/politik/fler-maste-kunna-byta-karriar-mitt-i-livet](http://www.dn.se/nyheter/politik/fler-maste-kunna-byta-karriar-mitt-i-livet)

## It's never too soon to prepare

Some countries facing greater challenges of population ageing are already taking clear actions to respond to the needs of their older citizens. Others, however, need to take additional policy actions, given current and future challenges and opportunities linked with an increasingly larger proportion of older people.

A comparison of the Global AgeWatch Index with the most commonly used indicator of population ageing, share of population aged 60 or over, shows how countries facing greater population ageing challenges score in terms of older people's wellbeing (see Figure 12).

Countries in regions where demographic ageing is far advanced mostly rank high in the Index, implying that these countries have started to put policies in place to address the challenges and opportunities associated with population ageing. Latin American countries – which face a doubling of their older population between now and 2050 – feature strongly in the top 30, where Chile (19), Uruguay (23), Argentina (26), Costa Rica (28) and Panama (30) all appear, and Chile makes it into the top 20. However, this is not the case with Paraguay (72) and Guatemala (75), which perform less well than some of their neighbours.

Chile, Argentina and Uruguay all underwent structural reform of their pension systems in the 1990s. Each now has a basic non-contributory pension, typically available only to a small proportion of over-60s, and contributory systems for formal sector workers at higher income levels. Both Chile and Uruguay have recently eased eligibility by reducing contribution periods to access minimum pension guarantees.<sup>33</sup>

The Index indicates that Eastern European countries need to make additional policy reforms, given their current and future challenges and opportunities linked with population ageing.<sup>34</sup> Ukraine (66), Russia (78) and Montenegro (83) are ranked particularly low in the Global AgeWatch Index. Eastern European countries have large and growing populations of older people but score as low as many central Asian countries.

Countries are at different points of the ageing trajectory. India and sub-Saharan African countries, for example, can potentially benefit from the “demographic dividend” as they have large numbers of people of prime working age, together with growing numbers of older people. However, policies must respond to the demographic transition, especially when fertility rates are at or below replacement levels (such as in Brazil and Italy) and proportions of older people are growing. Today's younger people are tomorrow's older generations, and governments, civil society, the private sector and individuals all need to make use of this window of opportunity to put age-friendly policies in place now.



Kate Holt/HelpAge International



Jeff Williams/HelpAge International

Today's younger people are tomorrow's older generation. Countries with younger populations have an opportunity to put in place age-friendly policies now.

## Tackling inequality

Economic inequalities within countries have been growing in most parts of the world in recent decades. The Index looks at one aspect of this trend in its income security domain which includes two indicators – the income of older people relative to the rest of the population, and the share of older people living below the poverty line.

While there is not a strict correlation between the Global AgeWatch Index and general income inequality, there are examples of countries with lower levels of inequality doing well in the rankings. Low-inequality countries of Northern and Western Europe – Sweden (1), Norway (2), Germany (3) and Netherlands (4) – do particularly well in the Index. Similarly, the low-inequality countries of Latin America such as Uruguay (23) and Venezuela (61) perform better in the Index than high-inequality neighbouring countries such as Paraguay (72), Guatemala (75) and Honduras (82).

The Latin American experience shows that it is possible to implement measures to mitigate income inequalities. For example, social transfers – including pensions to older people in Brazil and other countries in the region – have had a significant impact on income security, reducing inequalities and improving material wellbeing.<sup>35</sup>



HelpAge USA/HelpAge International

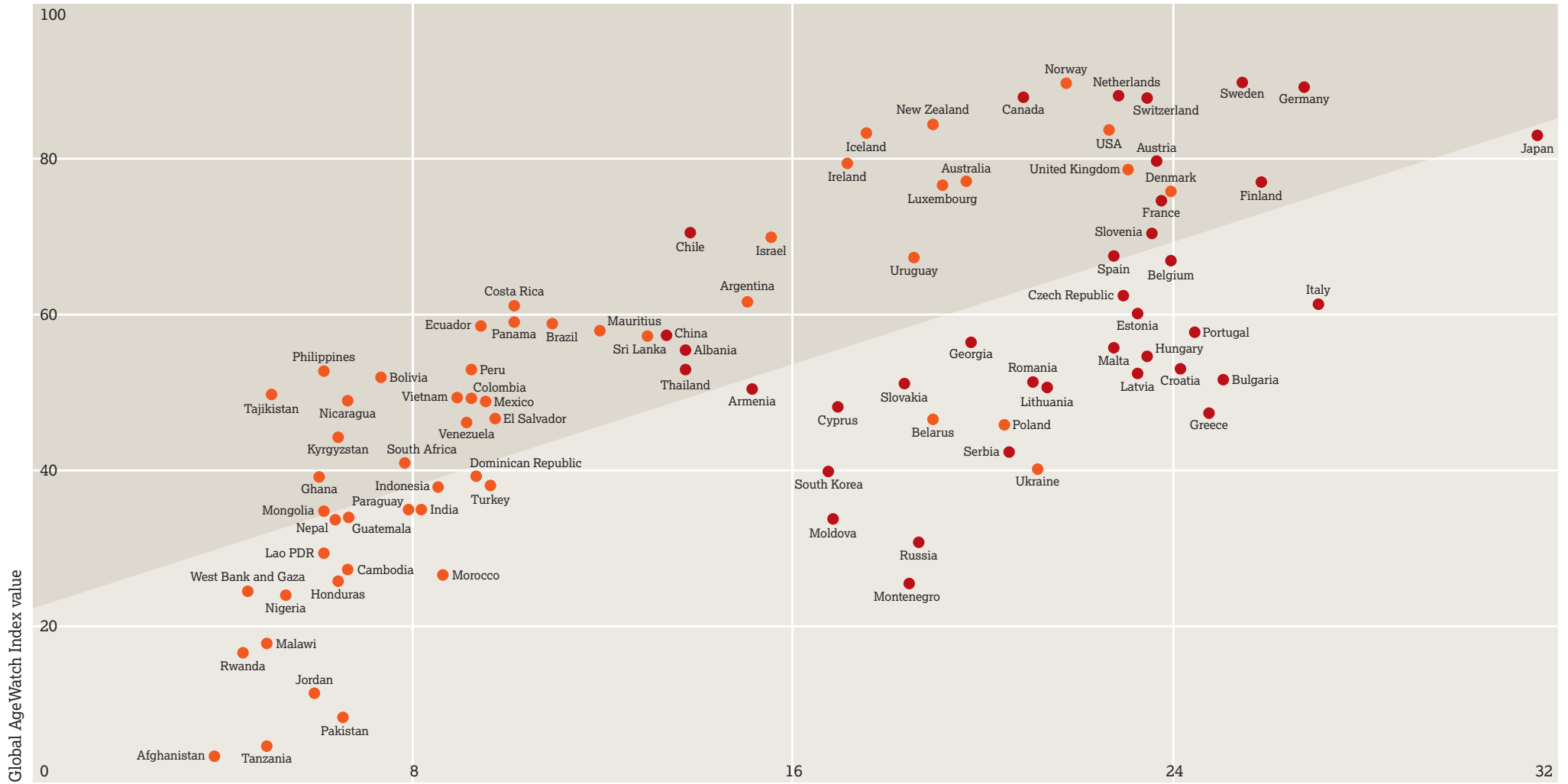
“Older people want to live good lives and be independent. I would like to see that change come about worldwide.”

*Kenneth Hemley, campaigner for older people's rights, Jamaica*

**Figure 12: Global AgeWatch Index and proportion of population aged 60-plus**

Countries in regions where demographic ageing is far advanced mostly rank high in the Global AgeWatch Index, such as Chile, Uruguay, Argentina, Costa Rica and Panama.

However, some countries with high proportions of older people, such as Montenegro, Russia and Ukraine, are ranked low.



Share of population over 60 years %, 2012

● Countries in which the share of people over 60 will reach more than 30% by 2050

Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012

# Regional results

## Africa

Ageing in Africa is occurring in a period of rapid change. This is illustrated by the paradox that, despite much optimism surrounding the continent's prospects and its economic growth, many people are still experiencing economic and social hardship. Much of this has a strong impact on older people, most of whom live in rural areas with very little access to services and markets. In addition, there is a low proportion of formal sector employment across the continent, with very few older people having access to a regular income. This is coupled with the fact that only a minority of African countries provide non-contributory pensions.

Africa is often referred to as the world's youngest continent in terms of age structure. This may partly explain the relatively low prioritisation of ageing issues in national policies. However, the continent's age structure is changing dramatically. Africa is projected to experience a faster rate of growth in numbers of older people in the population than any other continent by 2050. This growth rate is occurring over a relatively short period compared with Europe, and implies an urgent need to take action at all levels.

In Africa, the processes of modernisation, urbanisation and migration – and the impact of HIV and AIDS – have eroded traditional systems of intergenerational family and community support. Many people living with HIV have become dependent on their parents for care rather than supporting their parents in older age, as would have happened previously. This, combined with the impacts of recent food and financial crises, means that older people's financial security, as well as traditional levels of respect, have been undermined.

Informal systems of social protection in the form of cash or in kind, from extended family as well as community sources, have declined in recent decades because of a falling commitment to this kind of support. Traditionally, informal social protection has been effective in reaching the poorest and most vulnerable in rural as well as urban areas. Strengthening the characteristically weak resource bases of these systems and re-energising the commitment to family and community responsibilities are areas for action on ageing.


Constructing an index for Africa is hampered by a lack of data – including on the informal sector and its impact on the social protection of older people. This denies us a clear overview of the continent, with comparable information from only a handful of countries. Given that by 2050 there will be 215 million older people – representing 10 per cent of the population – the lack of data is a key concern.<sup>36</sup>


Of those countries for which information is available, Mauritius (33) ranks well above others in the region (see Table 2 and Figure 13). We have already noted the country's longstanding commitment to social protection for its older citizens, and in this, as well as older people's positive perceptions of their quality of life, Mauritius ranks in the top 30. As a middle-income country, Mauritius may seem to be untypical of the continent as a whole, but even if it were included in (for example) the Asia region, it would rank at 3 in that region.


