

**UNDERSTANDING AND RESPONDING TO  
AGEING, HEALTH, POVERTY AND SOCIAL CHANGE  
IN SUB-SAHARAN AFRICA:**

**A STRATEGIC FRAMEWORK AND PLAN FOR  
RESEARCH**

Outcomes of the Oxford Conference on  
*'Research on Ageing, Health and Poverty in Africa:  
Forging Directions for the Future'*,  
11-13 April, 2005; Oxford

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## EXECUTIVE SUMMARY

Sub-Saharan Africa's (SSA) population is ageing. In the next few decades the numbers of older people will increase exponentially from currently 36.6 million to 141 million in 2050, with their population proportion rising from 5 to 10%. An even sharper surge in population ageing can be expected if the AIDS epidemic – and the disproportionate death of younger and middle aged adults – continues.

Older people's lives in the region are characterised by growing inadequacies in customary family support systems, vulnerability to poverty and exclusion from health services. At the same time, they make critical contributions to the welfare of younger generations in their families and communities – most prominently as carers of children or grandchildren diseased or orphaned by AIDS.

The ageing of individuals and populations in SSA, and their emergent health and livelihood situations present key challenges, which are the result of, and in turn foster, societal change – and which African nations must begin to address. Societies need to understand the dynamics and implications of individual and population ageing, and governments need to develop policy responses to enhance the well-being and capacity of older people at present and in the future.

The international and African community, with the second United Nations World Assembly on Ageing in Madrid in 2002, the ensuing Madrid International Plan of Action on Ageing and key WHO and AU policy frameworks, has recognised and emphasised the urgent need to address and respond to population ageing in Africa. Yet, very little progress has so far ensued on the ground.

This omission reflects, in large part, the lack of evidence and knowledge upon which to build, and thus points to the vital need for enhanced research on ageing, health, poverty and development in sub-Saharan Africa: (a) to act as a catalyst to promote and inform policy development and (b) to enable Africa to gain a much fuller understanding than hitherto exists of the ageing-related social processes that shape the development of its individuals, families and societies.

This crucial need for research is stressed both in the Madrid Plan Action on Ageing and the WHO framework (as well as in the Commission for Africa's strong general call for enhanced research on the continent), and the UN together with the IAG has recently made first, valuable steps in developing a broad research agenda on ageing for the Africa region.

What is lacking, however, and urgently required at this juncture is a sufficiently manageable, and strategic, yet thorough framework, upon which the as yet small and fragmented African research community on ageing can jointly build in the coming years, to develop its capacity and produce high-quality, policy-and scientifically relevant research.

This report presents such a strategic framework, which is the outcome of focused and intense consultations by the key African and international stakeholders at the conference on '*Research on Ageing, Health and Poverty in Africa: Forging Directions for the Future*' in Oxford, 11-13 April 2005.

The framework is intended as a resource and guide for the research endeavour on ageing in sub-Saharan Africa over the next decade. Specifically, it provides a basis, which national and sub-regional research communities can use to (a) identify the particular short-, medium and long- term research priorities for their setting, and (b) develop plans and approaches to address them.

The framework provides key directions for research on ageing in Africa on a matrix of six levels:

1. Overarching principles for research
2. Key broad areas of information need and priority questions to which research needs to be directed
3. Specific priority questions on ageing, health, poverty and HIV within each area
4. Required cross-cutting approaches to be brought to the conception, design and planning of research addressing the priority questions
5. Key requirements and suggested practical steps for capacity building

In order to effectively take forward the identified directions for capacity building, the African conference delegates forged the establishment of an *African Research on Ageing Network (AFRAN)*, which will serve as a coordinating mechanism and vehicle for fostering African research, collaboration and capacity building, and as a platform for forging partnerships and exchange between institutions and bodies in the North and South. The network will be formally launched at the 18<sup>th</sup> congress of the International Association of Gerontology (IAG), 26-30 June 2005 in Rio de Janeiro in Brazil.

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## LIST OF ACRONYMS

AGES	-	African Gerontological Society
AU	-	African Union
BSG	-	British Society of Gerontology
CfA	-	Commission for Africa
CODESRIA	-	Council for the Development of Social Science Research in Africa
EAC	-	East Africa Community
ECOWAS	-	Economic Community of West African States
IAG	-	International Association of Gerontology
IFA	-	International Federation on Ageing
ISA	-	International Sociological Association
NGO	-	Non-Governmental Organisation
OIA	-	Oxford Institute of Ageing
SADC	-	Southern Africa Development Community
SSA	-	sub-Saharan Africa
UN	-	United Nations
UNDP	-	United Nations Development Fund

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## **PART 1: CONTEXT AND RATIONALES**

## 1. Introduction

The strategic framework and plan for research on ageing, health and poverty in Africa presented in this document is the outcome of focused consultations and discussions between key African, UK and international researchers, policy makers and practitioners who came together from 11-13 April 2005, for the conference on '*Research on Ageing, Health and Poverty in Africa: Forging Directions for the Future*', hosted by the Oxford Institute of Ageing, University of Oxford.

The conference aimed and enabled these stakeholders to jointly shape future paths and plans to foster, and build capacity for, high-quality, policy relevant and academically incisive research on ageing, health, poverty and development in Africa for the next decade.

The strong presence and the preliminary discussions of African delegates at the conference meant, moreover, that African research needs were debated and identified under *an agenda led and set by Africans*. This, of course, should be expected as requisite for any forum debating ageing in Africa and associated research needs, but - regrettably - this has not been the experience so far. What underpinned the stakeholders' endeavour at the Oxford conference were three core rationales.

*First*, that population ageing in sub-Saharan Africa is a real and important challenge, which is the result of, and in turn fosters, societal change, and which African nations need to begin to address now. Societies need to understand the processes and implications of individual and population ageing, and governments need to begin to develop policy responses to enhance the well-being and capacity of older people at present and in the future.

*Second*, that there is a vital need for enhanced research on ageing in Africa: On the one hand, to act as a catalyst for promoting and informing the development of policy responses to ageing. On the other hand, to enable Africa to gain a much fuller understanding than hitherto exists of how, in the course of individual and population ageing, its societies, and the roles and links of generations within them are changing and shaping future development processes - nationally, regionally and globally.

*Third*, and crucially, that research on ageing in Africa, if it is to fulfil these roles, must urgently address and resolve crucial questions of focus and direction.

It was to resolving these questions that the three-day discussions at the Oxford conference were geared, and the research framework and plan represents the key answers jointly forged by the delegates.

The remainder of this first part of the report charts in more detail the background, rationales, goals underlying the development of the research framework and plan, and the process of formulating it. The second part of the report then presents the full research framework and plan.



## 2. Background: the Dynamics and Context of Population Ageing in sub-Saharan Africa

### At the outset...

Awareness and discussions of population ageing in Africa, have arisen as part of the wider global debate on ageing in the developing world, which has gathered force in recent years, culminating, most prominently, with the second United Nations World Assembly on Ageing in 2002 in Madrid.

While much has been jointly discussed and common principles and themes underpin approaches to ageing in all developing world regions (UN, 2002a), it is clear that each region faces specific contexts and challenges and must fashion perspectives appropriate to them.

Any attempt to define common approaches to population ageing and research in sub-Saharan Africa (SSA), however, must begin by bearing in mind the tremendous diversity in the region's national and societal contexts in which the ageing of populations unfolds. SSA encompasses 43 main countries, and is far more diverse in terms of language, cultural expression, social organisation or the environment than, for example, Europe: Nigeria alone, for instance, comprises 374 ethno-linguistic groups (DFID, 2004; Nugent, 2004).

Yet, within this diversity there are a number of cross-cutting aspects that in many ways define the dynamics and context of population ageing in sub-Saharan and thus the challenges it presents for policy and research. It is these challenges, discussed in the following sections, that underlie the need for a plan for research on ageing for Africa.

