

Advocacy for older women and men



**HelpAge
International**

age helps

HIV affects millions of older women and men throughout sub-Saharan Africa, many of whom are living with HIV or are caring for family members with the virus and children orphaned as a result of AIDS. In 21 countries in sub-Saharan Africa, 66 percent of double orphans live with their grandparents.¹ An estimated 3.1 million women and men aged 50 and over in sub-Saharan Africa were living with HIV in 2010, constituting 14 per cent of all adults with HIV in the region.²

The increase in number of people living into older age with HIV is largely due to better access to antiretroviral therapy (ART), which is enabling people to live long-term with the virus. As a result, the number of older women and men living with HIV is growing. By 2040, an estimated 9.1 million people aged 50 and over in sub-Saharan Africa will be living with HIV. This will constitute over 25 per cent of all adults with the virus.³

Yet, despite the large and growing number of older women and men affected by HIV, they are rarely included in policies, strategies and programmes that

address the epidemic. Over the past five years, HelpAge International and partners worked with older women and men to ensure the impact of HIV on older people is recognised at international, regional and country levels.

HelpAge advocacy has focussed on helping governments and organisations to understand the ageing of the HIV epidemic and that increasing numbers of older people are at risk of HIV infection like all other age groups. Through our work with partners, HelpAge has influenced key stakeholders to recognise the need to address discrimination older women and men face, and to support their, especially older women's, crucial role as carers.

This paper highlights the advocacy successes of HelpAge and partners and specifies direct references to older people in HIV policies and strategies as a result of HelpAge advocacy. It provides an overview of next steps and recommendations on how HelpAge and others can build on these successes to continue to improve the response to HIV and AIDS.

International level

UNAIDS and the World Health Organization

The international response to HIV is spearheaded by UNAIDS, which sets policy and provides global information on the epidemic. UNAIDS coordinates the activities of 11 UN organisations, including the World Health Organization (WHO), which leads the health sector response to HIV.

In 2010, UNAIDS and WHO developed new global HIV strategies, which included older carers and for the first time, a focus on older women and men living with HIV. Before this, there was a lack of focus on the impact of the epidemic on older people in UNAIDS and WHO strategies and broader UN documents. For example, the UN General Assembly's 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS recognised the role of older people as carers, however, it did not include the challenges faced by older women and men living with HIV.

HelpAge engaged with UNAIDS and WHO processes to ensure that the full impact of HIV on older women and men was recognised and addressed in their new strategies. Using evidence from our programmes, national level data, data from UNICEF on older carers and academic analyses to demonstrate the impact of the epidemic on older people, HelpAge made submissions to the UNAIDS and WHO strategy development processes, engaged in review meetings, consultations and dialogues with key contacts.

As a result of these efforts, the global strategies of UNAIDS and WHO now include references to older carers and older people living with HIV. Box 1 shows specific references to older people in the 2011-2015 UNAIDS and WHO strategies.

Next steps and recommendations

Since the development of its 2011-2015 strategy, UNAIDS has established a UN-wide Social Protection and Care and Support Working Group. HelpAge aims to ensure this working group addresses the needs of older carers and implements the UNAIDS strategy's recommendation to support them through cash transfers and social protection.

HelpAge also recommends to UNAIDS and WHO to further address the challenges faced by older women and men:

- WHO must address the specific health-related needs of older women and men living with HIV, particularly the interrelation of HIV and conditions commonly associated with ageing – especially non-communicable diseases (NCDs) such as cardio-vascular disease, diabetes, cancers and neurological conditions.
- WHO should develop guidance to assist health systems in addressing the challenges of living with HIV in older age and the interactions of different conditions, medications and treatment.
- WHO must develop appropriate responses to treatment access and initiation for older women and men in its ART guidelines to address late diagnosis and initiation in older people.
- In their roles in supporting country level responses to the epidemic, UNAIDS and WHO should ensure the focus on older women and men in their HIV strategies is taken forward at national level by the governments they support.