Table 2: Rankings for Africa

Mauritius	33	7	56	66	26
South Africa	65	46	74	60	75
Ghana	69	81	67	33	49
Morocco	81	71	76	83	84
Nigeria	85	87	84	70	76
Malawi	86	89	86	85	63
Rwanda	87	82	90	90	38
Tanzania	90	91	73	88	79

Overall index

 Income security

 Health status

 Employment and education


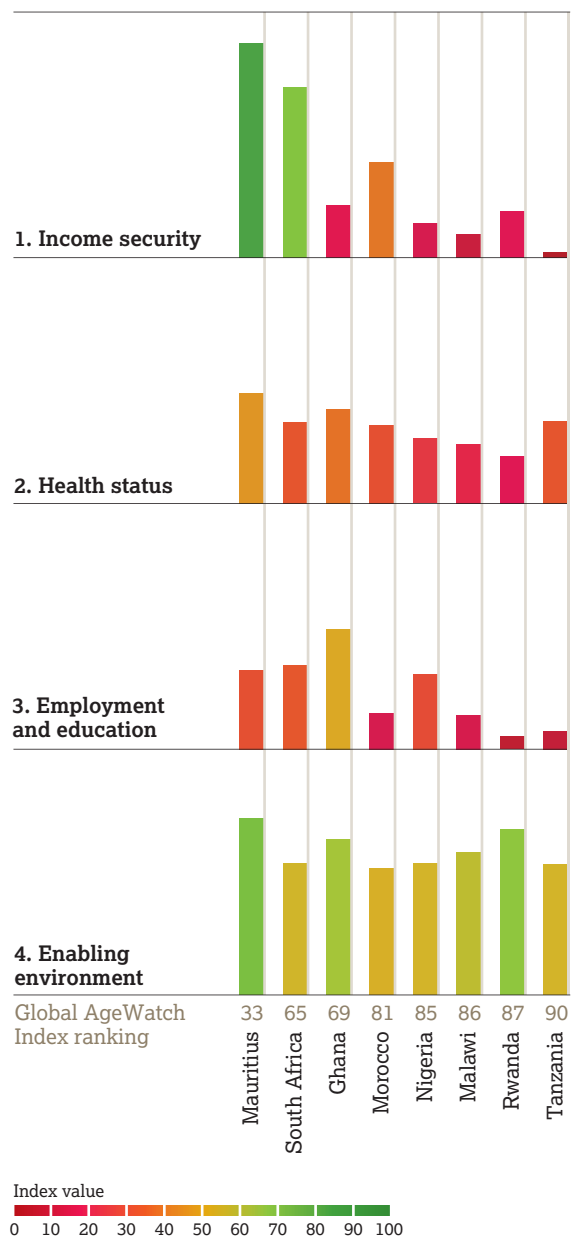
 Enabling environment

Figure 13: Rankings and values for Africa



Maureen Sili/Flickr

### South Africa

## Falling health standards for older people

South African advocates for older people say there has been a dramatic change in the structure of health services for older people since the country became a democracy in 1994. Prior to that, under the apartheid government only a narrow section of the population benefited from dedicated clinics for older patients. This included home visits by community nurses specially trained in gerontology nursing and support groups for older patients with hypertension and diabetes at most large clinics.

For the past two decades, however, a democratic government has had to prioritise maternal and child healthcare in an effort to benefit as many people as possible. Geriatric nurses were instead redeployed to vaccinate children in order to bring down the infant mortality rate.

According to the International Longevity Centre-South Africa, older people now face long waiting times at understaffed clinics as well as a shortage of medicine and ageist attitudes of non-specialist medical staff. South Africa now has just eight registered geriatric doctors to serve an older population of 4 million.

Source: *Voice of America News*, 20 June 2013, [www.voanews.com/content/mandela-care-spotlights-south-africa-healthcare-for-elderly/1685957.html](http://www.voanews.com/content/mandela-care-spotlights-south-africa-healthcare-for-elderly/1685957.html)

South Africa (2 in the region, 65 overall), remains the continent's predominant economy, despite sluggish growth in recent years. For older people, the picture is mixed. South Africa's social grant, which dates from the end of the apartheid era, may have had impacts beyond income, in terms of enabling the social inclusion of older people.<sup>37</sup> This is reciprocal, since there is evidence that older people make substantial contributions to their families and household economies. However, South Africa ranks much lower on health status than income security, and a recent study concludes that services concentrate on acute care at the expense of preventative programmes, while older people themselves are "health illiterate".<sup>38</sup>

The picture for older people in Africa's other major economy, Nigeria (85), is less positive than in South Africa – again demonstrating that strong growth in an emerging country does not guarantee that all citizens will benefit equally. Despite real GDP growth of 7-8 per cent in the past four years, Nigeria is ranked at 85 in our Index – well within the lowest 10. Provision of basic health services and pensions is lacking, and Nigeria also ranks low on older people's perceptions of the degree to which society provides an enabling environment. The conclusion is that the present generation of older Nigerians has not benefited in any substantive way from the country's wealth, even from initiatives such as the expansion of education during the 1970s.

Nigeria's near neighbour, Ghana (69), provides an interesting comparison with both Nigeria and South Africa. Lacking the universal pension that older South Africans enjoy, Ghana ranks with Nigeria in the lowest 10 on income security. However, Ghana's ranking in health status is akin to that of South Africa, and noticeably better than Nigeria. The National Health Insurance Scheme introduced in 2000 may have begun to have an impact on older people's health. People aged 70 or over were only given payment exemptions from 2008, and for this reason, the scheme has been criticised for inadequately addressing older people's health needs. Nevertheless, a more inclusive scheme may point the way to better healthcare provision for older Ghanaians in the future.<sup>39</sup>



Zonke Majola/HelpAge International

*Left:* In South Africa, older people and their households have benefited from the country's social grant.

*Below:* In Ghana, the national health insurance scheme may be helping to improve older people's health.



HelpAge International



## Tanzania

### Learning from the neighbours

In contrast to Mauritius – the small Indian Ocean island state with the highest ranking among the African countries included in our Index – Tanzania is experiencing generalised insecurity, widespread poverty, and rapid social and economic change. Older people in Tanzania continue working well into old age: indeed, 73 per cent of older people remain economically active, with most engaged in small-scale agriculture. Older people who are not able to work to earn an adequate income face poverty and destitution.

This can have devastating impacts on older people's families, particularly children. Poverty rates among households containing an older person are 22 per cent higher than the national poverty rate. In recent years, Tanzania has expressed increasing interest in a social pension as a means of promoting inclusive growth and achieving income security for older people.

Mauritius, since independence, and in the face of economic constraints, has made impressive economic and social achievements, due in large part to its policy of investing in human development and addressing poverty by providing comprehensive social protection to its citizens. A key element of this is the Basic Retirement Pension (BRP) received by 13 per cent of the population. Alongside this, a number of additional benefits, such as free bus travel, influenza vaccinations and assistance with housing costs, support older people to meet their needs.

Kate Holt/HelpAge International



The Tanzanian government has already made commitments to universal pension through parliamentary debates. Visiting officials from Tanzania saw that the experience of Mauritius was consistent with the approach that its own government has been considering. Taking into consideration the fiscal constraints in each country, initial ages of eligibility of 70 for Tanzania and 65 for Zanzibar were suggested, with clear plans to ultimately expand coverage to all those aged over 60. With a lower percentage of the population aged 60 and over in Tanzania (5 per cent), a universal pension could be financed relatively quickly, particularly if efforts are made to enhance revenue generation and the value of the benefit does not exceed 25 to 30 per cent of GDP per capita.

Source: PensionWatch, 3 April 2013, [www.pension-watch.net/blogs/smart-daniel-499/mauritius-tanzania-and-zanzibar-sharing-learning-on-social-protection-for-older-people-543](http://www.pension-watch.net/blogs/smart-daniel-499/mauritius-tanzania-and-zanzibar-sharing-learning-on-social-protection-for-older-people-543)

## Asia

**In Asia, the demographic transition to ageing populations is taking place rapidly but unevenly across this large and diverse region. While increasing longevity is a positive outcome of social, economic and technological development, the rapid pace of ageing has profound and far-reaching social and economic implications for the region, divided here into three sub-regions.**

In East Asia, Japan achieves the highest ranking (10), far ahead of its neighbours (see Table 3 and Figure 14). Japan has experienced unprecedented population ageing, and now has the highest proportion of older people in the world. This makes ageing not only an issue for individuals but also a key factor for public policy, in areas such as pensions, health, and long-term care.

Japan has recognised population ageing as a critical societal issue for the past two decades, and implemented a number of policies. For example, in response to rapidly rising long-term care costs, Japan incorporated

disability prevention services into long-term care benefits in 2005, and is currently exploring effective ways to promote independent living. Other policies are addressing the need to rebuild community networks that were, in the past, part of Japan's social fabric, and to support the continuation of high labour force participation by older people by recognising the links between work, health and family support.

Japan's East Asian neighbours are, in some cases, facing even more rapid ageing. In terms of sheer scale of numbers and proportions of older people, China (35) is predominant, but the rapidity of the demographic transition means that it is only in recent years that the country has begun addressing this challenge. China's comparatively low ranking in income security and health reflects this. However, bold initiatives to extend social protection and healthcare insurance to urban and rural areas have significant potential to change the outlook for older Chinese people. At the same time, and despite

the impacts of the "one-child" family policy in limiting available care and support, older people express a high level of satisfaction with the enabling environment in which they live.

South Korea's ranking (67) appears surprising, especially in view of its high economic growth in recent times. It is the lowest-ranked OECD country, and has the lowest ranking in Asia for income security. This apparently perverse outcome is largely explained by the very high levels of poverty among older Koreans; 45 per cent of people over 60 live on less than 50 per cent of median household income and receive 67 per cent of average population income.<sup>40</sup> These differences in the experience of poverty between older people and the rest of the Korean population are substantially greater than the OECD average.

According to the OECD's *Pensions at a Glance 2011*, "Korea's very high old-age poverty rate is primarily due to the fact that the public pension scheme was introduced in 1988, so retirees in the mid-2000s had little or no entitlements".<sup>41</sup> Poverty among older Koreans is seen as a major challenge for policy makers.<sup>42</sup>

Elsewhere in the region, older people in Vietnam (53), Lao PDR (79) and Cambodia (80) have differing experiences, even though these countries are close to each other in the HDI ranking (Cambodia and Lao both at 138, with Vietnam at 127). Vietnam has a higher ranking related to services such as health and income security, which may relate in part to the country's gradual introduction of a small basic pension.




Hervé BRY/Flickr


**Bold initiatives to extend social protection and health insurance may change the outlook for older Chinese people.**


**Table 3: Rankings for Asia**


Japan	<b>10</b>	27	5	10	19
Israel	<b>21</b>	56	20	13	31
China	<b>35</b>	66	51	40	24
Sri Lanka	<b>36</b>	67	45	37	27
Georgia	<b>37</b>	45	68	14	54
Thailand	<b>42</b>	59	46	78	8
Philippines	<b>44</b>	73	70	17	21
Armenia	<b>51</b>	40	75	3	80
Tajikistan	<b>52</b>	50	79	28	50
Vietnam	<b>53</b>	64	36	75	32
Kyrgyzstan	<b>63</b>	49	83	26	70
South Korea	<b>67</b>	90	8	19	35
Turkey	<b>70</b>	30	66	84	60
Indonesia	<b>71</b>	83	65	59	20
India	<b>73</b>	54	85	73	72
Mongolia	<b>74</b>	38	89	56	85
Nepal	<b>77</b>	62	82	79	69
Lao PDR	<b>79</b>	76	81	82	33
Cambodia	<b>80</b>	85	88	80	23
West Bank and Gaza	<b>84</b>	78	72	86	55
Jordan	<b>88</b>	61	61	91	36
Pakistan	<b>89</b>	84	69	67	91
Afghanistan	<b>91</b>	75	91	87	88

Overall index

 Income security

 Health status

 Employment and education

 Enabling environment

On the other hand, older people in all three countries appear to share a relatively enabling environment. This raises the question of whether the life-course impacts of conflict and instability on the current generation of older people in these countries has led to lower levels of satisfaction with their present lives, which may not be shared by their children and grandchildren.