### 2a. The dynamics of population ageing in sub-Saharan Africa

The first feature of population ageing in sub-Saharan Africa (SSA), is that the region's populace is still very **young** – the youngest in the world (see Table 1). 43% of SSA's inhabitants are children under the age of 15, while the proportion of older people (those aged 60 and above<sup>1</sup>) is only 5%. This contrasts with the much larger proportions of older people in all other developing and developed world regions.

**Table 1.** Population proportion of main age-groups in major world regions

	Age groups % of total population		
	0-14	15-59	60+
<b>SSA</b>	43.4	51.6	4.9
<b>Asia</b>	27.8	62.9	9.3
<b>Latin America</b>	30.0	61.3	8.8
<b>North America</b>	20.5	62.7	16.8
<b>Europe</b>	15.6	63.5	20.7

Source: United Nations (2005), *World Population Prospects. The 2004 Revision*

<sup>1</sup> The standard UN definition of old age as beginning at age 60 is adopted here, for the ease of drawing international comparisons, while recognising the many limitations and questions that exist regarding the local appropriateness of both a chronological definition, as well as the specific age of 60 itself.

SSA's populations are still at the beginning of the demographic transition. Fertility remains high (presently an average of 5.14 children per mother – compared to 2.3 in Asia and Latin America, and 1.43 in Europe) and is only gradually declining; while adult mortality<sup>2</sup> continues at high or very high levels – reflecting, in the main, the region's HIV/AIDS burden (WHO, 2004). Given these parameters, population ageing in sub-Saharan Africa will occur much more slowly than in the other developing world regions where mortality and fertility have seen marked and continuing declines in the past decades (UN, 2005). As Table 2 shows, by 2050 the proportion of older people in SSA is projected to be 8.3%, compared to 23.6% in Asia and 24.1% in Latin America. Developed world regions, of course, being at the end of their demographic transition will continue to have the oldest populations, though their rate of growth will be far slower than in the developing world.

**Table 2:** Projected population ageing, major world regions

	% of total population aged 60+		
	2005	2025	2050
<b>SSA</b>	4.9	5.5	8.3
<b>Asia</b>	9.3	14.9	23.6
<b>Latin America</b>	8.8	14.5	24.1
<b>North America</b>	16.8	24.2	27.0
<b>Europe</b>	20.7	28.0	34.5

Source: United Nations (2005), *World Population Prospects. The 2004 Revision*

Within Sub-Saharan Africa the rate of population ageing will show slight regional variations, proceeding most rapidly in Southern and West Africa, and more slowly in Central and East Africa (see Table 3).

**Table 3:** Regional Variations in Rate of Population Ageing in sub-Saharan Africa

	% of total population aged 60+		
	2005	2025	2050
<b>Central Africa</b>	4.6	2.3	6.2
<b>East Africa</b>	4.6	5.1	8.1
<b>Southern Africa</b>	6.7	11.0	12.4
<b>West Africa</b>	4.8	5.4	8.8

Source: United Nations (2005), *World Population Prospects. The 2004 Revision*

Despite the relative 'youth' of its populace, and its comparatively slow pace, population ageing in sub-Saharan Africa presents a real and important challenge, which societies and governments must recognise and begin to address now. The key reasons for this are four-fold:

- i) Many countries, above all those most severely affected by the HIV/AIDS epidemic, may see a sudden surge in premature population ageing (i.e. a sharp rise in older people's share of the total population) as a result of the disproportionate death of prime-aged adults from the disease (Lloyd-Sherlock, 2000; Disney, 2002).
- ii) The absolute **numbers** of older people already alive and projected for the coming years (see Table 4). SSA is already home to **36.6** million older people

<sup>2</sup> Defined as mortality between the ages of 15-60 see WHO (2004)

and, by 2025, their numbers will have almost doubled to **63** million. By mid-century the number will have reached **141** million – a more rapid increase than for any other age-group (United Nations, 2005).

- iii) Older people in sub-Saharan Africa, once they have reached 60 years, can expect to live many more years - almost as long as older people in other regions. As Table 4 shows, life expectancy at age 60 and 80 in SSA does not dramatically differ from that in other developing or even developed world regions.

**Table 4.** Life Expectancy at age 60 and 80 yrs, major world regions

	<b>Life Expectancy (yrs) at 60</b>	<b>Life Expectancy (yrs) at 80</b>
<b>SSA</b>	16	6
<b>Asia</b>	18	6.8
<b>Latin America</b>	19.5	7.1
<b>North America</b>	21.9	8.9
<b>Europe</b>	21.3	8.2

Source: United Nations (2002b) World Population Ageing 1950 – 2050

- iv) All indications are that the lives of the growing numbers of older people in sub-Saharan Africa are characterised by:

- Changing dynamics, and a growing inadequacy of customary, especially material, family support
- Poverty and material Deprivation
- Ill-health and marginalisation from health services
  
- At the same time, and often with great difficulties, older people continue to make critical contributions to the welfare of their families, communities and societies – most prominently as carers of grandchildren or children orphaned or dying from AIDS. In Namibia, Zimbabwe and South Africa, for example, more than 60% of AIDS orphans are estimated to live with grandparents (UNICEF, 2003).

Older people, in other words, face serious unmet health and livelihood needs, which, at the same time, strain their capacity to make their vital family and societal contributions. These present key challenges for policy (for overviews see: Aboderin, 2004, 2005; Ogwumike and Aboderin, 2005; Apt, 1996; HAI, 2002; 2004; Randel *et al.* 1999, AU/HAI, 2003; WHO, 2002a; WHO/INPEA, 2002).

- v) The growing number of older people, their emergent health, livelihood and capacity needs, and the related policy challenges are a result – and, in turn, require an understanding of – important processes of change in families and societal institutions, and in the roles, links and perceived entitlements of generations within them.

## **2b. The context of population ageing in sub-Saharan Africa**

The broad development context within which the growth and unmet needs of sub-Saharan Africa's older population are unfolding is typified by two key features: On the one hand, economic stagnation, deepening poverty and weakening human

development. On the other hand, progress in governance and regional collaboration, and concerted international endeavours to achieve sustainable development in sub-Saharan Africa. These features are pivotal in shaping the policy developments and emerging challenges for research on ageing in the region.

### *Economic stagnation, deepening poverty and weakening human development*

Over the last decade, economic growth in most of sub-Saharan Africa did not outstrip the increase in its population. In contrast to all other developing world regions (which have seen drastic improvements in their fortunes in recent times), therefore, SSA ended the Millennium poorer than it was in 1990. 23 countries in the region are now poorer than they were in 1975. Today, over 50% of sub-Saharan Africa's inhabitants live under \$1 per day, the great majority under \$2, and it is globally the only region where the proportion of people living in poverty is expected to grow (UNDP, 2002a, 2004; Commission for Africa (CfA), 2005).

The HIV/AIDS epidemic, which is affecting sub-Saharan Africa more severely than any other world region, is a key contributor to this crisis. SSA houses 64% (25.4 million) of all people living with HIV/AIDS and, in 2004 alone, the epidemic claimed 2.3 million lives in the region, leaving over 12 million AIDS orphans (UNAIDS, 2004). The epidemic is destroying human capital in the essential sectors of health and education, and is eroding societies' capacity for economic growth. South Africa, for example, lost \$7 billion annually to the epidemic between 1992 and 2000; across 33 countries it is estimated to have reduced annual GDP growth by 1.1% (ILO, 2004, UNDP, 2002 b).

The entrenched poverty and HIV/AIDS together have halted or even reversed improvements in human development in most of sub-Saharan Africa, which now has globally the *most dismal human development indicators*: 32 of the 36 'low Human Development' ranked countries are in SSA (UNDP, 2004). This situation is reflected, above all, in the low and falling life expectancies at birth (LEB) in the region – the lowest in the world. In 26 countries, LEB is now lower than it was in 1980. In 30 out of the 43 sub-Saharan African countries, the life expectancy of a child born today is under 50 yrs, in 8 countries it is under 40, and in none does it reach 60yrs (UN, 2005).