Box 1: References to older people in UNAIDS and WHO strategies

UNAIDS 2011-2015 strategy: Getting to zero

- **Grandparents** often provide care for vulnerable children affected by AIDS; however, **the contributions of older people, and their own needs for care and support, must be adequately recognized and supported through cash transfers and other forms of social protection.**

WHO: Global health sector strategy on HIV/AIDS 2011-2015

- Each country should identify populations vulnerable to HIV or underserved by current HIV programmes in both generalized and concentrated epidemics. Policy-makers and programme managers should also consider the needs of migrant workers, refugees or displaced populations, street children, indigenous people, disabled people, prisoners, most-at-risk youth and **people older than 50 years of age.**
- Attention should be given to **addressing the needs of people living with HIV over the age of 50 years.**
- Non-communicable disease (NCD) programmes should cover common health complications of people living with HIV, **including conditions associated with ageing**, oral health, poor nutrition and sanitation, mental health disorders and long-term antiretroviral therapy.

Regional level

Southern Africa Development Community

The Southern African Development Community (SADC) has the objective to promote sustainable and equitable economic growth and socio-economic development among its 15 member countries. As SADC Member States are obligated to integrate SADC regional policies and strategic frameworks into their own national policies, it is crucial that SADC policies included the impact of HIV and AIDS on older women and men and those under their care.

Southern Africa has the highest prevalence of HIV in the world, with over a third of people living with HIV globally coming from the region. Addressing HIV and AIDS has been a key concern for SADC, and it became a key part of its 2003-2007 strategic framework. However, the strategy did not make any reference to the impact of HIV on older women and men.

Over a number of years, HelpAge worked with organisations, such as the Regional Psychosocial Support Initiative (REPSSI) and the Regional Inter-Agency Task Team on Children and HIV and AIDS (RIATT), to advocate for the inclusion of older people in SADC regional policies and strategies. Two key HelpAge objectives were to ensure the SADC HIV and AIDS Strategic Framework 2010-2015 addressed the impact of HIV and AIDS on older people, and that the Strategic Framework for Orphans and other Vulnerable Children and Youth (OVCY) included care and support to OVCY carers.

Boxes 2 and 3 below illustrate specific references to older people and carers in these frameworks.

Next steps

To ensure implementation of the references to older people and carers in SADC frameworks, including integration into Member States' national policies and strategic frameworks, HelpAge and partners will:

- Collaborate with key SADC offices such as the HIV and AIDS unit and technical advisors on policy and OVCY to advocate for implementation of actions regarding older carers and families, including producing regional guidelines, as identified in the SADC strategic frameworks.
- Advocate that SADC prioritises the review of integration of references to older women and men in national strategic frameworks as part of the agenda of its six-monthly regional meetings with National AIDS Commission officers.
- Ensure that HelpAge partners and advocacy groups at national level are aware of the references on and actions for older women and men in the SADC strategic frameworks and encourage their participation during national review consultations.
- Provide input to the mid-term review of the SADC HIV and OVCY strategic frameworks on whether actions related to older women and men are being implemented and integrated at national level.
- Continue to promote the HelpAge and REPSSI guidelines on psychosocial support for older carers of children orphaned by AIDS.

Box 2: Reference to older people in the SADC HIV and AIDS Strategic Framework 2010-2015

The impact of HIV and AIDS

- Women, particularly the girl child and **elderly women**, disproportionately bear the brunt of the epidemic The **burden on care givers** is increasingly recognized as a challenge for sustainability It is estimated that over 90% of orphans are cared for by extended families and **40% of the children orphaned by AIDS are cared for by their grandparents**.

Treatment, care and support – priority gaps and challenges

- Coordination with other sectors, programmes and communities around issues such as food security and nutrition for people on ART, stronger **community-based care and support of carers**.

Impact mitigation and accelerating development – prominent challenges and gaps

- Community coping and **care of carers for OVCY** and the sick have received limited attention. ... policies and programmes must build on and reinforce the strengths of extended families and communities, and tackle obstacles of gender roles and poverty, **but over-extension of family, community and carer capacity is widely reported**.

Outcomes: Accelerating development and mitigating impact of HIV and AIDS

- A coordinated, multi-sectoral, sustainable response to strengthen community coping and social protection in order to **address the needs of children, OVCY and caregivers**.