Thailand (42) is another country experiencing rapid ageing, which has received increasing policy attention, as evidenced by successive government five-year plans.<sup>43</sup>

Older people in Central Asia have experienced lifetimes of dramatic change. Although these countries have the common legacy of breaking away from the Soviet Union, they have each had a distinctive transition course and are diverse in terms of population ageing challenges and policies put in place to address these.<sup>44</sup> The economic dislocation of the early 1990s has had significant consequences for the relatively generous pension systems of all countries inherited from the former Soviet Union. Many of the necessary reforms in these countries were put aside, owing to political uncertainties, lack of societal consensus and financial instability. Many of the current generation of older people have experienced unemployment or moved to the rapidly expanding informal sector. Many of their governments undertook comprehensive pension reforms, increasing retirement ages and moving towards defined contribution systems.<sup>45</sup> In countries such as Armenia (51), Tajikistan (52) and Kyrgyzstan (63), changes in social protection and health coverage have had a significant impact not only on older people but also on younger generations.

Older people's health and wellbeing in these three countries, on the other hand, appears highly problematic, with the inheritance from Soviet times largely lost.<sup>46</sup> The impact of migration of younger generations seeking work and the consequent isolation of older people – and, in many cases, also of children left in their care – has also been severe across this region.<sup>47</sup>



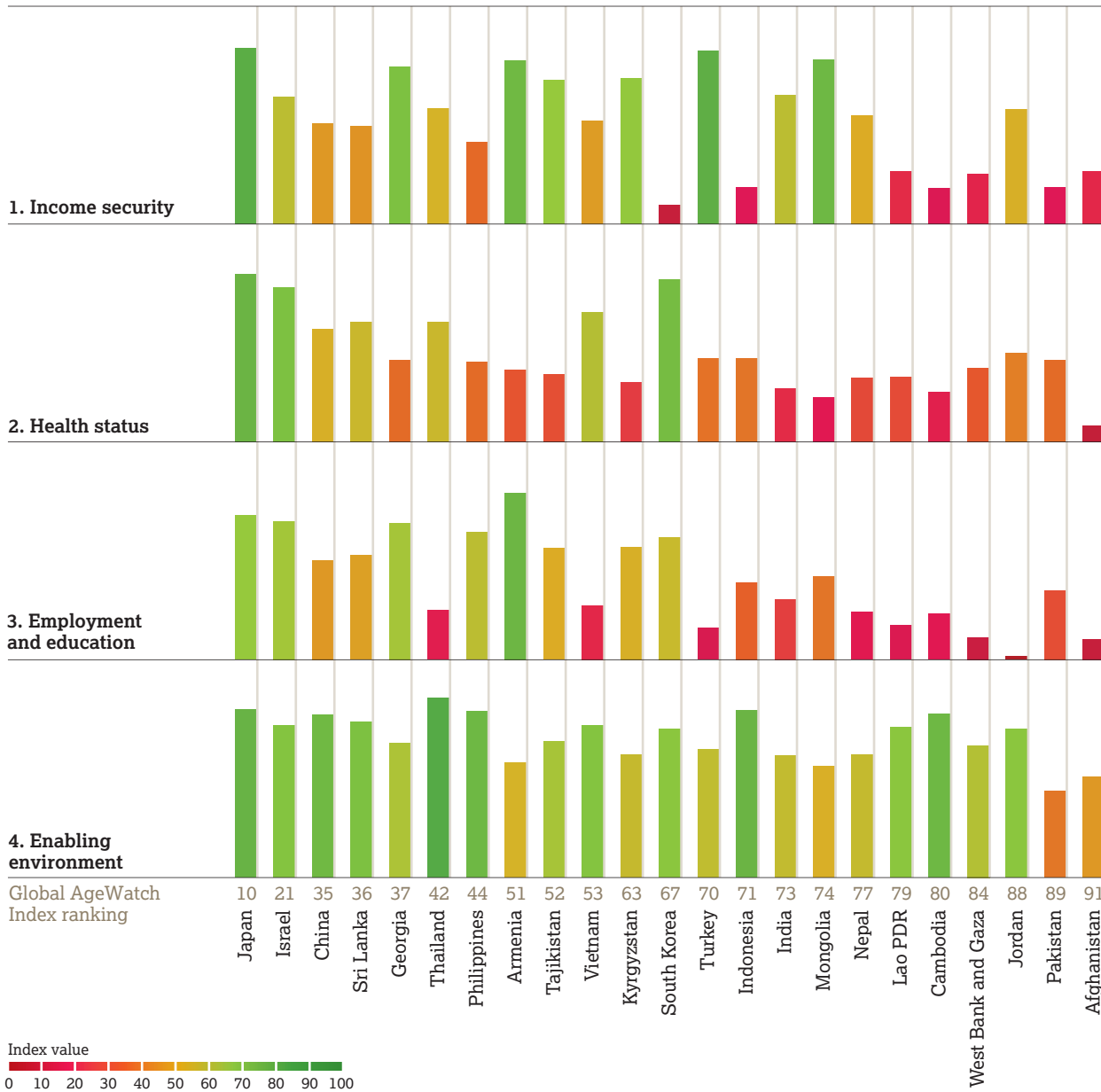
Mayur Paul/HelpAge International

**Cambodia is one of the countries in Asia that ranks relatively well in terms of the environment for older people.**

In South Asia, Pakistan (89) ranks significantly lower overall than its regional neighbours, Sri Lanka (36), India (73) and Nepal (77). Despite having a higher GDP per capita and a lower number of older people living in poverty, Pakistan has significantly lower pension coverage. Compared with their counterparts in neighbouring countries, rankings for social connections indicate that older people in Pakistan feel less safe, less connected to the rest of society, and less able to enjoy civic freedoms. In this respect, older Pakistanis are more akin to older citizens in their near neighbour Afghanistan than the rest of South Asia.

Nepal, which ranks 10 places below Pakistan on the HDI, seems to offer better legal provision to its older citizens, such as the old age allowance (though outside the legal domain, the quality of life of older people in Nepal may not be much different from Pakistan). Again, this highlights the gap that can exist between a country's overall level of development and older people's wellbeing.

Figure 14: Rankings and values for Asia



While the enabling environment for older people in Pakistan is perceived as very poor, older Sri Lankans rank their social connections, physical safety and civic freedom highly. This, and Sri Lanka's overall position in the Index, is consistent with the country's HDI ranking. We have already noted how Sri Lanka's current over-60s have benefited from progressive social welfare programmes earlier in their lives, which may also be an important contribution to later life satisfaction.

India (73), which will soon become home to the world's second-largest population of over-60s, has a position in the Global AgeWatch Index that likewise reflects its HDI position, which is relatively low for an emerging economy. India's rank in health is particularly low, reflecting the very uneven distribution of health services, with a particular lack in rural areas where most of India's older population lives, and their overall lack of adaptation to older people's needs. However, reform of India's complex social protection system promises improvements in the income position of the poorest older people in the country. India's Food Security Bill, a new welfare scheme in which food subsidies will be rolled out to the poorest segments of society, is a step in the right direction.



Chris Leslie/Age International

In India, reform of the country's complex social protection system promises to improve the income of the poorest older people.



FOPDEV

## Thailand

### Families in transition

In Thailand, spouses and children are expected to provide care for older people who require it.<sup>48</sup> Three-generation homes are still common, and the duty of children to provide care and support for their parents (“filial piety”) in old age is enshrined in Thai law, though enforcement has so far been lax.<sup>49</sup>

However, the number of older people (aged 60 and over) living with their families has fallen from 77 per cent in 1986 to 59 per cent in 2007. As the population ages, more women move into paid employment, and the size of Thai families decreases, family care for older people is becoming a big issue. A common theme in the popular media in Thailand is that the migration of adult children is leaving large numbers of parents deserted in their old age, especially in rural areas.<sup>50</sup>

The Thai government’s response to population ageing has been increasingly vigorous. In 1999, the government committed itself to increasing the living standards of older people, and to protecting them from abandonment and from violation of their rights.<sup>51</sup> The 2007 Thai Constitution states that those aged 60 and over with insufficient income to support themselves are entitled to welfare and public amenities provided by the state.<sup>52</sup>

Thailand currently has no comprehensive, formal long-term care system, but community care systems are being developed as an alternative or addition to family care. With a rapidly ageing population compounded by changing household structures, the concept of community holistic care has emerged where older people are taken care of by others living nearby, whether they are related to them or not.<sup>53</sup>

## Europe

Europe has the highest proportion of older people, with those aged 60-plus accounting for 22 per cent of the continent's total population. By 2050, this share is expected to increase to 34 per cent and Europe will remain the region with the highest proportion of people over 60.

Within the region, by 2050, Southern Europe is projected to have the highest share of older people (38 per cent) followed by Western Europe (34 per cent), Eastern Europe (33 per cent) and Northern Europe (30 per cent).<sup>54</sup>

In light of the region's prolonged economic stagnation, rising longevity of older Europeans (estimated to increase by 3.2 years between 2015 and 2050), and the rate of ageing, the ability of some European governments to provide an adequate quality of life for older people, without undue pressure on public finances or lowered standards of living for populations overall, is being tested.

The OECD has noted that “a new agenda for reform is urgently required”.<sup>55</sup> However, current austerity programmes mean that, although pensions have been maintained, many other cuts have contributed to rising poverty and fewer services for older people. The results of the Index indicate that current ageing experiences across the region vary greatly, and for certain governments, dealing with the challenges of societal ageing will require significant effort and political will. Overall, the quality of life of older people is higher in Northern and Western Europe, followed by Southern and Eastern sub-regions.

We have already noted some of the reasons for the strong performance of Sweden (1) and Norway (2) (see Table 4 and Figure 15). A glance through the rankings across all four domains confirms that the top Northern and Western European countries have a consistent history of beneficial public policy interventions relating to social protection and healthcare, together with high levels of individual participation and life satisfaction.

In Southern Europe, Cyprus (57) and Greece (58) are the lowest-ranked European Union (EU) countries of the sub-region. In Greece, this is due not to its income security ranking, but to older people's limited sense of individual security and civic freedoms. Cyprus does comparatively better with respect to health status indicators and in terms of its enabling environment, whereas Greece scores better than Cyprus with respect to the income security of its current generation of older people.<sup>56</sup> However, overall in the Southern European countries, older people accord high rankings to social connections, consistent with the view that family ties remain strong in these countries.