SSA's low life expectancies are a result of the region's persistently high adult, infant and child mortality rates, which largely reflect the impact of HIV/AIDS, maternal deaths, TB and Malaria - the largest killer among children. In 25 countries, 1-2 in 10 children die before the age of five (UNDP, 2004; WHO, 2004). The high mortality also reflects the dismal state of health services and hygiene infrastructure in the region: all of the world's 20 worst performing health systems are in SSA (WHO, 2000), and only 50% of the populace has access to improved water sources. An equally grave situation affects education: only 60% of all children are enrolled in primary, and even less in secondary school, and the tertiary sector is in a state of crisis (UNDP, 2004; CfA, 2005).

### *Progress in governance, regional collaboration and development efforts*

In contrast to the trends in human and economic development, sub-Saharan Africa has seen positive developments in the political arena. There has been palpable progress in the area of governance in recent years, with some 10 or so nations moving towards democracy from military rule or dictatorships, and at least some countries making inroads into tackling corruption (CfA, 2005). At the same time, nations have enhanced their collaboration – through regional fora such as the revitalised African Union (AU) and NEPAD, and through sub-regional organisations such as ECOWAS, SADC or the EAC – and have made regional commitments to meet shared political and development challenges (CfA, 2005; Grainger, 2005).

### ***Regional policy foci and priorities***

These regional development endeavours – and the global poverty eradication initiatives with which they are linked – focus, above all, on achieving the eight Millennium Development Goals (MDGs), jointly set by the international community in 2000, to be reached by 2015 (UN, 2000). While all other developing world regions such as Asia have made great strides and are on track to meeting the goals, sub-Saharan Africa is not: by rates of current progress it will take the region over 100 years more to meet achieve them (UNDP, 2002 a, c, 2004; Brown, 2005). The MDGs overwhelmingly concern human development and poverty challenges that relate to *younger age groups* – i.e. infant, child and maternal mortality, HIV/AIDS infection and school enrolment. Mainstream development policy priorities in sub-Saharan Africa thus lie squarely with younger people (who, understandably are seen as the ‘future’). Very little, if any, explicit focus is given to older people and population ageing. These priorities are manifest, for example, in the Commission for Africa’s report, which emphasises the need to invest in younger people as a way to achieving a ‘strong and prosperous Africa’ (CfA, 2005), and in its promotional audio-visual material, which almost exclusively portrays images of children – an imagery that has come to be all too familiar in development appeals for Africa.

### **3. Responding to Ageing in SSA: Policy Rationales and Developments**

Against this context, a series of recent UN, NGO and AU initiatives have worked hard to highlight the omission of older people from mainstream development thinking – and to powerfully argue for Africa’s need to address the welfare and capacity of its older population, as an *integral* part of overall development efforts.

At UN level, the initiatives began in 1999, the designated ‘International Year of Older Persons’ (IYOP), and culminated, most prominently, with the Second UN World Assembly on Ageing in 2002 Madrid. The Assembly generated an international momentum of support for government action on population ageing, underpinned by two central frameworks for such action (a) the UN *Madrid International Plan of Action on Ageing* (MIPAA) (UN, 2002a), and (b) the WHO *Active Ageing* policy framework (WHO, 2002b), which specifically focuses on policy to ensure the health, participation and security of older people.

At regional level, and in the wake of the Madrid Assembly, the African Union (AU) formulated the *African Policy Framework and Plan of Action on Ageing* in conjunction with HelpAge International (HAI) (AU/HAI, 2003). HAI in its own right has played a critical NGO role in promoting and advocating for developing world action on ageing in recent years.

### ***Key rationales***

The Madrid Assembly and AU Plan have raised **three** powerful moral and economic rationales that underpin the imperative need for policies to address older people and population ageing in Africa, namely:

i) Rights and social justice

The need for countries - as a matter of social justice - to fully honour and realise older people's fundamental human and citizens' rights. These are enshrined in the UN Principles for Older Persons, which emphasise their right to independence, participation, care, self fulfilment and dignity (UN Resolution 46/91), and in other UN resolutions such as the 1986 Declaration on the Right to Development (UNHCHR, 2003).

ii) Older people's contributions to development

The significant and often vital contributions that many older people, for example in the context of HIV/AIDS make to the welfare of younger generations in their families and communities, and thus to their societies as a whole. In view of these contributions, efforts to support the capacity of older people must, in fact, be seen as a basis for fostering overall human and economic development (HAI, 2002, 2004; Barrientos, 2002).

iii) Prudence'

The need and the opportunity for African nations to exercise 'prudence', by developing responses to population ageing (e.g. adapting health systems), now; in order to avoid the need for piecemeal and inevitably costly adjustments later on.

iv) Reciprocity

A final argument highlighted specifically in Africa is the need for governments to honour and reciprocate 'the investment made by older people to the well-being of the...states' and thus to recognise 'the debt which...states owe these senior citizens' (OAU/HAI, 2000).

### ***National policy developments***

In light of these powerful arguments, a number of sub-Saharan African countries have in recent years formulated or drafted National policy frameworks or action plans on ageing (see HAI, 2002). However, only few countries have actually ratified or implemented comprehensive policies for older people on the ground. Exceptions include the social pensions instituted in South Africa, Namibia, Botswana or Senegal and limited health cost exemption schemes for older people in Ghana. For the most part, therefore, and despite the potent rationales put forward, very little national policy action on ageing has ensued in sub-Saharan Africa.

Possible, and likely overlapping reasons for this omission include:

- a) A lack of interest or awareness of the importance of addressing population ageing
- b) Competing (and possibly perceived as conflicting) priorities for spending scarce public development resources, with a focus on younger age-groups or on macro economic improvements
- c) A lack of interest in exercising prudence geared to the long-term. And, finally, a lack of information or evidence upon which to base the design and implementation of appropriate and effective policy responses (see, e.g. Apt, 2005; Asagba, 2005)

#### **4. Gaps in Research, Understanding and Knowledge**

This policy gap exposes the great dearth of sub-Saharan African research on ageing to date. Gerontological research in the region is only carried out by a small and fragmented number of individuals or institutions in only a few countries, and it is often of limited coherence, scale and rigour. Training in gerontological inquiry is largely non-existent (see Ferreira, 2005; Gachuhi and Kiemo, 2005; Nhongo, 2005).

As a result there are serious limitations in African knowledge of the dynamics and specific contexts of individual and population ageing and their implications for societal institutions and policy. On a broader level, there are thus major gaps in understanding of how Africa's societies and families, and the roles and links of generations within them are changing, and thus shaping future development processes nationally, regionally and globally.

#### **5. Need and Challenges for Enhanced Research**

These knowledge gaps highlight the vital need for more and enhanced research on ageing, health, poverty and societal development in sub-Saharan Africa. First, to act as a catalyst to **promote** and **inform** policy development. Second, to generate a much fuller understanding than hitherto exists of the key ageing-related social processes shaping the nature and evolution of its individuals, families and societies. Such insights are urgently required to advance African and international social science debates, and, in particular, to foster a presently absent African scientific discourse on gerontology.

The crucial need for research to support and inform policy on ageing has been recognised, and is stressed in the Madrid International Plan of Action on Ageing (UN, 2002a). It is also expressed in the powerful general calls, by the Commission for Africa, for enhanced research and evidence generation in Africa as a **critical** prerequisite to finding policy solutions for the region's development (CfA, 2005).

In response to the policy-related research need, the United Nations in conjunction with the International Association of Gerontology (IAG) have recently formulated a *Research Agenda on Ageing for the 21<sup>st</sup> century* (RAA 21) for the African region, which follows on from the global RAA 21 and is directly linked to the implementation of the Madrid Plan (UN/IAG, 2002; 2003).