SADC Strategic areas of focus: Mainstreaming HIV and AIDS in SADC

- A second specific objective is to **address the needs of OVCY and caregivers** by developing a coordinated, multi-sectoral response to strengthen community coping and social protection. ... The programme will focus on producing the following outputs:
 - **Harmonised approaches and guidelines on social protection to reduce vulnerability of OVCY and carers, particularly the elderly, to the impact of HIV and AIDS.**

Activities

- **Develop regional guidelines and strategies on priority issues for OVC and carers** including psychosocial support; economic empowerment; youth leadership.
- Facilitate **integration of OVCY and carer issues** in SADC and MS development, poverty and sector plans (eg PRSPs [poverty reduction strategy papers], education, welfare).
- Facilitate member state (MS) access to **technical expertise on support for OVCY and carers.**

Box 3: Care and support for carers in OVCY framework

Strategic Framework and Programme of Action (2008-2015): Comprehensive care and support for orphans, vulnerable, children & youth in the Southern African Development Community

- Some National Policies on OVC and Youth do recognize the vital role of care giving and make reference to supporting caregivers of OVC including older carers. The 2002 AU Policy Framework and Plan of Action on Ageing calls on Member States to ensure that policies and programmes recognize that older people are major providers of care for those who are sick and for orphaned grandchildren... Programme approaches should focus on how to keep these families coping without sinking them into poverty and target support such as **home-based care to the caregivers in the family and access to poverty alleviation programmes.**

SADC Six-year business plan, April 2009-March 2015 Implementation of the Strategic Framework and Programme of Action (2008-2015)

Outcome

- Member States adopt affirmative social protection policies on livelihoods empowerment, entrepreneurship and employment opportunities for **OVCY and their families/carers.**

Outputs

- SADC social protection policy guidelines on livelihoods empowerment, entrepreneurship and employment opportunities for **OVCY and their families/carers**
- Regional and national communication and capacity building activities on integrating vulnerability and social protection in sector policies and plans including preferential opportunities for vocational skills training, livelihoods and entrepreneurship opportunities for **OVCY and their families/carers.**

SADC Regional Conceptual Framework for Psychosocial Support for Orphans and Vulnerable Children and Youth 2010

- The psychosocial wellbeing of **adults, particularly parents and caregivers** has a direct impact on that of children, and should thus be addressed through **concurrent parent and caregivers focused interventions. Caregivers and families need assistance to counter poverty, demoralisation and exclusion, all of which adversely affect their capacity to care for young children.**

National level

Ethiopia

In 2010, the Ethiopian HIV and AIDS Prevention and Control Office (HAPCO) developed a new national strategy, the Strategic Plan for Intensifying the Multisectoral HIV and AIDS Response (SPM II). The plan was guided by previous HIV-related policies such as the National HIV and AIDS Policy (1998) and the SPM I (2004-2008). However, these documents did not recognise the impact of the epidemic on older people.

An estimated 18 per cent of people living with HIV in Ethiopia are aged 50 and above⁴ and over 50 per cent of double orphans are being cared for by their grandparents.⁵ To ensure that the needs of older women and men are addressed and their contributions as carers recognised, HelpAge and HIV and AIDS advocacy groups established by HelpAge engaged with the SPM II development and consultation processes and advocated for older women and men's inclusion. Box 4 shows specific references to older people in the SPM II.

Based on the above references in the SPM II, HelpAge and partners provided input into the development of the year one action plan to implement SPM II. As a result, HAPCO provided financial support to the Ethiopian Elders and Pensioners National Association (EEPNA) to build their capacity to advocate for mainstreaming of older peoples' issues and invited EEPNA to join the HIV National Partnership Forum.

In 2011, HAPCO organised with HelpAge a joint "Consultative meeting on HIV and AIDS and the elders", where government, older people's associations, CBOs and local and international NGOs discussed how to incorporate older people into their own plans based on SPM II. HAPCO committed to using the findings from the meeting to develop action plans and an SPM II roadmap. HelpAge was also invited to develop a national guideline that aims to reduce the stigma and discrimination older people face.

Next steps

In order to ensure the implementation of the SPM II in relation to older people, HelpAge, partners and advocacy groups will:

- Maintain and strengthen the working relationships with Federal HAPCO and the regional states and city administrations responsible for developing annual action plans based on the SPM II.
- Support and strengthen older people's associations to lobby for the implementation of the SPM II.
- Ensure sustainability of advocacy groups to monitor the implementation of the SPM II and to advocate for inclusion of older women and men in new policies and strategies.

Box 4: References to older people in the Strategic Plan for Intensifying the Multisectoral HIV and AIDS Response (SPM II)

Creating enabling environment

- Build the capacity of networks of associations of PLHIV, OVC, elderly people, and people with disabilities, CSOs and FBOs.
- Provide support to associations of PLHIV, OVC, elderly people, and people with disability, CSOs and FBOs.