High-ranking Western and Northern European countries have a history of beneficial public policy interventions, together with high levels of individual participation and life satisfaction.



www.mammyrock.com; Jesper Yu/Flickr

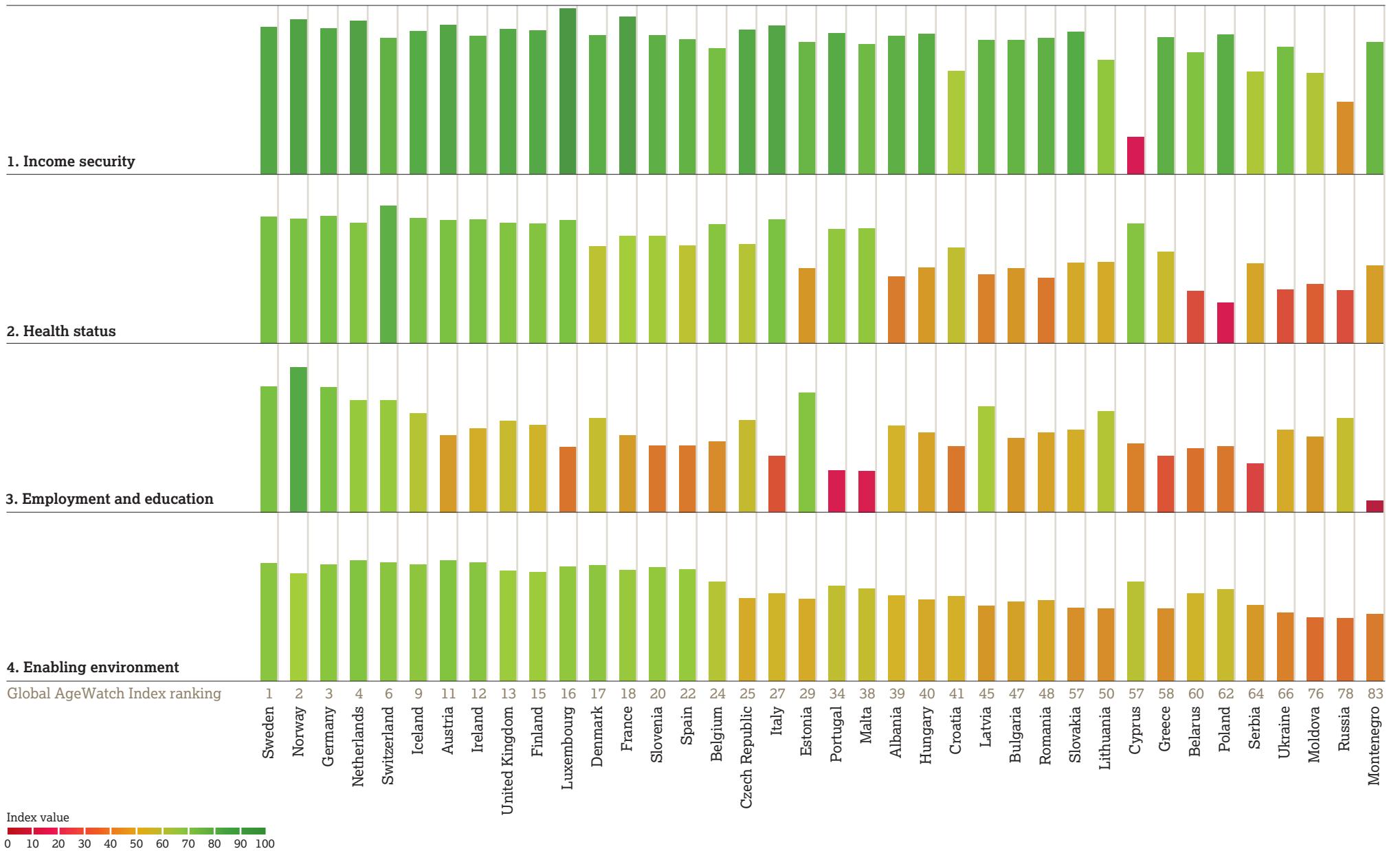
Some parts of the region have also seen significant periods of armed conflict, notably in the Balkans, resulting in divergent outcomes for older people. At different ends of the Index, Slovenia (20) ranks just below France (18), while Montenegro (83) is the lowest-ranked European country.

High levels of income security and good health for older people in Slovenia combine to produce strong perceptions of personal wellbeing. In Montenegro, despite a relatively high ranking on income security of 34 (and a relatively high HDI ranking of 52), this sense of wellbeing appears to be entirely absent in other domains, and older people seem to have a sense of isolation and economic marginalisation. Other Balkan states are ranked at differing levels between these extremes, reflecting the differing political trajectories of these countries since the early 1990s.

**Table 4: Rankings for Europe**

	Overall index	Income security	Health status	Employment and education	Enabling environment
Sweden	1	8	7	5	5
Norway	2	3	13	1	22
Germany	3	9	6	6	6
Netherlands	4	4	18	11	1
Switzerland	6	28	1	12	4
Iceland	9	15	9	18	7
Austria	11	5	17	42	2
Ireland	12	24	14	32	3
United Kingdom	13	10	19	24	17
Finland	15	14	21	27	18
Luxembourg	16	1	16	55	11
Denmark	17	21	40	20	10
France	18	2	31	41	15
Slovenia	20	22	32	51	12
Spain	22	31	39	50	14
Belgium	24	41	23	45	29
Czech Republic	25	13	38	22	61
Italy	27	6	15	62	53
Estonia	29	35	58	8	62
Portugal	34	17	29	76	37
Malta	38	37	27	77	41
Albania	39	23	63	30	56
Hungary	40	19	57	39	65
Croatia	41	51	43	52	57
Latvia	45	33	62	15	77
Bulgaria	47	32	59	44	71
Romania	48	29	64	38	68
Slovakia	49	16	53	36	81
Lithuania	50	47	52	16	83
Cyprus	57	80	22	47	30
Greece	58	25	47	61	82
Belarus	60	44	80	57	52
Poland	62	20	87	54	43
Serbia	64	52	54	71	73
Ukraine	66	39	77	35	86
Moldova	76	53	71	43	89
Russia	78	69	78	21	90
Montenegro	83	34	55	89	87

Figure 15: Rankings and values for Europe







Over the past 25 years, the experience of the current generation of older people in Eastern Europe has been dominated by the transition from state-socialist to market-based societies, a process which has combined with rapid demographic change.<sup>57</sup> There is a body of research that describes the rise in mortality, particularly among men, and the rapid drop in fertility rates that has affected ageing.<sup>58</sup>

In contrast to the Balkan countries, the Index shows that the experience of older age for people in the three small Baltic states – Estonia (29), Latvia (45) and Lithuania (50) – seems to have been broadly similar. The Index values for these three countries cluster within 11 points of each

There is a large variation in the ranking of countries in Eastern Europe, ranging from Moldova (*left*) to the Czech Republic (*below*).



other in most domains, compared with more than 30 points' difference among the Balkan states. Particularly notable is that all three Baltic states appear in the top 20 for the employment and education of older people, with high rankings for educational status having a significant impact. This reflects the positive life-course impacts of the historical (and continuing) priority attached to education in these countries, and the emergence, during the lifetimes of the current cohort of “oldest old”, of modernised, unified education systems that are still in place today.

Just as in the Human Development Index, there is a large variation in ranking of Eastern European states. Czech Republic is highest at 28 and Moldova lowest at 113 in the HDI, while in the Global AgeWatch Index, Czech Republic is highest at 25 and Russia a low 78.

In the case of Russia, rapid economic growth has not “trickled down” to improve the welfare of the older population – a situation similar to that in Poland (62) and some of the other fast-growing economies of the BRICS. However, Poland's economic performance, growing well compared with other large economies of the EU countries, means it has great potential for improving the wellbeing of its older citizens.

## Latin America and the Caribbean

Latin America and the Caribbean is the world's second-fastest ageing region, with the current proportion of people over 60 (10 per cent) projected to more than double, reaching 25 per cent, by 2050. Though data from the region is relatively abundant, internationally comparable data on the situation of older people is limited.

Overall, the countries of Latin America are evenly distributed across the Index: Chile (19), Uruguay (23), Argentina (26), Costa Rica (28) and Panama (30) are in the top 30, with Paraguay (72), Guatemala (75) and Honduras (82) in the lowest quarter (see Table 5 and Figure 16). In this region, the Global AgeWatch Index broadly reflects the HDI, with Chile, Argentina and Uruguay comprising the top three (in the region) of both rankings, and Costa Rica, ranked at 4 in the region, close to its regional HDI ranking of 7.

Although there has been significant progress in addressing inequalities in a number of countries in the region over the past decade, for many of the current cohort of older people, the disadvantages accumulated at earlier stages of life remain a challenge. With 25 per cent of the population expected to be aged 60 or over by 2050, inequalities in old age are likely to worsen unless there are appropriate interventions to reverse them.

However, some Latin American countries have made notable progress. Uruguay (23), Argentina (26) and Brazil (31) all score much higher in the Index than their relative level of economic development, and this is strongly linked to the adequacy of their pension systems. Brazil's social pension – particularly in rural areas – provides one of the most generous levels of basic income globally, and the impacts on poverty are well documented. In Venezuela, the social pension introduced in late 2011 should help the country improve its ranking in future iterations of the Index.



Jose Inacio B/Flickr

Life is better for older people in Brazil, which provides a generous social pension.

**Table 5: Rankings for Latin America and the Caribbean**

Chile	<b>19</b>	42	10	23	39
Uruguay	<b>23</b>	18	33	29	42
Argentina	<b>26</b>	11	37	34	59
Costa Rica	<b>28</b>	60	11	48	34
Panama	<b>30</b>	55	25	46	48
Brazil	<b>31</b>	12	41	68	40
Ecuador	<b>32</b>	58	12	49	44
Peru	<b>43</b>	65	30	31	67
Bolivia	<b>46</b>	48	60	25	64
Colombia	<b>54</b>	68	26	63	58
Nicaragua	<b>55</b>	74	42	65	28
Mexico	<b>56</b>	70	35	58	51
El Salvador	<b>59</b>	72	34	72	46
Venezuela	<b>61</b>	63	28	64	74
Dominican Republic	<b>68</b>	79	49	69	45
Paraguay	<b>72</b>	86	44	53	66
Guatemala	<b>75</b>	77	50	81	47
Honduras	<b>82</b>	88	48	74	78