These developments present a crucial and valuable first step. However, the RAA 21s remain relatively broad, and give little attention to capacity building, required principal orientations, and the generation of analytical insights beyond the policy need.

The agendas, therefore, do not provide a sufficiently manageable and strategic, yet thorough basis upon which the small African research community on ageing can jointly build in the coming years, to develop its capacity and produce high-quality research that is both policy- and scientifically relevant.

## **6. Developing a Research Framework and Plan: key Goals and Processes**

The urgent need, at this juncture, is thus for the forging of such a basis. What is required is a sufficiently focused, strategic research framework that pinpoints (a) main broad areas and priority questions to be addressed, (b) necessary orientations for the conception, design and dissemination of research; and (c) practical steps (in terms of collaboration, exchange, training and relation building) that African researchers, in partnership with others, can take to enhance their research capacity and policy influence.

The African and other delegates at the Oxford conference in April 2005 set out to jointly forge these directions, through a process of strategic consultations, discussions and feedback prior, during and following the meeting, which centred on **eight** key questions:

- a) What **research evidence** is needed to **promote** policy action (i.e. raise political awareness and interest)?
- b) What types of research evidence are needed to **inform** the formulation of appropriate and effective policy approaches?
- c) What types of research evidence are needed to generate understandings to advance scientific debates?
- d) What can researchers do to enhance the ability of research to influence policy action and contribute to academic debates?
- e) What are the specific priority **research questions** to be addressed in the areas of ageing and health, poverty and HIV/AIDS?
- f) What are the key factors currently limiting the African research capacity on ageing?
- g) In what ways can the research capacity on ageing in Africa be supported?
- h) What concrete steps can the African research community on ageing take, in partnership with others, to take forward any identified directions?



The research framework and plan set out below represents the outcomes of the delegates' consultation, collating all key points, perspectives and suggestions that were raised. It is intended to serve as a resource and guide for the research endeavour on ageing in Africa in the next decade. Specifically, it is intended as a basis upon which national and sub-regional research communities can build to identify the chief research priorities for their setting, and develop plans to address them. Essentially, however, the framework should always be seen as 'work in progress' – to be refined and adapted as new insights or directions emerge.

## **PART 2: THE RESEARCH FRAMEWORK AND PLAN**

## 1. The Framework and Plan: Key Challenges and Dimensions

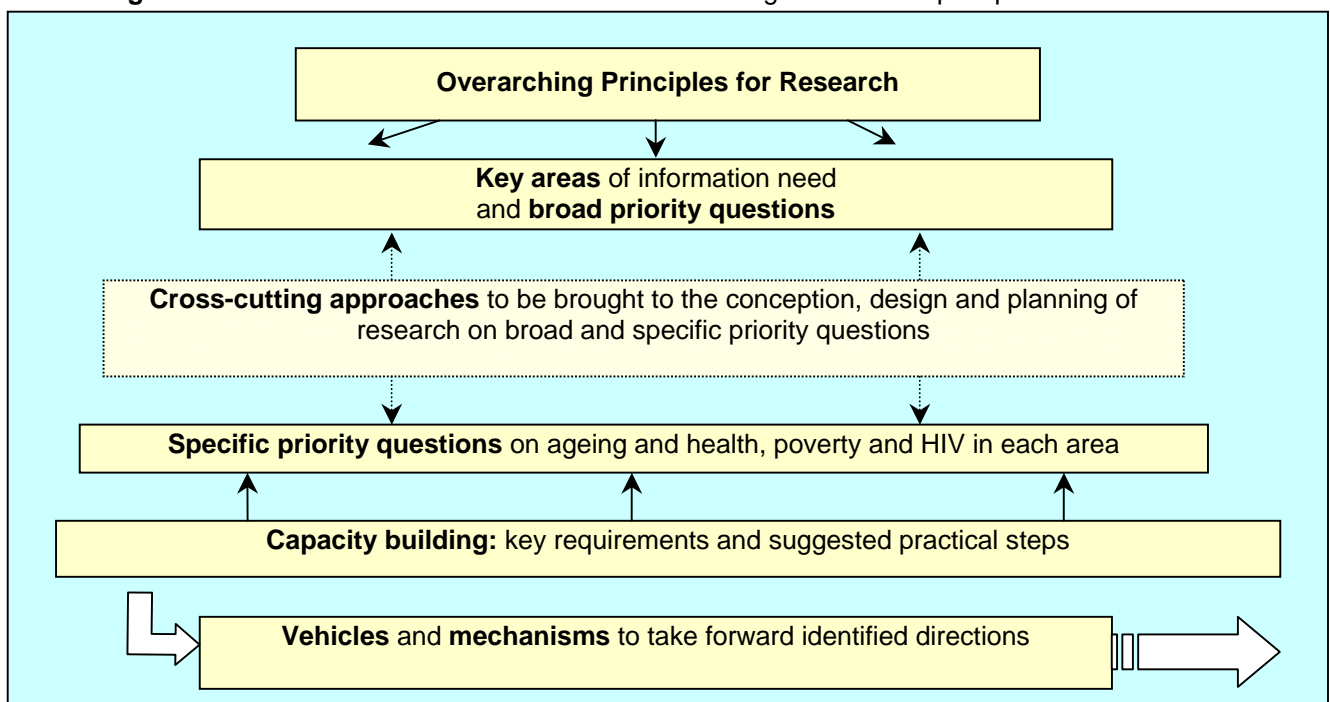
The key challenge in developing the framework and plan was to marry the need for a sufficiently concise and 'manageable' strategy, on the one hand, with the need to do justice to the complexity and range of the facets that research must address, on the other. In order to achieve this, and thus to provide a meaningful basis for the African research endeavour on ageing, the plan provides directions in a matrix of **six** interrelated levels, namely:

1. Overarching principles for research
2. Key broad areas of information need and priority questions to which research needs to be directed
3. Specific priority questions on ageing and health, poverty and HIV within each area
4. Required cross-cutting approaches to be brought to the conception, design and planning of research addressing the priority questions
5. Key requirements and suggested practical steps for capacity building
6. Proposed vehicles and mechanisms to take forward identified directions  
(see **Figure 1**)

## 2. Using the Framework: Pinpointing National and Sub-regional Research Priorities

While the overarching principles and required approaches for research apply across all settings, the broad and specific priority questions to be addressed will always be fluid - varying across settings, contexts and time spans. The framework should thus be seen as a basis, which national and sub-regional research communities can use to: (a) pinpoint the most urgent short-, medium- and long- term priority research questions for their particular setting, and (b) develop plans for co-ordinated research activities and approaches to address them - including plans for regular stocktaking, revision and, where necessary, **reprioritisation**.

