

Research and the Formulation and Implementation of Ageing Policy in Africa: The Case of Nigeria

Abimbola Asagba

Introduction and background

'Older people' as defined by the United Nations comprises the group of persons aged 60 years and over. Growing old is a normal phenomenon, but for many in Nigeria it constitutes a painful process attended by poor health, poverty and helplessness. This paper charts the background and history of Nigeria's policy response to ageing and the role that research has played, and still needs to play in its development.

Nigeria, with an estimated population of 133 million, is the most populous nation in Africa and the ninth most populous in the world. The country is culturally heterogeneous, housing 374 ethno-linguistic groups, with the three major ones being Hausa, Yoruba, and Igbo. Nigeria is a Federal Republic, consisting of 36 States, which in turn are divided into 800 Local Government Areas. While states possess a significant amount of autonomy, the federal government retains control over the economy and direction of the country as a whole.

The Nigerian context, above all, is characterized by entrenched poverty and inequality. A serious problem since the 1980's; the situation has continuously worsened over the past decade – including in the years since Nigeria's return to democratic rule in 1999. Today Nigeria's GDP per capita stands at \$328 (the highest ever value, achieved in 1977, was \$1,070). 70.2% of Nigeria's population are estimated to live below the absolute poverty line of \$1 per day, while 90% live below \$2 per day. A full 40.8% of the national income today goes to the top 10% of the population (UNDP, 2004). This situation, not surprisingly, has translated into a dismal human development situation. Nigeria is the 151st worst country out of 177 in terms of its human development index, which reflects bleak indicators such as the following (UNDP, 2004):

- Life expectancy at birth stands at only 51.6 years;
- The infant mortality rate is 110 per 1,000 live births;
- The under five mortality is 183 per 1,000 live births;
- The maternal mortality rate is 800 per 100,000 live births.

Dr Abimbola Asagba, Department of Health Systems Development; National Primary Health Care Development; Nigeria Email: aasagba@yahoo.com

Awareness of population ageing in Nigeria

Developing world awareness of population ageing began in 1982 when the first World Assembly on Ageing was held in Vienna. Yet, the Nigerian government did not show any interest until after September 1999, when a delegation of civil servants led by the Hon. Minister of Health attended the 4th global Conference of the International Federation of Ageing in Montreal, Canada. This attendance itself reflected the change in Nigeria's engagement with the international community after a decade and a half of military rule.

Following the delegation's report on the conference, Nigeria's Cabinet, the Federal Executive Council (FEC) decided to set up an Interministerial Committee (IMC) on Active Ageing. Two key factors prompted this decision: on the one hand, a growing media exposure of the often pitiable conditions of older citizens, in particular public sector pensioners whose pensions were woefully inadequate or overdue. Awareness of the 'plight' of older people was additionally raised by a number of reports from NGOs and small-scale Nigerian research, which documented their often poor economic and health status.

On the other hand, the FEC's decision was prompted by the growing global awareness - created particularly in the context of the designated 'International Year of Older Persons' in 1999 - of the projected rapid growth of the older population in African and other developing world countries. Keenly aware of Nigeria's omission so far to truly promote the well-being of its population, including its older citizens (despite, for example, being signatory to the 1977 World Health Assembly's call for health for all by 2000) – and further aware of Nigeria's expectation to provide leadership and inspiration to other African countries – the FEC felt compelled to act.

The IMC, comprising, among others, of the Ministries of Health; Employment, Labour and Productivity; and Culture and Tourism, was mandated to fashion a National Plan of Action on Active Ageing and, to this end, set up a Technical Sub-Committee to co-ordinate the task.

Each agency or ministry drafted a 'mini plan' for the areas that fell within its remit, and these were then collated into a broad national action plan. A national workshop was planned to sensitize government and public to the plan – but, in the event, this never materialized, nor was the action plan ever implemented, due mainly to a lack of government funds.

Following this standstill, each ministry or agency individually proceeded to map out their own main action points for the elderly (e.g. the Ministry of Employment, Labour and Productivity was to establish a human resources data bank for senior citizens; the Ministry of Health planned for the improved primary health care response to age-related disease [NPHCDA, 1999], while the Ministry of Culture and Tourism was to make available recreation centres for older citizens).

To overcome this impasse, the Ministry of Health decided to formulate a broad National Policy on the Care and Well Being of the Elderly, which, once adopted, could act as a basis for, and ensure the implementation and sustainability of the action plan. The policy was to draw its justification, on the one hand, from traditional Nigerian values of respect and regard for elders and, on the other hand, from older citizen's rights as enshrined in the country's constitution.

Despite these strong grounds, however, no government funding was made available for the development of the policy. Instead, the Ministry of Health had to depend on financial assistance from the WHO and a Nigerian NGO sponsored by the Ford Foundation.