Overall index

Income security

Health status

Employment and education

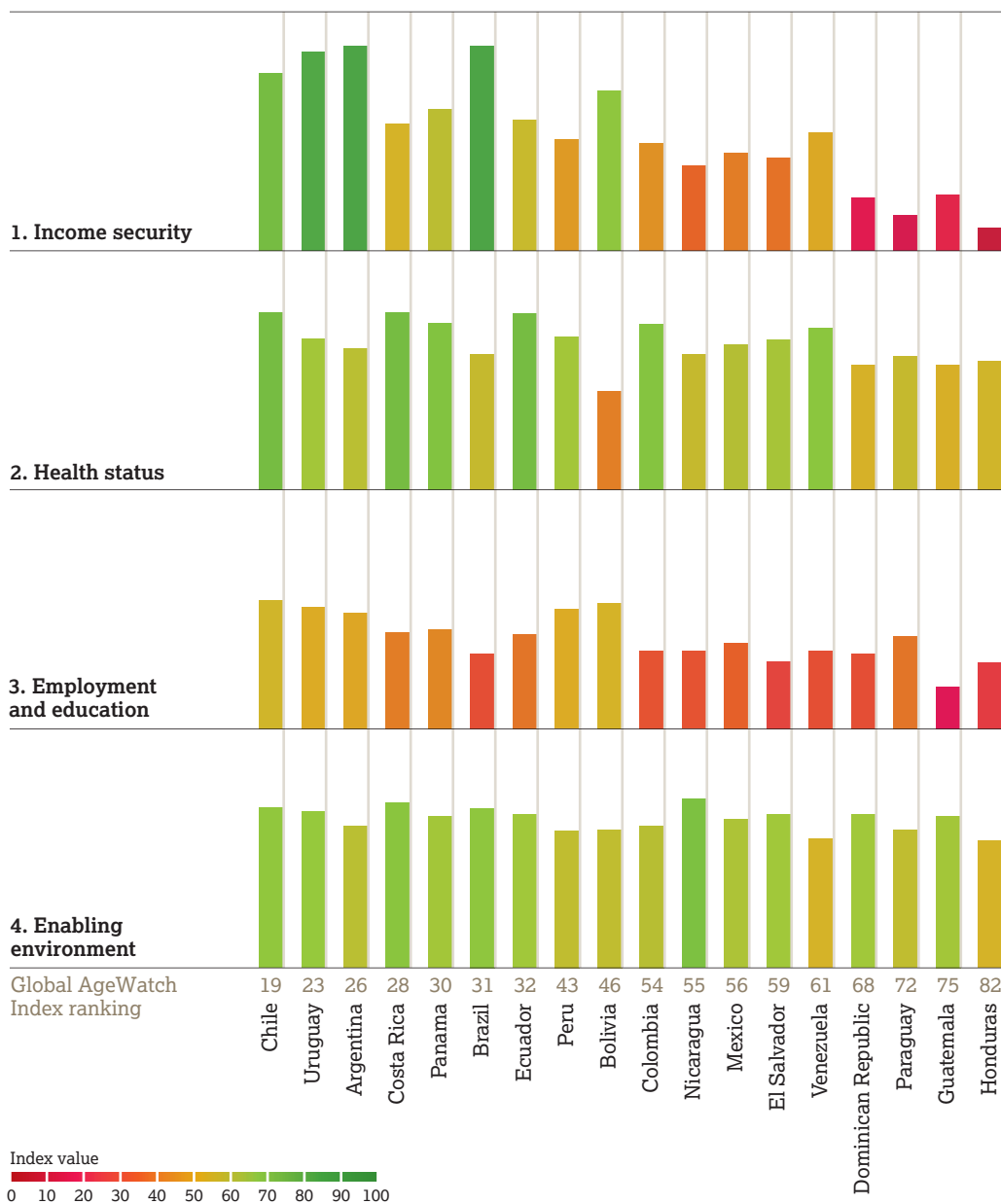
Enabling environment

On the other hand, Mexico, which ranks just above Costa Rica at 6 in the HDI, ranks 56 in the Global AgeWatch Index, largely because of its low ranking in the income security domain (70). This may seem surprising given that Mexico has a non-contributory pension scheme, though it reaches only about 20 per cent of informal sector workers. It was until this year restricted to those over 70 (though this has now been extended to over-65s).<sup>59</sup> By contrast, Bolivia (46), a country with one of the region's lowest HDI rankings, has had a universal basic pension since 1996 with full coverage. It therefore has a relatively high ranking for income security and accordingly ranks in the top 50 of the Global AgeWatch Index.<sup>60</sup>

Chile, which leads Latin America in the HDI, also achieves a high position in the Global AgeWatch Index (19), mainly through its ranking of 10 in the health domain – another example of a context where older people have fared as well as the overall population. Health conditions have improved considerably in recent decades, with high life expectancy at birth and low levels of infant mortality stemming largely from improved living conditions through socio-economic development and strong efforts in preventive care. However, the impact for low-income older people may be more mixed. Morbidity and mortality rates vary greatly across socio-economic groups, and Chile's healthcare system has resulted in low-income, high-risk populations being served mainly by the public sector, while wealthier people benefit from private healthcare.<sup>61</sup>

Because of the lack of comparable data, it was not possible to include any Caribbean countries in the Index, apart from the Dominican Republic. This is unfortunate, as the region is also ageing rapidly and may well offer interesting examples and contrasts.

Figure 16: Rankings and values for Latin America and the Caribbean



## North America and Oceania


In the countries of North America and Oceania, the numbers and proportions of older people have grown sufficiently for there to be a significant focus on ageing, both in national debates and public policy.


Ranking with Western Europe at the top of the Index are countries of North America – Canada (5) and the USA (8) – and Oceania – New Zealand (12) and Australia (14) (see Table 6 and Figure 17). These countries, while ranking in the top 10 for most domains, have a much more mixed record on income security. The USA has the lowest levels of dependency on public transfers and high levels of income inequality in old age, though Canada has both relatively low levels of public transfers to older people and also relatively low income inequality.<sup>62</sup> Again, these results indicate that money (or at least national wealth) is not everything. For example, the USA spends more on health than any other country, but its global ranking for life expectancy at birth is only 39 (women) and 40 (men), suggesting that lifetime inequalities in areas such as wealth, healthcare and educational attainment play a key role in differing outcomes at older ages, even in wealthy societies.<sup>63</sup>


**Table 6: Rankings for North America and Oceania**


Canada	<b>5</b>	26	2	9	9
New Zealand	<b>7</b>	43	3	7	13
USA	<b>8</b>	36	24	2	16
Australia	<b>14</b>	57	4	4	25

Overall index

 Income security

 Health status

 Employment and education

 Enabling environment

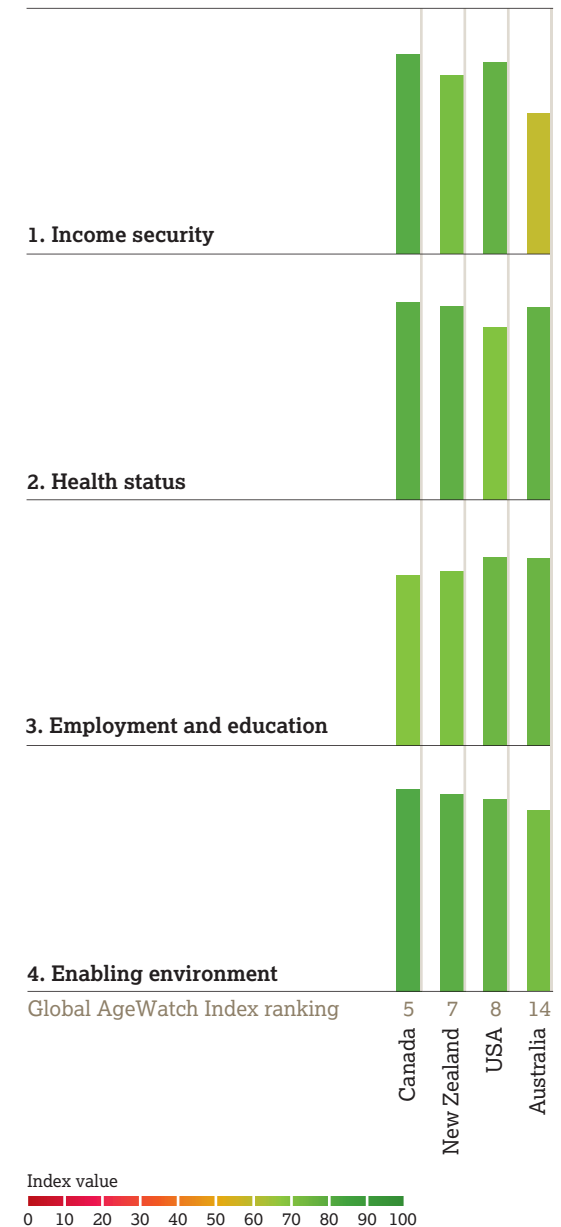
At the same time, inequality in New Zealand reveals an apparent paradox: the country has one of the lowest poverty rates of OECD countries, but on relative income of older people it scores comparatively low – incomes of older people are a little over 70 per cent of those of younger age groups, the second lowest in the OECD. However, pensioner poverty rates are also low in New Zealand. This may be explained in part by a government focus on pension adequacy rather than a strong link between pensions and earnings.<sup>64</sup>

Therefore, New Zealand is a country which has progressive social policies relating to older people that are not yet reflected in the Global AgeWatch Index. This draws attention to the complexity of assessing older people's income security, and the need to take account of the multidimensional nature of their wellbeing. Factors such as home ownership, other material resources and possibly dependent spouses are also major variables.<sup>65</sup>

Apart from income security and health programmes, government action to address social issues relating to ageing has been more mixed across the region. In most countries, public policy has attempted to engage with the new challenges of ageing populations. For example, the Australian government has a national programme to deal with social isolation, but without a priority focus on ageing. However, at state level, more effective responses have been developed, addressing issues such as community transport, prevention of elder abuse, and outreach to older people from minority ethnic groups.<sup>66</sup>

Also, in some countries, the World Health Organization's Age-Friendly Cities movement has been taken up. In New York City, for example, both the Mayor's Office and a dedicated city-wide Department for the Aging have developed initiatives such as Safer Streets for Seniors to encourage inclusion and combat isolation.<sup>67</sup>

**Figure 17: Rankings and values for North America and Oceania**



# Conclusions

The results of the Global AgeWatch Index, globally and regionally, lead us to draw a number of conclusions about how countries are responding to the challenges and opportunities presented by population ageing.

## Money isn't everything

A number of low-income countries have shown that limited resources do not have to be a barrier to providing for their older citizens. For example, over the past two decades in particular, governments in Asia, Africa and Latin America have introduced non-contributory basic pensions as part of their social welfare programmes. Some others have begun to offer free or subsidised healthcare for older people. Such programmes provide secure incomes and better health for people in old age and long-term benefits too, through investments by older people in family and community, and healthier older populations.

## Guaranteeing the wellbeing of all

Although the Global AgeWatch Index rankings frequently correlate with those of the Human Development Index, there is not always an exact match. In some countries, older people have not fared as well as the general population, and this is particularly true where economic

growth is rapid. People who have lived with poverty and inequality throughout life enter old age with profound cumulative disadvantages. These can be addressed through policies that are designed to ensure that social progress includes people of all ages.

## History counts

People in countries that have a record of progressive social welfare policies for all their citizens across the life-course are more likely to reap the benefits in old age. Investment in education and healthcare, employment and training in the long term and throughout the life-course pays social and economic dividends for individuals and for societies. Good management of ageing is within reach of governments.

## Maintaining the momentum

Good-quality policy and practice in the past can only guarantee the wellbeing of older populations in the future if there is continuity. This is especially critical as population ageing gathers pace in many countries. Progressive social policies are making a difference to older people's wellbeing in many countries, but these need to be maintained and expanded – something that may prove politically difficult, given broader economic pressures currently facing many countries. Existing legal and policy frameworks on ageing need to be continually strengthened, and new, well-costed strategies introduced that respond to the evolving situation of ageing societies.

## It's never too soon to prepare

Countries are at different points on the ageing trajectory. Those that have significant populations of young people can potentially benefit from a “demographic dividend”, as they have large numbers of people of prime working age. Governments, civil society, the private sector and individuals all need to use this opportunity to put age-friendly policies in place now. The justification for investing more public resources to tackle the challenges of ageing populations is simple: healthier and more secure older people are a valuable and productive

economic resource that should not be stifled by outmoded public policies such as mandatory retirement or discriminatory disincentives to work beyond an arbitrary age.

## Addressing the data challenge

The Index emphasises the importance of age in data collection and analysis but it also exposes the limitations of current data on older people in many countries. These gaps in the data call into question the capacity of governments and other stakeholders to make informed and appropriate policy decisions affecting not only older people but all age groups. This is at a time when the dialogue on the global development framework that will succeed the Millennium Development Goals in 2015 is calling for a “data revolution for sustainable development, with a new international initiative to improve the quality of statistics and information available to people and governments”.<sup>68</sup> If the ambition of the post-2015 development framework to “leave no one behind” is to be achieved, older populations must be included among those who are counted.

## Ageing well requires action

The most urgent concerns for older people worldwide are a guarantee of income security and access to affordable healthcare. Both are essential to unlocking the potential of population ageing. They are the issues most frequently mentioned by older people themselves and among the greatest challenges that governments face, with the current global economic crisis exacerbating financial pressures. Universal income and good healthcare in old age are not unaffordable.

Population ageing need not be a crisis for governments or societies. It can and should be planned for in order to transform the challenges it presents into opportunities. The Global AgeWatch Index highlights countries with progressive approaches that can be used to identify positive solutions, which are feasible even for poorer countries.