**Figure 1:** Matrix of six distinct levels for which the strategic framework/plan provides directions



### 3. Overarching Principles for Research

Research on ageing in sub-Saharan Africa in the coming years needs to honour four key principles:

1. Research must as far as is possible be **coordinated** and **complementary and address major policy-related priority information needs**: what is to be avoided is a clutter of disparate research projects and reports, which are extraneous to regional or national priority information needs
2. Research must **go beyond mere description** towards generating deep analyses of the nature, causes and implications of the evolving situation, contexts and experiences of older people. In doing so, research will be able both to meaningfully address policy-related information needs, and generate scientifically relevant insights.
3. Research must **critically examine** the relevance of 'Western' concepts or theories for understanding ageing in sub-Saharan Africa, and **develop new Africa-based interpretations** and theoretical perspectives on individual and societal ageing in the region.
4. Similarly, research must strive, where relevant – as for example in research on mental or psychological health – to **develop measurement instruments** that are appropriate for use in Africa. Western instruments are often inappropriate

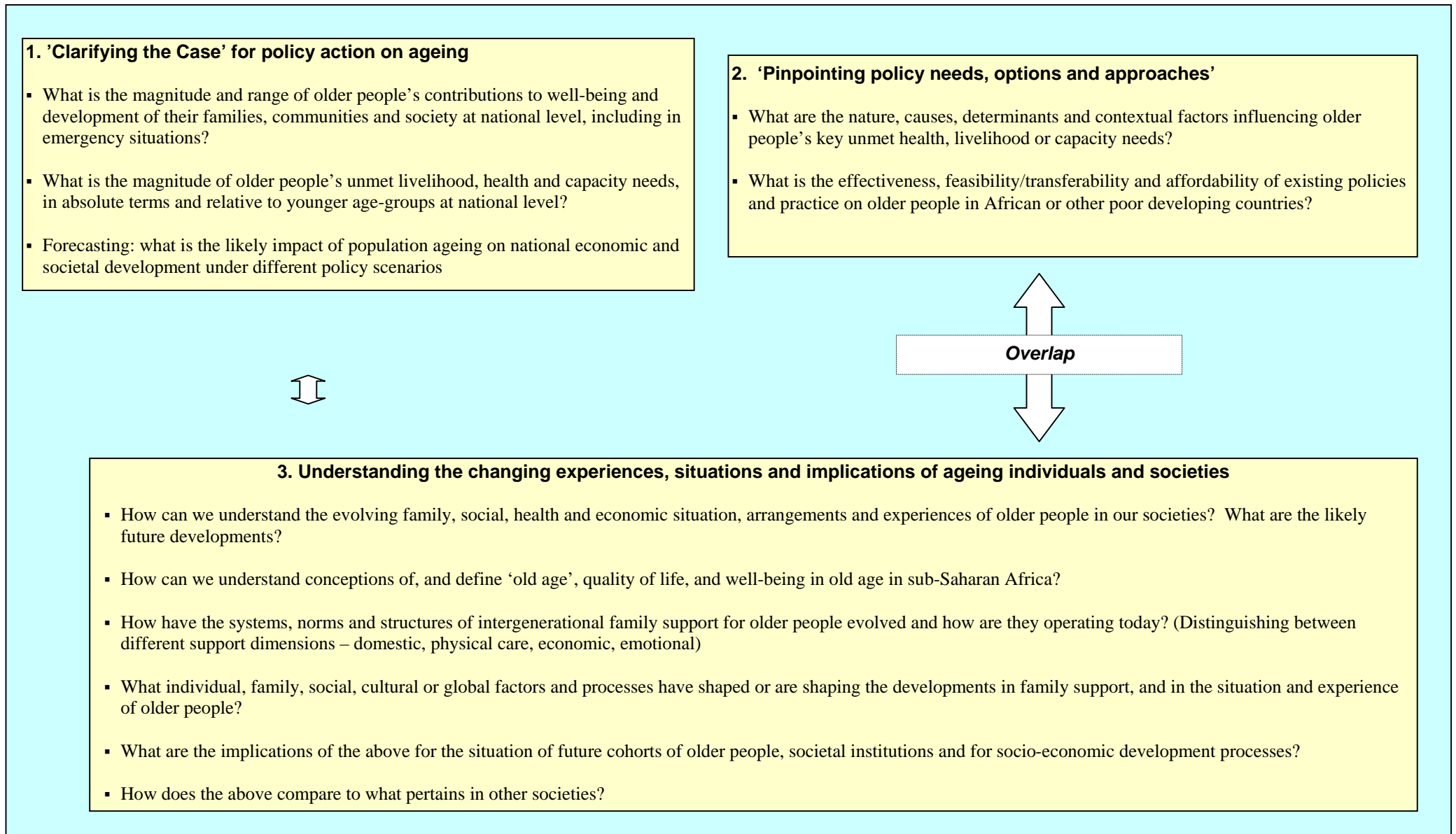
### 4. Key Areas of Information Need and Broad Priority Questions

Research on ageing in sub-Saharan Africa in the next decade needs to be directed to three key, overlapping, arenas of information need, and the broad priority questions raised by them:

- a) **'Clarifying the case'** on the need for national policy action on ageing, in order to promote political awareness, interest and engagement
- b) **Identifying specific policy needs, appropriate and effective policy options and implementation approaches** in order to inform the formulation and enactment of policy
- c) **Understanding the evolving experiences and situations and implications of ageing individuals and societies**, in order to:
  - Foster a multidisciplinary African scientific discourse on gerontology
  - Contribute to theoretical or empirical debates in the international gerontological debate
  - Contribute to empirical or theoretical debates in other African or international social- science and development discourses

The broad priority questions arising within each area are outlined below in **Figure 2**. Central to understanding all three areas, as the figure indicates, is the generation of knowledge on the family and intergenerational structures and support dynamics, which fundamentally shape older people's conditions and situation in the African context.

**Figure 2:** Key Areas of Information Need and Associated Broad Priority Questions



## 5. Cross cutting approaches needed for research design and planning

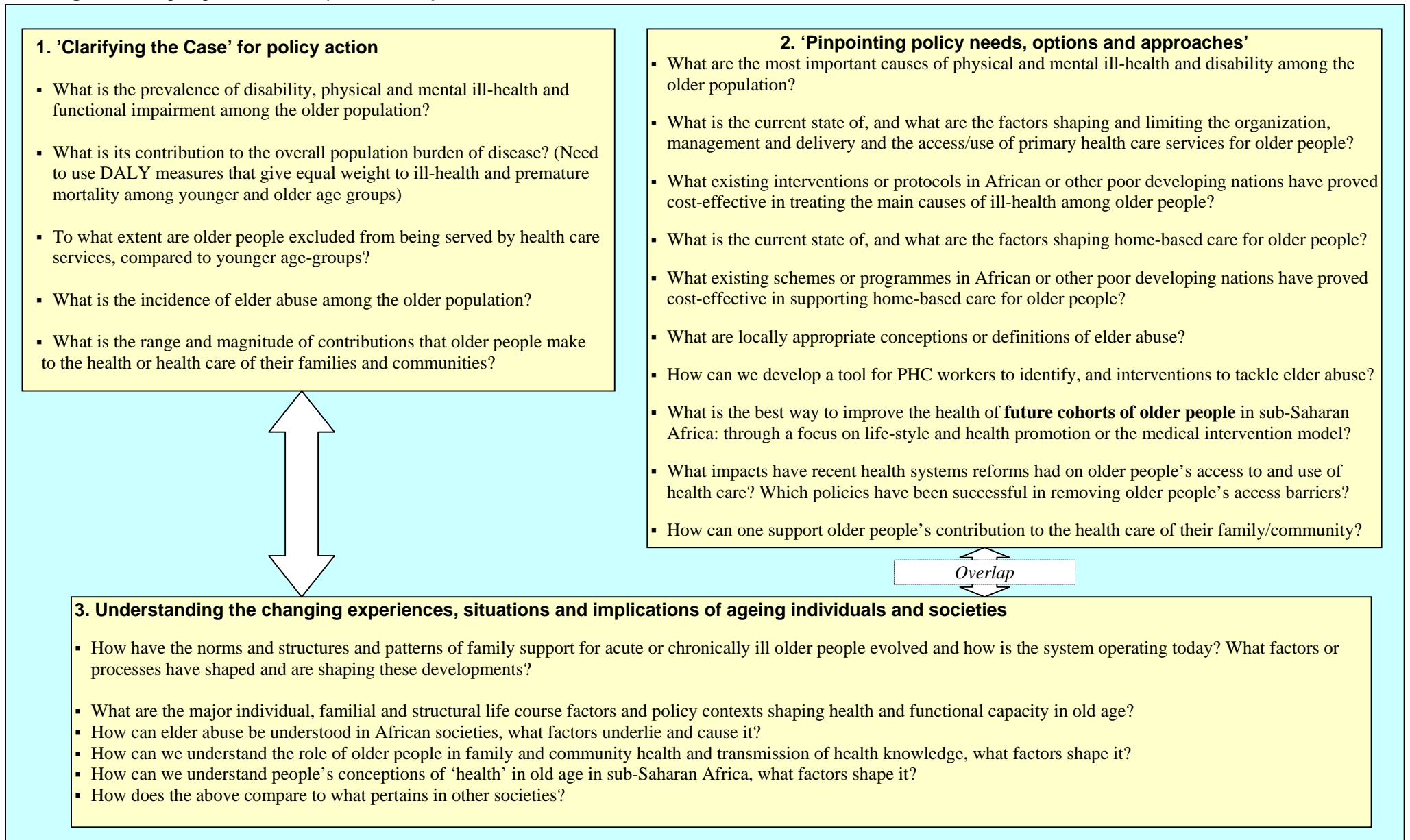
There are **ten** key, cross-cutting approaches and considerations that researchers need to bring to the conception, design and planning of research addressing broad or specific priority questions, namely:

