



The Millennium Development Goals and Socio Economic Rights of older persons

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Where did the MDGs come from?

- 189 member states of the United Nations signed a declaration following the Millennium Summit in September 2000 to fulfil the MDGs by 2015
- This became known as the Millennium Declaration which placed 8 interlinking development goals onto a **global agenda**
- The MDGs were celebrated as an achievement by civil society who had advocated for definitive development goals for decades...

“The goals exemplified the synthesis of civil society agendas into practical global policy”



Why are they important?

- The MDGs provide (political) legitimacy to a development agenda
- MDGs are both time bound (have a deadline) and quantifiable (we can measure them through defined indicators + transparently)
- Seen by many as a means to advocate for a development agenda or a framework and not an end in themselves
- The MDGs are seen as achievable and not ambitious targets, but they need political will



Why are they important...?

- MDGs are an agreement between rich and poor countries
- There is an exchange/cooperation: sustained political and economic reform in developing countries for direct support from the developed world in the form of aid, trade, debt relief and investment
- Goals 1-7 commit poor countries to put the right type of policies in place while Goal 8 commits rich countries to deliver on aid, debt, trade and technology transfer



What are the MDGs?

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, Malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development




Eradicate extreme poverty and hunger

- Target 1:
Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
- Target 2:
Achieve full and productive employment and decent work for all, including women and young people
- Target 3:
Halve, between 1990 and 2015, the proportion of people who suffer from hunger




Achieve universal primary education

- Target 1:
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
- Measured through:
 - Net enrolment ratio in primary education
 - Proportion of pupils starting grade 1 who reach last grade of primary
 - Literacy rate of 15-24 year-olds, women and men



Combat HIV/AIDS, Malaria and other diseases

- Target 1:
Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Target 2:
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Target 3:
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases





Who are the key stakeholders in the MDGs?

- Governments are responsible for achieving or enabling the achievement of the goals and targets
- The role of international organisations/networks is
 - to use their resources, expertise in a strategic and efficient way to support the efforts of partners at global and country levels
 - to monitor progress
- The role of citizens, civil society organisations and the private sector is to motivate, mobilise, act and evaluate



Goal 1: Eradicate Extreme Poverty



- ↑ Proportion of population living below the poverty line has declined
- ↓ Gini coefficient has increased (inequality)
- ↓ Employment to population ratio remained static
- ↑ Access to free basic services by indigents on the increase

Goal 1: Eradicate Extreme Poverty

Percent living below poverty lines and poverty gap: 2000 and 2006



Poverty line	Percent below poverty line		Poverty Gap	
	2000	2006	2000	2006
Food Poverty line	R148 28.5	R206 24.8	10.4	7.9
\$1.00 (ppp)	11.3	5.0	3.2	1.1
\$1.25 (ppp)	17.0	9.7	5.4	2.3
\$2.00 (ppp)	33.5	25.3	13.0	8.1
\$2.50 (ppp)	42.2	34.8	18.0	12.5

Goal 2: Achieve Universal Primary Education

- ↑ Adjusted Net Enrolment for females has increased from 97.0% in 2002 to 98.8% in 2009
- ↑ Functional Literacy rate of 15 to 24 year olds increased from 88% in 2002 to 91% in 2009
- ↑ Completion rate of primary education by those aged 18 has risen from 89.6% in 2002 to 93.8% in 2009

It appears that South African government initiatives of no fees, free transport and feeding schemes in selected schools have benefited poor learners

Goal 6: Combat HIV/AIDS, Malaria and other diseases

The spread of HIV prevalence in South Africa may have stabilised amongst persons 2 years and older



Marked increase in all provinces from 2005 (13.9%) to 2009 (41.6%) in the proportion of people with HIV who had access to ART



In 2006 17% of men had been tested and in 2009 the figure had risen to 31.8%. Amongst women the figure rose from 38% in 2006 to 71.2% in 2009



Death rates associated with TB has risen from 168 per 100 000 population (2004) to 181 (2007) per 100 000

**MDGs link to older persons**

- South Africa has a growing older persons population
- This population is found mostly in rural areas where there is generally lower income
- South Africa's economic dimensions (historical development and pension funds accessibility) has meant older persons have no retirement funds
- Social push and pull factors (HIV/AIDS, rural-urban migration) have put the elderly in positions where they need to be economically empowered (foster parents)

**MDGs link to older persons**

- Within the time span set by the MDGs, between now and 2015, 62 developing countries will increase their population 65+ years old by more than 50 %.
- Some of these countries have good development performances.

**MDGs reference to older persons**

- Ageing is not an issue explicitly referred by any of the goals or targets.
- However, addressing the living conditions of old adults is crucial to effectively and fundamentally reducing poverty and accelerating progress towards the MDGs.

**Socio-economic challenges for older persons**

- Foster care- law encourages families to adopt children so as not to qualify for foster care grant (Black Sash)
- Older Person's Act is not been operational and funding for provinces is often returned to Treasury (Black Sash)
- Living conditions in at old age homes is below standard (Black Sash)
- NGOs providing care are not well supported by the state (Black Sash)
- Exploitation of workers within the old age care sector (Black Sash)

**Roles of older persons within MDG context**

- The role of older adults in development.
 - Older adults being main care givers in households with absent parents.
 - Labor discrimination against older adults slows progress towards the MDGs.
- So, education and health deprivation among older adults slows down progress towards the MDGs. With increasing contribution to the care economy, the health care of older persons must be improved.
- Focus on the needs of older adults:
 - Poverty is higher among the elderly
 - But even if it is not, in high poverty countries more older adults struggle to survive in poverty.



Policy dimensions to progress older persons and MDGs

- A new Social Services Act that includes renewed policy focus on the function, form, development priority and mechanism of the Social services sector with enhanced priority placed on the role of the state in addressing the challenges of the ageing population
- ICESCR Ratification- Provision of a mechanism to monitor the MDGs with a contextual regard for older persons and their contribution to the MDG agenda
- Social security reforms- Ongoing social security reforms must address the emerging issues surrounding the elderly population
- MDGs- development of appropriate policy framework, mechanisms, inter-governmental coordination, monitoring and evaluation necessary to achieve the MDGs, with regard to the social dimensions of the elderly