Old age may be a time of opportunity but only if attitudes to ageing are positive.

### Ensuring income security for all

Poverty and inequality are major concerns, and in many countries inequalities in access to decent work and a reliable income (enabling both an adequate quality of life and capacity to save for the future) have substantial impacts in later life. Investment in comprehensive social protection systems is vital to ensure income security at all ages, but particularly in later life. Nevertheless, globally, it is estimated that only one in five people have access to comprehensive social protection systems.<sup>69</sup> Yet the Index shows that in countries that have chosen to provide social protection (including low-income countries) older populations fare well, with the benefits felt not only by older people but by entire families too.

### Ensuring access to quality healthcare

To realise their right to enjoy the highest attainable standard of health, older people need access to affordable and appropriate health services. Health services need to adapt continuously as populations age. One particular challenge concerns the rising incidence of non-communicable diseases (now recognised as an issue not just for affluent societies but for all countries), and their disproportionate impact in later life. Again, investments over the long term in both curative and preventive services have significant benefits for older people. Training of health professionals and caregivers is also essential to ensure that appropriate care, support and advice is available to older people.

### Challenging age discrimination

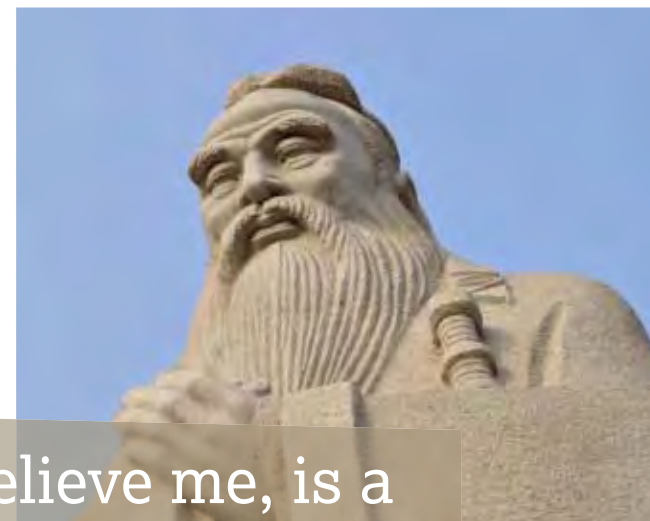
The Index indicates that quality of life and wellbeing in old age can be affected by stigma and age discrimination. Old age may be a time of opportunity, but only if attitudes to ageing and older people are positive and non-discriminatory. On ethical and humanitarian grounds, changing attitudes to old age and devoting resources to older people is unquestionably the right thing to do because it is fair and just. Older people have a fundamental human right to their share of resources, enshrined in the 1948 Universal Declaration of Human Rights. Lifelong learning opportunities through education, training and employment for people in later life are critical to increase human capital and meet individual needs.

### Keeping watch

The Global AgeWatch Index 2013 represents a beginning. It takes the first steps in establishing a full understanding of the lives of older people around the world.

The Index will be updated annually and is offered as a reference point to monitor progress and encourage all countries – whatever their level of wealth (past and present) and their policy history – to do more to ensure that they are prepared for meeting the challenges of population ageing. We will extend the Index to cover all countries and to disaggregate data by sex. We will pilot its use in national contexts and look for new data to expand the Index further.

We hope the Global AgeWatch Index, and the fascinating picture it is beginning to reveal about the differences in how older people around the world are faring, will start a lively and open debate on the status of ageing and older people in different parts of the world, which will ultimately help to inform policies and change practices. On the basis that what gets measured gets done, the Index aims to keep a focus on improving the information needed for more effective and appropriate decision making to respond to global ageing. In this way, development endeavours can take account of the process of ageing and reinforce the opportunities it brings to societies, as well as the challenges.



Jay P. Lee/Flickr

“Old age, believe me, is a good and pleasant thing.”

*Confucius, China*

**Appendix 1: Percentage of population aged 60-plus by region in 2012, 2030 and 2050**

<b>Africa</b>	<b>2012</b>	<b>2030</b>	<b>2050</b>
Mauritius	11.9	22.8	29.3
Morocco	8.6	13.8	24.2
South Africa	7.8	10.8	14.8
Ghana	6.0	6.8	11.9
Nigeria	5.3	4.6	7.4
Tanzania	4.9	5.2	6.4
Malawi	4.9	4.5	5.1
Rwanda	4.4	5.6	8.6

<b>Asia</b>	<b>2012</b>	<b>2030</b>	<b>2050</b>
Japan	31.6	37.5	41.5
Georgia	19.7	27.0	35.4
South Korea	16.7	31.1	38.9
Israel	15.5	18.4	22.5
Armenia	15.1	22.2	30.2
Thailand	13.7	27.0	31.8
China	13.3	23.8	33.9
Sri Lanka	12.9	19.7	27.4
Turkey	9.6	17.3	26.0
Vietnam	8.9	18.3	30.8
Indonesia	8.5	14.1	25.5
India	8.0	12.3	19.1
Cambodia	6.6	12.8	19.0
Pakistan	6.5	8.9	15.8
Nepal	6.4	11.3	16.9
Kyrgyzstan	6.4	10.5	17.3
Mongolia	6.1	11.5	20.5
Philippines	6.1	9.6	15.3
Lao PDR	6.1	8.3	18.9
Jordan	5.9	9.2	18.2
Tajikistan	5.0	8.1	14.0
West Bank and Gaza	4.5	6.6	10.5
Afghanistan	3.8	5.1	6.7

<b>Europe</b>	<b>2012</b>	<b>2030</b>	<b>2050</b>
Italy	27.0	34.6	38.4
Germany	26.7	36.4	37.5
Finland	25.8	31.1	31.5
Sweden	25.4	28.0	30.6
Bulgaria	25.0	29.9	36.3
Greece	24.7	32.4	36.0
Portugal	24.4	32.6	40.4
Croatia	24.1	31.2	34.5
Belgium	23.9	30.0	30.9
Denmark	23.9	28.5	29.7
France	23.7	29.2	30.5
Austria	23.6	31.5	36.5
Slovenia	23.5	31.7	36.7
Switzerland	23.4	28.4	37.1
Hungary	23.4	26.7	32.2
Estonia	23.2	27.6	32.4
Latvia	23.2	26.9	34.2
United Kingdom	23.0	28.2	29.6
Czech Republic	22.9	27.1	34.2
Netherlands	22.8	31.7	31.9
Spain	22.7	31.6	38.3
Malta	22.7	30.9	36.7
Norway	21.7	26.1	29.0
Lithuania	21.3	25.8	32.2
Ukraine	21.1	24.9	32.1
Romania	21.0	26.7	36.0
Serbia	20.5	26.8	32.2
Poland	20.4	27.6	35.3
Luxembourg	19.1	24.5	29.6
Belarus	18.9	24.8	32.2
Russia	18.6	23.3	31.2
Montenegro	18.4	24.7	30.8
Slovakia	18.3	25.8	34.9

	<b>2012</b>	<b>2030</b>	<b>2050</b>
Iceland	17.5	24.4	28.8
Ireland	17.1	23.1	28.7
Cyprus	16.9	23.4	32.5
Moldova	16.8	22.6	33.8
Albania	13.7	23.9	33.8

**Latin America and the Caribbean**

	<b>2012</b>	<b>2030</b>	<b>2050</b>
Uruguay	18.5	22.1	27.4
Argentina	15.0	18.2	25.0
Chile	13.8	23.5	30.3
Brazil	10.9	18.7	29.0
Costa Rica	10.1	19.3	29.8
Panama	10.1	16.0	23.2
El Salvador	9.7	13.2	21.2
Mexico	9.5	16.0	25.8
Ecuador	9.4	14.7	23.7
Dominican Republic	9.3	14.7	22.2
Colombia	9.2	16.4	23.7
Peru	9.2	14.5	22.7
Venezuela	9.1	14.9	22.3
Paraguay	8.0	11.2	17.5
Bolivia	7.3	9.6	14.8
Nicaragua	6.6	11.5	21.2
Guatemala	6.5	7.6	11.7
Honduras	6.4	9.7	17.0

**Northern America and Oceania**

	<b>2012</b>	<b>2030</b>	<b>2050</b>
Canada	20.8	28.5	31.0
Australia	19.6	24.6	28.9
United States	19.1	25.6	26.6
New Zealand	18.9	25.9	28.6




Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012; UNDESA Population Division, World Population Prospects: the 2012 Revision, 2013

## Appendix 2: Rankings and values overall and for each domain





Appendix 2 shows the rankings and values for all countries, both overall and for each domain. The values show how near a country is to the ideal value, and show up differences between countries. For example, Sri Lanka's overall index value of 57.3 means that older people's wellbeing in Sri Lanka is 57.3 per cent of the ideal (100), giving it a shortfall of 32.6 percentage points below the best-performing country, Sweden (89.9). Therefore, the Index provides a measure of the potential that each country has to match the best-performing country in the sample, but it also shows that there is scope for improvement even in the top ranked countries.





When comparing the ranking of different countries, one must also take into account the statistical significance of the difference in values between these countries. As a rule of thumb, a 10-point difference between values can be considered as statistically significant. Therefore, the difference in ranking between Sri Lanka (36) and China (35) is negligible because of the small point difference (0.1) between them.

A careful analysis of the indicators can provide valuable lessons on gaps and scope for progress with respect to older people's wellbeing. For example, overall, Sri Lanka (36) ranks well above India (73). However, for income security, India (54) does better than Sri Lanka (67). It is in the areas of education and employment and enabling environments that the gap between the two countries is greatest.

	Overall rank and value		 Income security	 Health status	 Employment and education	 Enabling environment				
	Rank	Value	Rank	Value	Rank	Value	Rank	Value		
Sweden	1	89.9	8	87.0	7	74.8	5	74.3	5	83.3
Norway	2	89.8	3	91.4	13	73.5	1	85.4	22	76.2
Germany	3	89.3	9	86.1	6	75.2	6	73.7	6	82.8
Netherlands	4	88.2	4	90.9	18	71.3	11	66.2	1	85.6
Canada	5	88.0	26	81.1	2	80.3	9	69.6	9	82.3
Switzerland	6	87.9	28	80.6	1	81.3	12	66.1	4	84.0
New Zealand	7	84.5	43	72.7	3	78.7	7	71.1	13	80.2
USA	8	83.8	36	77.9	24	70.1	2	76.6	16	78.2
Iceland	9	83.4	15	84.7	9	74.2	18	58.5	7	82.5
Japan	10	83.1	27	80.7	5	76.9	10	66.2	19	77.2
Austria	11	79.8	5	88.2	17	72.7	42	45.5	2	85.3
Ireland	12	79.5	24	81.9	14	73.1	32	49.4	3	84.0
United Kingdom	13	78.7	10	85.8	19	71.0	24	53.8	17	78.1
Australia	14	77.2	57	57.2	4	78.2	4	76.3	25	73.5
Finland	15	77.1	14	84.8	21	70.8	27	51.4	18	77.4
Luxembourg	16	76.7	1	98.2	16	72.7	55	38.4	11	81.2
Denmark	17	75.9	21	82.3	40	57.5	20	55.7	10	82.2
France	18	75.0	2	93.2	31	63.6	41	45.6	15	78.8
Chile	19	70.6	42	74.2	10	74.2	23	53.9	39	67.1
Slovenia	20	70.5	22	82.0	32	63.2	51	39.3	12	80.7
Israel	21	70.0	56	58.4	20	70.9	13	63.7	31	69.8
Spain	22	67.6	31	79.7	39	57.6	50	39.4	14	79.1
Uruguay	23	67.4	18	83.3	33	63.1	29	51.1	42	65.4
Belgium	24	67.0	41	74.4	23	70.2	45	41.9	29	70.3
Czech Republic	25	62.5	13	85.4	38	58.5	22	54.2	61	58.6
Argentina	26	61.7	11	85.7	37	59.4	34	48.7	59	59.4
Italy	27	61.4	6	88.0	15	73.0	62	33.1	53	61.9
Costa Rica	28	61.2	60	53.3	11	74.2	48	40.4	34	69.1
Estonia	29	60.2	35	78.0	58	44.5	8	70.7	62	58.4
Panama	30	59.1	55	59.2	25	69.8	46	41.8	48	63.4