1. Wherever appropriate (e.g. in the area of HIV/AIDS) draw on methodological insights gained or lessons learnt by research in other poor developing regions such as Asia (see Knodel, 2005)
2. Strive, as a matter of course, to design research that is unbiased and methodologically rigorous
3. Strive, as a matter of course, to include analyses of rural/urban, gender, ethnic- and age-group differences
4. Where feasible and appropriate, engage in cross-national comparative research in order to deepen insights and enhance the 'weight' of findings at a national and broader regional or pan-African level
5. In the shorter term, and prior to developing new research, conduct systematic reviews of the existing literature to ascertain what knowledge already exists and build on it.
6. Strive to analyse and understand national or sub-national policy contexts and relate the conception of research to the specific information needs raised by them
7. Engage, from inception, relevant policy makers, practitioners and communities in the process of research development
8. Forge strategic, small policy-research partnerships with key policy makers
9. Carefully select policy audiences and communicate research findings to them in 'appropriately packaged', coherent - and creative – forms (e.g. policy briefs)
10. Wherever possible, strive to triangulate quantitative and qualitative methods either within or between individual research projects. Both large-scale quantitative data and qualitative data providing in-depth understandings and narratives are needed meaningfully address the broad and specific priority questions.

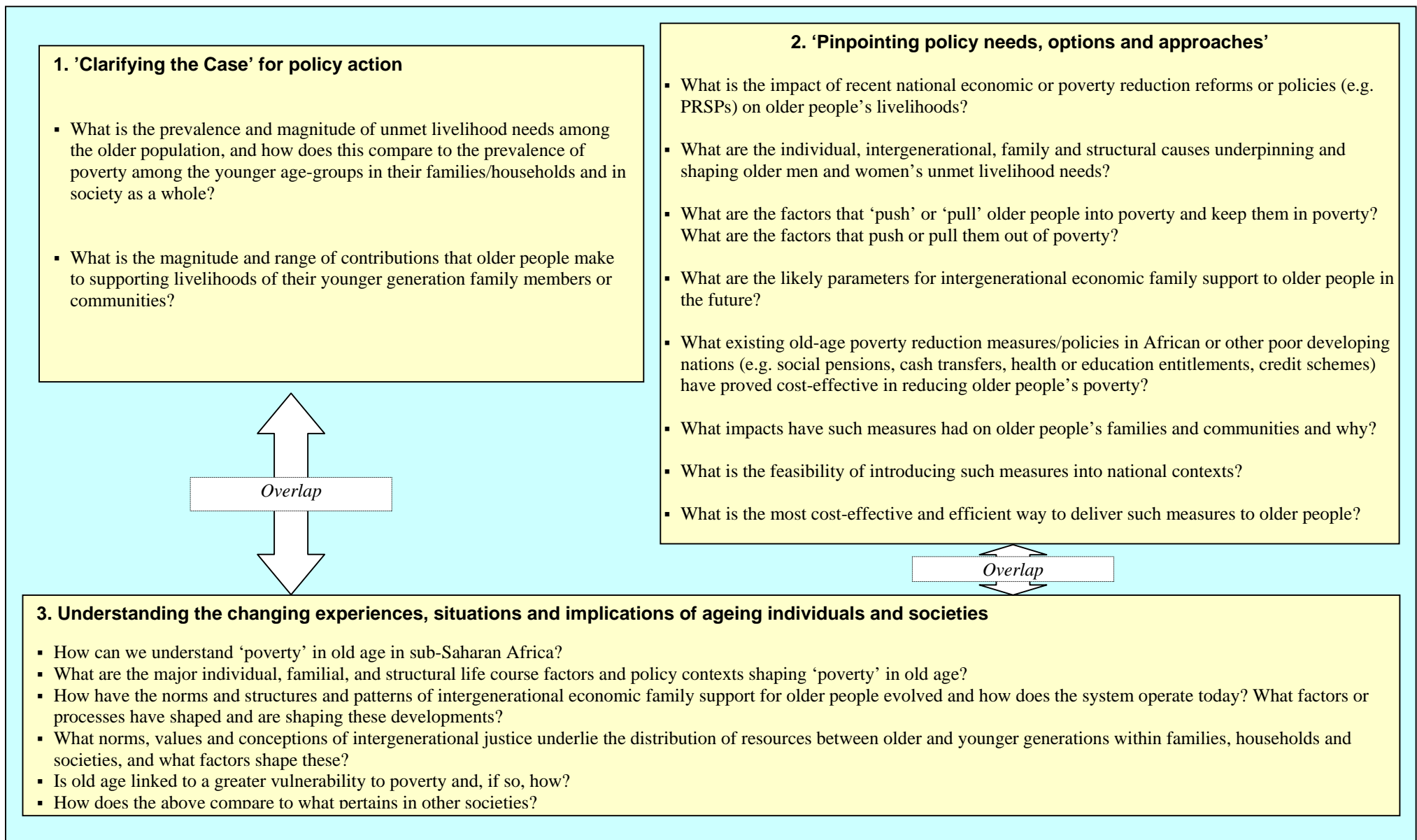
## 6. Specific Priority Questions on Ageing and Health, Poverty and HIV/AIDS

Within each key arena of information need arise a range of specific priority questions for the areas of ageing and health; ageing and poverty; and ageing and HIV/AIDS. These are outlined below in **Figures 3, 4** and **5** respectively