The Role of Research in the Development of the Policy

Research evidence provided a vital basis for the drafting of the policy. The drafters conducted a review of the few available, uncoordinated and mostly dated Nigerian studies on older people (Ogburu and Adebago, 1980; Ekpenyong, Oyeneke, and Peil, 1987; Ogunbameru, 1987; Olusanya, 1989; Peil, 1995; Akeredolu-Ale and Aribiah, 2001) as well as of selected research evidence from other West African countries (Peil, 1995); and overview policy documents from industrialized nations such as the UK and US (World Bank, 1994; ONS, 1999). While much of this 'foreign' evidence was not particularly relevant to the Nigerian context, some comparative analyses were made and several useful conclusions drawn. In addition, some small-scale research was carried out by two of the drafting committee members themselves.

The Nigerian research evidence that was available for use, unfortunately, was mostly limited in scope – mainly small-scale and restricted to the Yoruba South West of Nigeria, and often lacking in rigour and accuracy – a reflection of the inadequate funds available to researchers in the Nigerian context. It thus was unable to provide a comprehensive or in-depth understanding of older people's situation or its implications.

Nonetheless, the evidence was sufficient to highlight that, contrary to common assumptions, many older people are no longer sufficiently cared for by the traditional family system. In a context of unemployment, urbanization, poor income and re-emerging communicable diseases, family members have often become unable to fulfil their customary support role to elders. The evidence also brought into relief key problems of older people that needed to be addressed, including poverty, preventable ill-health, malnutrition, marginalisation, and the impact of HIV/AIDS on their roles.

Obstacles to the Ratification and Implementation of the Policy

The draft National Policy on the Care and Well-being of the Elderly was finalized in March 2003. Yet, to date, it has not been ratified by the FEC. This delay is due, on the one hand, to hidden conflicts between ministries and the wish of each to be in control of the ageing agenda. On the other hand, and more significantly, it reflects the lack of genuine political conviction of the need for action on ageing, and the presence of other priorities on the part of the lawmakers.

Generally speaking, government's priorities have been firmly fixed on economic development and recovery, specifically linked to the oil, steel and agriculture sector, and on reform of the government's administrative and governance structures. Issues of human development and health, least of all that of older persons, have remained a low priority.

The need for research to generate political will

While lacking political will and different priorities are the factors directly underlying Nigeria's failure so far to ratify, let alone implement, the draft National ageing policy, a closer look suggests that the major cause is, in fact, a different one.

Lawmakers are not sufficiently sensitized to the scope, nature or seriousness of older people's problems, nor to the broad economic and social development implications of leaving these problems unaddressed in the context of rapid population ageing. The key cause of Nigeria's failure to act on ageing is thus the dire lack of comprehensive, high-quality evidence of the magnitude, nature and implications of the population ageing challenge, that would serve to sensitize policy-makers.

What is most needed, therefore, in order to push forward the ratification and implementation of the draft policy on ageing, is concerted, national level research – for example a National Baseline Survey – to provide such evidence, analysis and projections. If this can be put in place, collated and properly presented to the lawmakers, then a change of attitudes is guaranteed. The haphazard surveys conducted so far by individual researchers and NGOs are definitely not enough.

Once attitudes have changed, there will be a need for more specific research which can help policy makers to identify how to *fashion particular policies*, such as social protection or security programmes for those in the informal sector, or strategies to reorient health care provision to better respond to age-related disease.

At first, however, the vital need for research to create the political will to respond to population ageing, presents us with a dilemma. Given the current absence of such a conviction, government funding for such research, of course, are and will not be forthcoming. We currently lack funds to even carry out small-scale research. Initially, therefore, we are dependent on donor assistance to enable us to make the next necessary steps toward fostering actual action on ageing in Nigeria

References

- Akeredolu-Ale, A. and Aribiah, O. (2001). *Public policy and old age security in Nigeria*. Social Policy in Nigeria (SPIN) Monograph Series No.2. Ibadan, Nigeria: Josyvale Press.
- Ekpenyong, S., Oyeneye, O., and Peil, M. (1987). Health problems of elderly Nigerians. *Social Science Medicine*, 24, 885–888.
- National Primary Health Care Development Agency (NPHCDA) (1999). *Care of the elderly – A training manual for PHC Workers*. Nigeria National Primary Health Care Development Agency, Abuja, Nigeria.
- Office for National Statistics (ONS) (1999). *Britain 1999: The Official Yearbook of the United Kingdom*. London: The Stationery Office.
- Ogbru, B.A, and Adebago, S.A (1980). *The situation and care of the elderly in Nigeria*. Research Report of the Federal Ministry of Social Development, Youth, Sports and Culture, Lagos (unpublished).
- Ogunbameru, O.A (1987). Nigeria and possible crisis of retirement. *African Social Gerontology*, 5, 4–12.
- Olusanya, P.O (1989). Human reproduction in Africa: Fact, myth, and the martyr syndrome. *Research for Development*, 6, 69–97.
- Peil, M. (1995). Family help for the elderly in Africa. A comparative assessment. *South African Journal of Gerontology*, 4, 26–32.
- United Nations Development Programme (UNDP) (2004). *Human development report 2004*. New York: United Nations Development Programme.
- World Bank (1994) *Averting the old age crisis*. Oxford: Oxford University Press.