	Overall rank and value		 Income security		 Health status		 Employment and education		 Enabling environment	
	Rank	Value	Rank	Value	Rank	Value	Rank	Value	Rank	Value
	Brazil	31	58.9	12	85.7	41	56.8	68	31.5	40
Ecuador	32	58.6	58	54.8	12	73.8	49	39.7	44	64.3
Mauritius	33	58.0	7	87.2	56	45.0	66	32.2	26	71.8
Portugal	34	57.8	17	83.4	29	67.4	76	24.6	37	67.4
China	35	57.4	66	46.2	51	52.0	40	45.7	24	74.6
Sri Lanka	36	57.3	67	44.9	45	55.1	37	47.9	27	71.3
Georgia	37	56.5	45	72.1	68	37.7	14	62.9	54	61.6
Malta	38	55.8	37	76.8	27	68.0	77	24.4	41	65.7
Albania	39	55.5	23	82.0	63	39.6	30	51.0	56	60.6
Hungary	40	54.7	19	83.2	57	45.0	39	47.0	65	57.8
Croatia	41	53.1	51	61.3	43	56.5	52	39.1	57	60.0
Thailand	42	53.0	59	53.3	46	55.0	78	22.7	8	82.4
Peru	43	53.0	65	46.7	30	64.2	31	50.0	67	57.5
Philippines	44	52.8	73	37.5	70	36.9	17	58.6	21	76.3
Latvia	45	52.5	33	79.2	62	40.6	15	62.3	77	53.3
Bolivia	46	52.0	48	67.0	60	41.3	25	52.8	64	57.8
Bulgaria	47	51.7	32	79.4	59	44.2	44	44.0	71	56.2
Romania	48	51.4	29	80.6	64	38.6	38	47.1	68	57.1
Slovakia	49	51.2	16	84.1	53	47.8	36	48.6	81	52.0
Lithuania	50	50.7	47	67.6	52	48.2	16	59.5	83	51.6
Armenia	51	50.5	40	75.3	75	33.0	3	76.5	80	52.6
Tajikistan	52	49.8	50	66.2	79	31.3	28	51.1	50	62.4
Vietnam	53	49.4	64	47.5	36	59.8	75	24.9	32	69.7
Colombia	54	49.3	68	44.9	26	69.5	63	32.7	58	59.5
Nicaragua	55	49.0	74	35.8	42	56.7	65	32.5	28	70.8
Mexico	56	48.9	70	41.0	35	60.7	58	36.0	51	62.0
Cyprus	57	48.2	80	22.0	22	70.7	47	40.6	30	70.2
Greece	58	47.4	25	81.2	47	54.1	61	33.4	82	51.6
El Salvador	59	46.7	72	38.9	34	62.7	72	28.2	46	64.1
Belarus	60	46.6	44	72.1	80	31.0	57	37.6	52	61.9

	Overall rank and value		 Income security		 Health status		 Employment and education		 Enabling environment	
	Rank	Value	Rank	Value	Rank	Value	Rank	Value	Rank	Value
	Venezuela	61	46.2	63	49.4	28	67.7	64	32.6	74
Poland	62	45.9	20	82.6	87	23.9	54	38.8	43	64.8
Kyrgyzstan	63	44.3	49	66.8	83	27.5	26	51.7	70	56.3
Serbia	64	42.4	52	60.7	54	47.1	71	28.7	73	54.0
South Africa	65	41.0	46	69.2	74	33.2	60	34.2	75	53.7
Ukraine	66	40.2	39	75.3	77	31.8	35	48.7	86	48.3
South Korea	67	39.9	90	8.7	8	74.5	19	56.3	35	68.3
Dominican Rep.	68	39.3	79	22.3	49	52.3	69	31.3	45	64.2
Ghana	69	39.2	81	21.3	67	38.3	33	48.8	49	63.1
Turkey	70	38.1	30	79.7	66	38.3	84	14.5	60	58.7
Indonesia	71	37.9	83	16.7	65	38.5	59	35.6	20	76.6
Paraguay	72	35.0	86	15.0	44	55.8	53	38.9	66	57.6
India	73	35.0	54	59.4	85	24.4	73	27.9	72	56.1
Mongolia	74	34.8	38	75.7	89	20.6	56	38.3	85	51.3
Guatemala	75	34.0	77	23.5	50	52.1	81	17.7	47	63.5
Moldova	76	33.8	53	59.9	71	35.1	43	44.7	89	45.0
Nepal	77	33.7	62	49.9	82	29.4	79	22.0	69	56.5
Russia	78	30.8	69	43.0	78	31.3	21	55.7	90	44.4
Lao PDR	79	29.4	76	24.1	81	29.9	82	15.8	33	69.2
Cambodia	80	27.3	85	16.4	88	23.2	80	21.2	23	75.0
Morocco	81	26.6	71	39.0	76	31.8	83	14.7	84	51.4
Honduras	82	25.8	88	9.6	48	53.9	74	27.8	78	53.2
Montenegro	83	25.5	34	78.1	55	45.9	89	6.7	87	47.4
West Bank & Gaza	84	24.5	78	22.9	72	34.1	86	10.2	55	60.6
Nigeria	85	24.0	87	14.2	84	26.4	70	30.5	76	53.6
Malawi	86	17.8	89	9.5	86	24.1	85	13.9	63	57.8
Rwanda	87	16.6	82	19.0	90	19.3	90	5.3	38	67.2
Jordan	88	11.4	61	52.7	61	40.9	91	1.6	36	68.0
Pakistan	89	8.3	84	16.7	69	37.7	67	32	91	39.8
Tanzania	90	4.6	91	2.1	73	33.7	88	7.3	79	52.9
Afghanistan	91	3.3	75	24.2	91	7.6	87	9.4	88	46.2