**Figure 3.** Ageing and Health: Specific Priority Questions

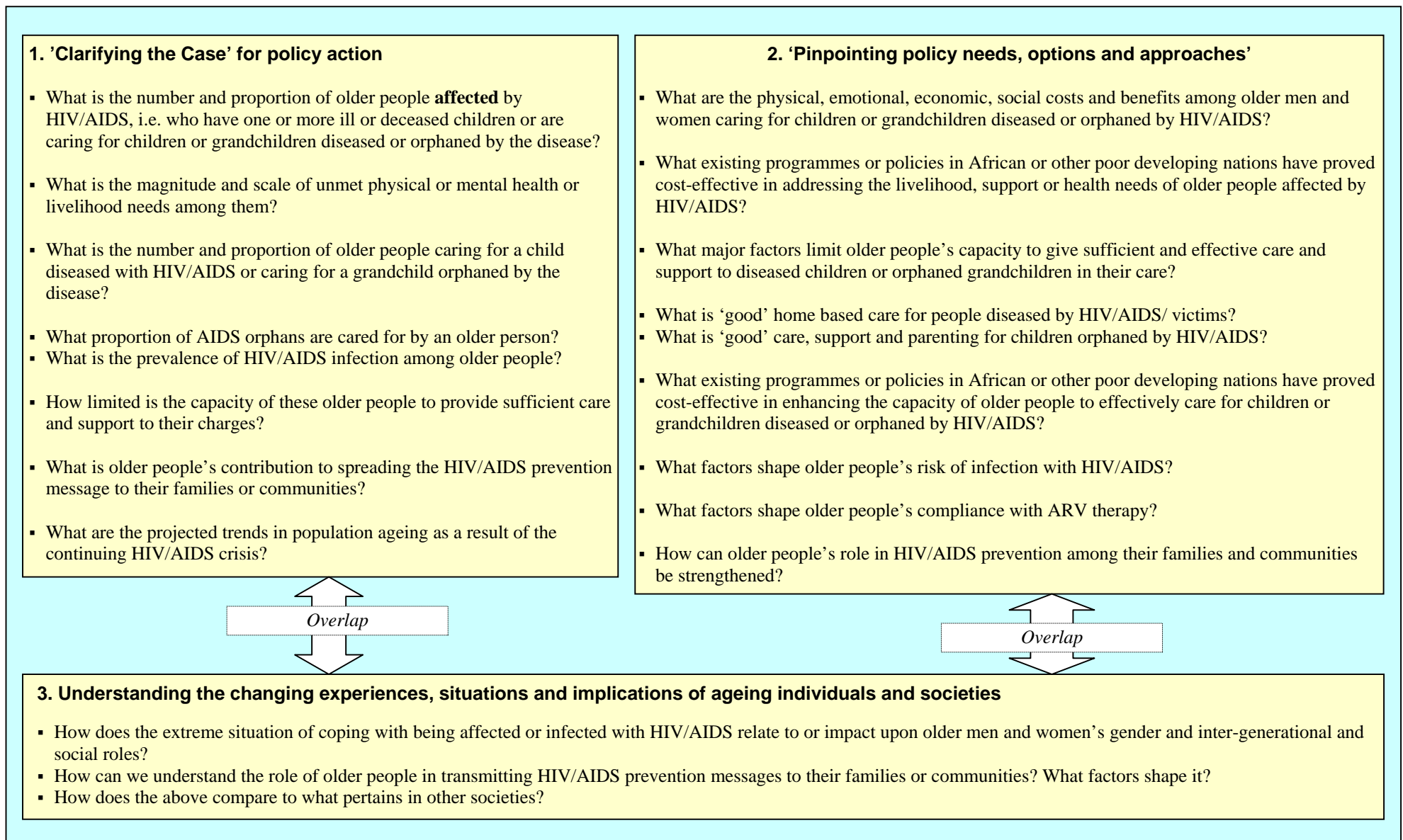


**Figure 4.** Ageing and Poverty: Specific Priority Questions





**Figure 5.** Ageing and HIV/AIDS: Specific Priority Questions



## 7. Key Requirements and Suggested Steps for Capacity Building

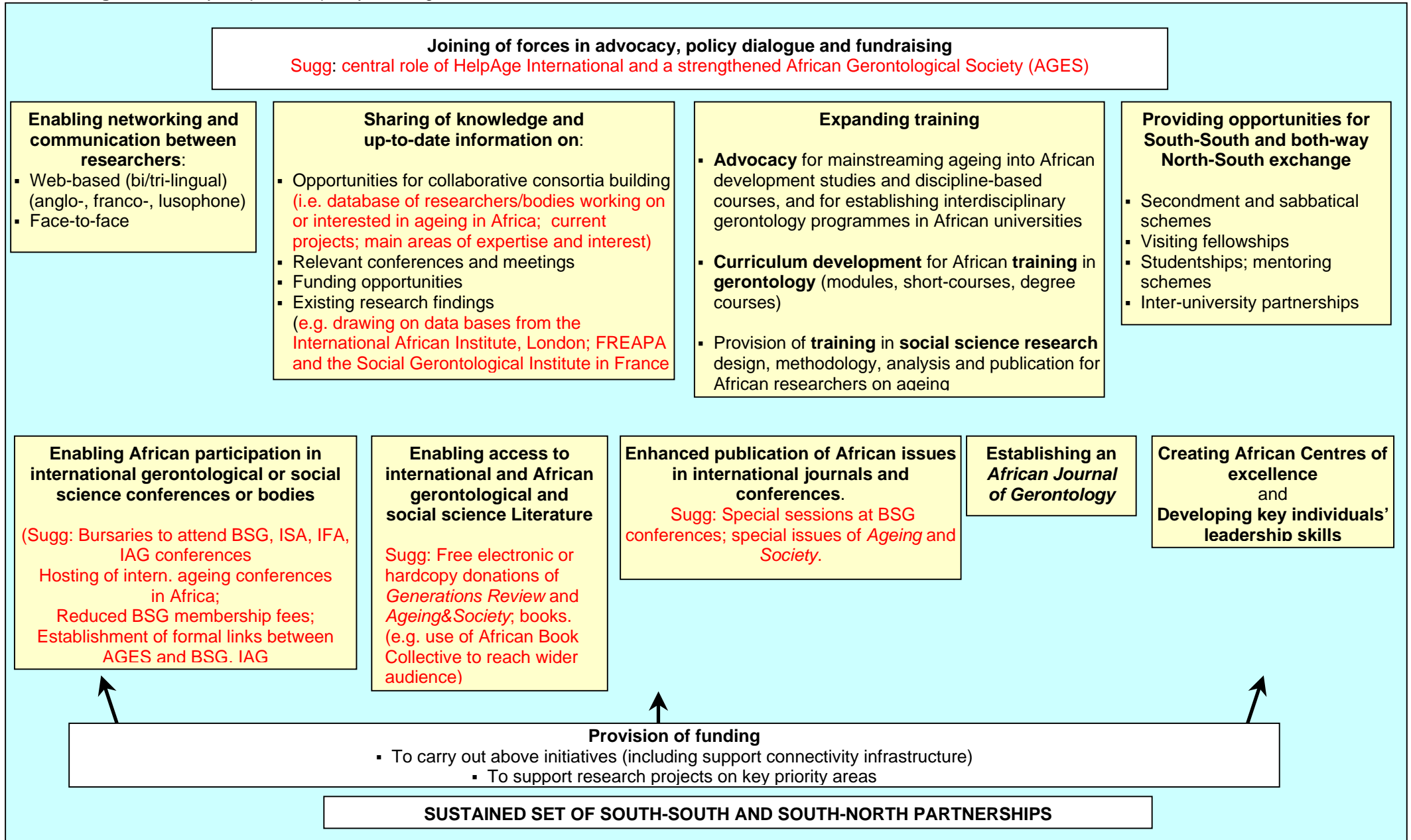
Capacity building is vitally needed if the, as yet, small research community on ageing in Africa is to foster enhanced high-quality, policy- and scientifically relevant research on the identified key priority areas in the coming years. Such building of capacity needs to attain **five** major goals:

1. **Enhanced coordination, expertise sharing and collaboration in research**
2. **Enhanced access to resources for research**
3. **Enhanced skills, expertise and competency in gerontology and social science methodologies**
4. **Enhanced participation in international gerontological and social science discourses and cultivation of an African multidisciplinary scientific discourse on ageing**
5. **Enhanced dialogue and partnerships with the policy making process**

Achieving these goals urgently requires a range of specific capacity building initiatives, which are presented in **Figure 6** below. These initiatives can only be realised, however, if they are supported by *a sustained set of South-South and North-South Partnerships, based on parity and generosity.*

South-South partnerships are needed within Africa, as well as between African and other developing world (e.g. Asian) institutions and scholars. North-South partnerships between African and developed world research institutions, bodies or individuals, including with the African Diaspora in the US or UK are equally crucial. However, such links must avoid the hitherto common dominance of North-led agendas, or a 'rape-and plunder' approach to data generation and use. Models of successful South North research capacity building partnerships exist in Asia and should be drawn upon.