## Endnotes

1. UNDESA, World Population Prospects: the 2012 Revision, 2013, <http://esa.un.org/unpd/wpp/index.htm>
2. UNDESA, World Population Prospects: the 2012 Revision
3. UNDESA, World Population Prospects: The 2012 Revision, Life expectancy at birth for both sexes combined (years), 2010-2015, <http://esa.un.org/unpd/wpp/Excel-Data/mortality.htm>
4. UNFPA and HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, New York and London, UNFPA and HelpAge International, 2012, p.26
5. UNDESA, Population Ageing and Development 2012, Wall Chart, [www.un.org/en/development/desa/population/publications/ageing/population-ageing-development-2012.shtml](http://www.un.org/en/development/desa/population/publications/ageing/population-ageing-development-2012.shtml)
6. Calculations based on data in UNDESA, World Population Prospects: The 2012 Revision, <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>
7. UNDESA, Population Ageing and Development 2012
8. Kinsella K and Wan H, *An Aging World: 2008*, US Government Printing Office, Washington DC, US Bureau of the Census, 2009, p.14
9. UNDESA, Population Ageing and Development 2012
10. Vobecka J, Butz WP and Reyes GC, *Population Trends and Policies in the UNECE Region: Outcomes, Policies and Possibilities*, UNFPA/IIASA, 2013, p.45
11. Calculation based on UNDESA, World Population Prospects: The 2012 Revision, <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>
12. Rechel B, Doyle Y, Grundy E and McKee M, *How can Health Systems respond to Population Ageing?* Health Systems and Policy Analysis policy brief 10, World Health Organization 2009 and World Health Organization, on behalf of the European Observatory on health Systems and Policies, 2009
13. Bloom D E, Canning D and Fink G, *Implications of Population Ageing for Economic Growth*, PGDA Working Paper No. 64, Program of the Global Demography of Aging, Harvard School of Public Health, January 2011
14. The Active Ageing Index is a jointly managed project by the European Commission Directorate General for Employment, Social Affairs and Inclusion together with the Population Unit of the United Nations Economic Commission for Europe, [www1.unece.org/stat/platform/display/AAI/VII.+About+the+project](http://www1.unece.org/stat/platform/display/AAI/VII.+About+the+project)
15. 'A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015', Report of the Secretary-General, July 28 2013, Doc A/68/202, paras 92 and 111
16. UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012
17. UNDESA, World Population Prospects: the 2012 Revision
18. World Economic Outlook Database, IMF 2013 [www.imf.org/external/pubs/ft/weo/2013/01/weodata/weorept.aspx?sy=2011&key=2014&scsm=1&ssd=1&sort=country&ds=.&br=1&pr1.x=31&pr1.y=14&c=223%2C924%2C922%2C199%2C534&ss=NGDPD%2CPPSSH&grp=0&a=](http://www.imf.org/external/pubs/ft/weo/2013/01/weodata/weorept.aspx?sy=2011&key=2014&scsm=1&ssd=1&sort=country&ds=.&br=1&pr1.x=31&pr1.y=14&c=223%2C924%2C922%2C199%2C534&ss=NGDPD%2CPPSSH&grp=0&a=) (accessed 20 August 2013)
19. United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision, CD-ROM Edition
20. *Challenges of Population Aging in China: Evidence from the National Baseline Survey of the China Health and Retirement Longitudinal Study (CHARLS)*, CHARLS Research Team, May 2013
21. Yisong Hu et al, *Challenges of Population Aging in China: Evidence from the National Baseline Survey of the China Health and Retirement Longitudinal Study (CHARLS)*, May 2013, p.9
22. ILO World Social Security Report 2010/11, p. 30, [www.ilo.org/gimi/gess/ShowTheme.do?tid=1985](http://www.ilo.org/gimi/gess/ShowTheme.do?tid=1985) Introduced in 2003, the Bolsa Familia integrated four cash transfer programmes into one single programme under a new Ministry of Social Development. See [www.mds.gov.br/bolsafamilia](http://www.mds.gov.br/bolsafamilia)
23. UNDESA, World Population Prospects: The 2012 Revision
24. World Health Organization, Global Health Observatory Data Repository, Year: 2011, <http://apps.who.int/gho/data/node.main.688?lang=en>
25. Barrientos A and Lloyd-Sherlock P, *Pensions, Poverty and Wellbeing: The Impact of Pensions in South Africa and Brazil, a comparative study*, Pension watch briefing no. 7, London, HelpAge International, 2011, [www.pension-watch.net/download/4f059575e1321](http://www.pension-watch.net/download/4f059575e1321)
26. *Retirement Fund Reform: A discussion paper*, National Treasury Republic of South Africa, 2004, [www.treasury.gov.za/public%20comments/Retirement%20Fund%20Reform%20A%20Discussion%20Paper.pdf](http://www.treasury.gov.za/public%20comments/Retirement%20Fund%20Reform%20A%20Discussion%20Paper.pdf)
27. HALE is from Global Burden of Disease Study 2010. The Institute for Health Metrics and Evaluation, Year: 2010, <http://ghdx.healthmetricsandevaluation.org/record/global-burden-disease-study-2010-gbd-2010-healthy-life-expectancy-1990-2010> (4 April 2013)
28. HelpAge International, Pension Watch country fact sheet, Nepal, [www.pension-watch.net/country-fact-file/nepal](http://www.pension-watch.net/country-fact-file/nepal)
29. Bjornson O, 'The Social Democrats and the Norwegian welfare state: some perspectives', *Scandinavian Journal of History* 26, 1992
30. *Report on Ageing Survey in RA*, Yerevan, Ministry of Labor and Social Affairs of RA, National Statistical Service of RA and UNFPA Armenia, 2009
31. Yap J, 'The Philippines and education cooperation in Asia and the Pacific', East Asia Forum, 1 August 2012, [www.eastasiaforum.org/2012/08/01/the-philippines-and-education-cooperation-in-asia-and-the-pacific](http://www.eastasiaforum.org/2012/08/01/the-philippines-and-education-cooperation-in-asia-and-the-pacific)
32. Boddiger D, 'Costa Rica restructures health system to curb financial crisis', *The Lancet* 379 (9819), 2012, p.883
33. Forteza A, Apella I, Fajnzylber E, Grushka C, Rossi I and Sanroman G, *Work Histories and Pension Entitlements in Argentina, Chile and Uruguay*, World Bank SP Discussion Paper No. 0926, 2009
34. Zaidi A and Rejniak M, *Fiscal Policy and Sustainability in View of Crisis and Population Ageing in Central and Eastern European Countries*, Policy Brief August 2010, Vienna, European Centre for Social Welfare Policy and Research, 2010, [www.euro.centre.org/detail.php?xml\\_id=1749](http://www.euro.centre.org/detail.php?xml_id=1749); Hoff A (ed), Zittau-Goerlitz University of Applied Sciences, Germany and Oxford Institute of Ageing, University of Oxford, *Population Ageing in Central and Eastern Europe: Societal and Policy Implications*, Ashgate, 2011, [www.ashgate.com/isbn/9780754678281](http://www.ashgate.com/isbn/9780754678281)
35. Melamed C and Samman E, *Equity, Inequality and Human Development in a Post-2015 Framework*, New York, United Nations Development Programme, 2013, p.11
36. UNDESA, Population Ageing and Development 2012
37. The South Africa Ageing Network has called for the social grant to change into a universal pension by 2016.
38. Kalula S, Tielen G and Ferreira M, *Healthy Ageing and Disease Prevention: The Case in South Africa and the Netherlands*, 2009, International Longevity Centre Global Alliance, [www.ilc-alliance.org/index.php/issues/issues\\_posts/C17](http://www.ilc-alliance.org/index.php/issues/issues_posts/C17) (23 July 2013)
39. 'NHIS neglecting health needs of older people – HelpAge Ghana', *Ghana Business News*, 19 April 2013, [www.ghanabusinessnews.com/2013/04/19/nhis-neglecting-health-needs-of-older-people-helpage-ghana](http://www.ghanabusinessnews.com/2013/04/19/nhis-neglecting-health-needs-of-older-people-helpage-ghana) (25 July 2013)
40. OECD, *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries*, Paris, OECD Publishing, 2009, p.57
41. OECD, *Pensions at a Glance 2011: Retirement-Income Systems in OECD and G20 Countries*, Paris, OECD Publishing, 2011, p.148
42. Choi, Sung-Jae and Suh, Hye-Kyung, *Aging in Korea Today and Tomorrow*, Seoul, Federation of Korean Gerontological Societies Chung-Ang Publisher, 1995, p.36
43. Knodel J and Chayovan N, *Population Ageing and the Well-Being of Older Persons in Thailand: Past Trends, Current Situation and Future Challenges*, Bangkok, UNFPA Thailand, 2008, [www.psc.isr.umich.edu/pubs/pdf/rp614.pdf](http://www.psc.isr.umich.edu/pubs/pdf/rp614.pdf) (29 April 2013) p.57
44. Sidorenko A and Zaidi A, 'Active Ageing in CIS Countries: Semantics, Challenges, and Responses', *Current Gerontology and Geriatrics Research*, Vol. 2013 (2013), Article ID 261819, <http://dx.doi.org/10.1155/2013/261819>
45. Falkingham J and Vlachantoni A, 'Social protection for older people in Central Asia and the South Caucasus' in SW Handayani and B Babajanian (eds), *Social Protection for Older Persons: Social Pensions in Asia*. Mandaluyong City, Asian Development Bank, 2012, pp.246-278
46. Curtis, Glenn E (ed), *Tajikistan: A country study*, Washington DC, GPO for the library of Congress, 1996
47. Falkingham J, Baschieri A, Evandrou M and Grant G, *Left Behind in Transition? The Well-being of Older People in Tajikistan*, CRA Discussion Paper No. 91, Centre for Research on Ageing, Southampton University, 2009, pp.1-21
48. Knodel J and Chayovan N, *Intergenerational Family Care for and by Older People in Thailand*, Population Studies Center Research Report 11-732, 2011, [www.psc.isr.umich.edu/pubs/pdf/r11-732.pdf](http://www.psc.isr.umich.edu/pubs/pdf/r11-732.pdf) (17 April 2013)
49. United Nations, *Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide*, New York, United Nations Department of Economic and Social Affairs, 2011, p.8
50. Knodel J and Chayovan N, *Gender and Ageing in Thailand: A Situation Analysis of Older Women and Men*, Population Studies Center Research Report 08-664, 2008
51. Jitapunkul S and Wivatvanit S, 'National policies and programs for the aging population in Thailand', *Ageing International* 33, 2009, p.64
52. Knodel and Chayovan, *Population Ageing*
53. UNFPA and HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, 2012, p.126
54. UNDESA, World Population Prospects: the 2012 Revision
55. Organisation for Economic Cooperation and Development, *Live Longer, Work Longer*, OECD, 2006, p.13
56. The current financial crisis and the accompanying budget cuts will have impacted Greece's income security but this would become visible in future data.
57. Hoff A, *Population Ageing in Central and Eastern Europe: Societal and Policy Implications*, Farnham, Ashgate, 2011
58. Population Ageing and Development 2012
59. See website of the US Social Security Administration, [www.ssa.gov/policy/docs/prodesc/intl\\_update/2013-04/index.html#mexico](http://www.ssa.gov/policy/docs/prodesc/intl_update/2013-04/index.html#mexico) (25 July 2013)
60. Pension Watch country fact sheet, Bolivia, [www.pension-watch.net/country-fact-file/bolivia](http://www.pension-watch.net/country-fact-file/bolivia)
61. Missoni E and Solimano G, *Towards Universal Health Coverage: the Chilean experience*, World Health Report (2010), Background paper 4, World Health Organization, 2010
62. Brown RL and Prus SG, *Social Transfers and Income Inequality in Old Age: A Multi-national Perspective*, SEDAP Research Paper 109, A Program for Research on Social and Economic Dimensions of an Aging Population, McMaster University Ontario, 2003
63. Wang H, Schumacher AE, Levitz LE, Mokdad AH and Murray CJL, 'Left behind: widening disparities for males and females in US county life expectancy 1985-2010', *Population Health Metrics*, 2013, 11:8
64. OECD, *Pensions at a Glance 2009*, p.56
65. Zaidi A, *Well-being of Older People in Ageing Societies*, Ashgate, 2008
66. See, for example, 'Positive Ageing', Municipal Association of Victoria, [www.mav.asn.au/policy-services/social-community/ageing/positive-ageing](http://www.mav.asn.au/policy-services/social-community/ageing/positive-ageing) (18 July 2013)
67. Age-Friendly NYC, Safe Streets for Seniors, [www.nyc.gov/html/dot/html/pedestrians/safeseniors.shtml](http://www.nyc.gov/html/dot/html/pedestrians/safeseniors.shtml) (18 July 2013)
68. United Nations, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development: The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*, New York, United Nations, 2013, p.21
69. World Social Security Report 2010/11: Providing coverage in times of crisis and beyond, Executive Summary, International Labour Organization, 2010, [www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms\\_146567.pdf](http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_146567.pdf)

**HelpAge International's Global AgeWatch Index presents how countries are responding to global population ageing.**

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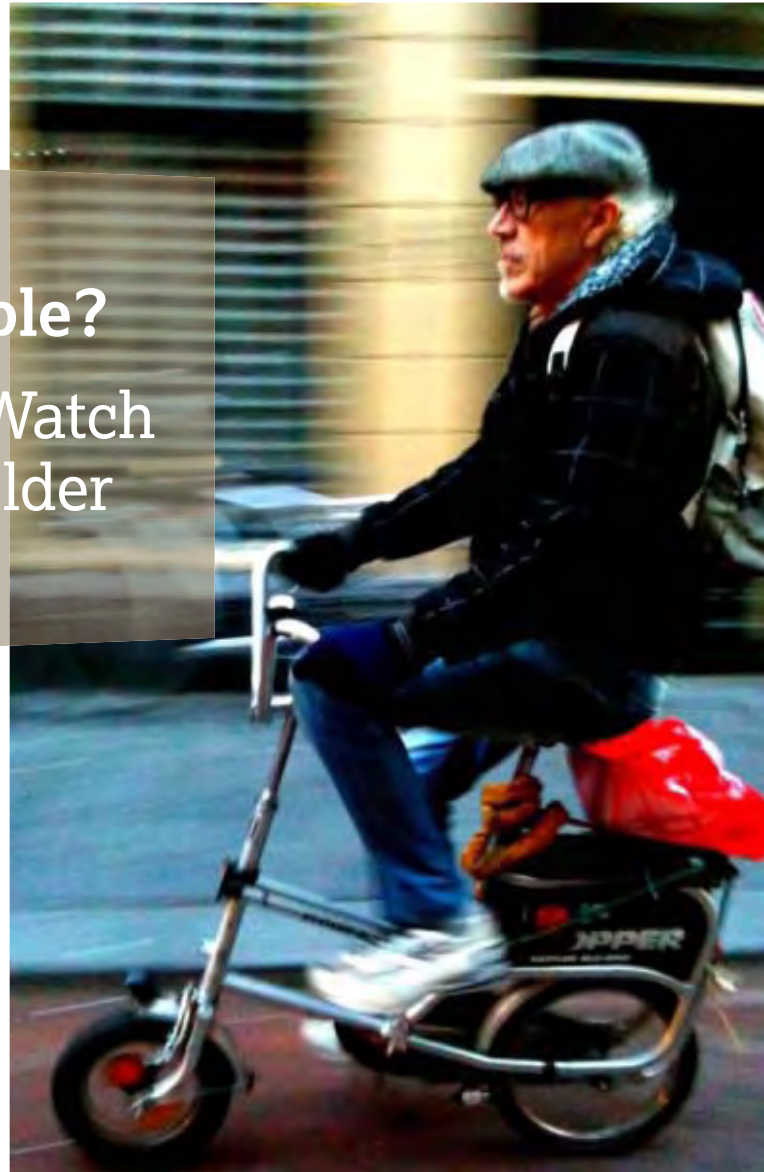
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