**Figure 6.** Key Required Capacity Building Initiatives



## 8. Coordinating Mechanism and Vehicle for Capacity Building

In order to take effectively forward the identified directions for capacity building in the coming years, the African conference delegates have proposed the establishment of an **African Research on Ageing Network (AFRAN)** as a coordinating mechanism and vehicle for fostering African research, collaboration and capacity building, and as a platform for forging partnerships and exchange between institutions and bodies in the North and South. The network will be formally launched at the 18<sup>th</sup> congress of the International Association of Gerontology (IAG), 26-30 June 2005 in Rio de Janeiro, Brazil.

### *Network Structure*

The proposed network will be jointly initiated and coordinated by the Oxford Institute of Ageing (OIA) and the Council for the Development of Social Science Research in Africa (CODESRIA), established in 1973 as an independent pan-African research organization. CODESRIA is recognised as the pioneer African social research organisation and the apex non-governmental centre of social knowledge production on the continent, with a strong involvement in supporting and coordinating Africa research networks and policy dialogue.

The founders of the network are the key African delegates who developed the proposals for AFRAN at the Oxford conference (see Appendix B). The co-ordinators of the network will be Dr. Isabella Aboderin for the OIA, and Dr. Ebrima Sall for CODESRIA. The network will be directed by a steering committee, to be nominated and elected by the founders.

### *Network Goals*

The main objective of the network is to promote research on ageing, health, poverty and development in Africa. In working towards the realization of that objective, the network will pursue **five** core goals:

1. **To enhance researchers' and institutions' capacity to conduct high-quality research**, by providing:
  - Opportunities for consortium building
  - Information on and access to funding opportunities
  - Archival and sharing of information on research projects and findings
  - Technical support and training in research design, methods, planning
  - Opportunities for exchanges, sabbaticals, visiting fellowships
  - Opportunities for research funding support to masters or PhD students in gerontology
2. **To conduct joint, especially cross-national research on core priority areas (,Network products')**
3. **To foster the development of a scientific African discourse on gerontology**  
A vibrant and incisive multidisciplinary scientific discourse is needed that engages not only with international gerontological debates; but also with the broader African and global social science and medical research discourse. To this end the network will:
  - Establish and support a high-quality *African Journal of Gerontology*
  - Facilitate access to international journals, literature, conferences
4. **To support the expansion of training in gerontology in Africa**, through:
  - Fostering curriculum development in African institutions (short courses, modules, degree courses)
  - Advocacy for the mainstreaming of studies of ageing
5. **To promote and facilitate African research-policy dialogue**, by providing:
  - An effective platform for meeting and exchanges with, and research dissemination to policy makers

### *Proposed Programme of Network Activities*

The proposed programme of activities for the network is envisaged, initially, to run over five years on two broad levels.

#### **1. A web-based knowledge and information sharing platform**

This will provide African and international network members with access to:

- Information on current research projects
- Information on African research findings (archiving, storage data)
- Journals, Publications
- Information on funding opportunities
- A 'bank of expertise and skills' of scholars and bodies to be drawn on, either for consortia building or capacity building
- Opportunities for electronic debates (e-conferencing)
- Information on conferences, workshops

#### **2. An active programme of research and capacity building** – running initially over five years, and providing vehicles for collaborative research, policy engagement, training and discourse development. The programme is envisaged to involve **seven** key activities:

1. Funding for a number of Africa-based members to attend key international conferences including the 8<sup>th</sup> global IFA conference 2006 in Copenhagen, and the 16<sup>th</sup> World Congress of Sociology 2006 in Durban
2. Funding support for a number of Africa-based students (Masters or PhD) to either attend Masters courses on gerontology or to support their dissertation writing
3. A series of 2-3 regional research-policy dialogue seminars bringing together key African researchers and policy makers to discuss policy responses to population ageing and research needs
4. Establishment of a cross-disciplinary ***African Journal of Gerontology***, running in two issues per year. The proposed editor and associate editor of the journal, respectively, are Dr. Isabella Aboderin, of the OIA and Professor Monica Ferreira of the Institute of Ageing in Africa, University of Cape Town
5. Establishment and support of 2-3 small collaborative research networks (national or cross-national) to conduct research on specified priority areas, with subsequent publication and dissemination
6. A series of 2-3 capacity building workshops around core conceptual approaches and research skills and methodology in gerontological research (either as part, or independent of, the small research networks)
7. A series of 2-3 workshops on expansion of training in gerontology in Africa

OIA and CODESRIA's coordination of the network will ensure that its programme will benefit from (and in turn inform) other high quality CODESRIA supported or Oxford-based research initiatives in the area of African development and social science. The envisaged policy engagement and dialogue, moreover, will be significantly strengthened by CODESRIA's recognition in the community of scholars and links to African governments and the African Union, as well as Oxford's international standing as an institution of excellence.

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## APPENDIX A: Oxford Conference Delegates

Dr. Isabella Aboderin, Oxford Institute of Ageing  
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 Ms Rebecca Affolder, Commission for Africa  
 Mr. Olayinka Ajomale, African Gerontological Society  
 Prof. Gary Andrews, Centre for Ageing, Flinders University, Adelaide  
 Prof. Nana Apt, Ashesi University, Ghana  
 Ms. Shirley Ardener, International Gender Studies Centre, University of Oxford  
 Ms. Fiona Armitage, Swaziland Society  
 Dr. Abimbola Asagba, Nat. Primary Health Care Development Agency, Nigeria  
 Ms. Eleanor Barker, Help the Aged, UK  
 Mr. Paul Cann, Help the Aged, UK  
 Dr. Thomas Clausen, Faculty of Medicine, University of Oslo  
 Dr. Ernestina Coast, Dept. for Social Policy, London School of Economics  
 Mr. Charles Donkoh, University of Oxford  
 Dr. Ingrid Evers, Europ. Inst. of Health and Medical Science, University of Surrey  
 Prof. Frank Eyetsemitan, McKendree College, Illinois, USA  
 Prof. Monica Ferreira, Institute of Ageing in Africa, University of Cape Town  
 Mr. Charles Fonchingong, University of Buea, Cameroon  
 Dr. Mugo Gachuhi, Dept. of Sociology, Kenyatta University, Kenya  
 Dr. Catherine Gibb, School of Health, Comm. & Education Studies, Univ. of Newcastle  
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 Mr. John Gossage, Age Concern England  
 Ms. Anna Guthrie, Commission for Africa  
 Ms. Stephanie Harland, Age Concern England  
 Dr. Sarah Harper, Oxford Institute of Ageing, University of Oxford University  
 Ms. Amanda Heslop, HelpAge International

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 Mr. Jaco Hoffman, Consultant Gerontologist, South Africa  
 Dr. Morag Insley, African Gerontological Society  
 Ms. Sara Jagare, London School of economics  
 Prof. Malcolm Johnson, International Institute on Health and Ageing, Bristol  
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 Ms. Helen Kimber, Intern. Development Centre, University of Oxford  
 Prof. John Knodel, Population Studies Centre, University of Michigan, USA  
 Ms. Titi Koleoso-Adelekan, Nat. Primary Health Care Development Agency, Nigeria  
 Dr. Phillip Kreager, Oxford Institute of Ageing, University of Oxford  
 Mr. Mike Lake, Help the Aged, UK  
 Ms. Gloria Langat, University of Southampton  
 Dr. George Leeson, Oxford Institute of Ageing, University of Oxford University  
 Ms. Valerie Lipman, Oxford Brookes University  
 Ms. Anne Mason, Dept. of Nursing and Midwifery, University of Stirling  
 Dr. Chuks Mba, Population Studies Centre, University of Ghana  
 Mr. Tavengwa Nhongo, Africa Regional Representative, Help Age International  
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 Ms. Emmeline Skinner, Oxford Institute of Ageing, University of Oxford University  
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 Ms. Jacqui Spradbery, Age Concern England  
 Dr. Jacob Sweiry, The Wellcome Trust



## **APPENDIX B: AFRAN Founding Members**

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