Intensifying HIV prevention

- Expand HIV prevention among population groups with special needs (elderly people and people with disability).
- Ensure provision of user friendly biomedical HIV Prevention services to people with special needs including elderly.

Kenya

Due to a lack of data and information on older people and widespread stigma and discrimination against them, older women and men had not been fully recognised as a key target population for HIV and AIDS interventions in Kenya. There had also been no formal recognition of their contribution as carers and in providing support to mitigate the impact of HIV on households and communities.

National surveys, however, have begun to collect data on older people in Kenya. The 2007 Kenya AIDS Indicator Survey (KAIS) was the first study in Eastern Africa to include older people aged 50 to 64 years – an age group which was previously assumed not to be at high risk of HIV infection. The survey estimated HIV prevalence in this age group at 5.0 per cent, not differing significantly by sex (women 5.2 per cent; men 4.7 per cent). This compared to a prevalence of 7.4 per cent for the 15-49 age group. This evidence indicated a clear need to address older people's issues in Kenya's HIV policies and strategies.

In 2009, the Kenya National AIDS Control Council (NACC) developed its new strategic plan. HelpAge International, HelpAge Kenya and partners engaged with the consultation process and utilised strong relationships with senior NACC officials to ensure older women and men were recognised and included in the plan.

Next steps

In May 2012, the Parliament of Kenya passed the National Social Protection Policy, a broad framework that aims to address all vulnerabilities, including HIV and AIDS and ageing. The Government of Kenya has also established a National Gender Commission that has a mandate to address the constitutional rights of vulnerable populations. HelpAge aims to enhance advocacy partnership with this Commission. In addition, HelpAge International in collaboration with HelpAge Kenya, partners and advocacy groups will focus on the following:

- The Older Persons Cash Transfer fund must continue to prioritise older carers. HelpAge will carry out an assessment on the exact proportion of older carers who are beneficiaries.
- HelpAge will push the agenda for establishment of a National Commission for Older Persons and Aging.
- This year, the National AIDS Control Council is drafting a new strategic plan. HelpAge will work with infected and affected older people and carers to fully participate in its development.
- The availability of data disaggregated by sex and age, including for people aged 50 and over is key to better understanding of older women and men's needs. HelpAge will continue to push for government action on this. As a result of HelpAge advocacy, the Kenya Health Information System is reporting on the number of

Box 5: Reference to older people in the Kenya National AIDS Strategic Plan 2009/10-2012/13 Plan of action

Supporting HIV testing and counseling

- Knowledge of HIV prevention among men and women aged 15-64 enhanced.
- Proportion of men and women aged 15-64 who know their HIV status increased.

Care and support

- Formation of patient support groups for adults, children and caregivers.
- Provide social protection services to caregivers.
- Conduct a participatory process to help communities identify and design responses to the impact of HIV, including responses to the needs of the elderly and child headed households (30 three-day workshops, 40 participants).
- Conduct a participatory process to help communities identify and design responses. Train at least one support group per community on care for caregivers (40 two-day residential workshops for 40 participants).
- Conduct at least two community outreaches per year per community in 56,250 communities to sensitize guardians (would include caregivers) on rights of OVC and develop appropriate OVC care programs.
- Support programmes that reach the elderly and child headed households including using community support mechanisms, 40 grants.

Detailed technical support plan: Service delivery area - Pillar 1

- Identifying HTC [HIV testing and counseling] for older persons as a bottleneck (hindrance), ie older persons (50+) are not reached by testing services.
- Technical support recommended: Dissemination and implementation of national guidelines for HTC.
- Priority technical support: Increasing manpower for testing at various levels.
- Specific activity: Support for Training of Trainers at regional levels.
- **Anticipated results: Increased access to CT [cash transfer] services for older Kenyans.**

women and men aged 50 and over accessing HCT services.

- Under Kenya's new decentralised governance and administrative structure, HelpAge will work to influence county governments' strategic and development plans to include and address the impact of HIV and AIDS on older women and men.

Tanzania

Older people in Tanzania have been neglected in the collection of HIV and AIDS data and face discrimination in HIV services because of wrongly held assumptions about their sexuality and the belief that HIV only affects younger people. As such, older women and men are typically not addressed by public information campaigns and do not benefit from HIV prevention education.

According to 2011 UNAIDS estimates, 1,600,000 people were living with HIV in Tanzania and 84,000 people died as a result of AIDS. Further, 1.3 million children had been orphaned by AIDS. Studies show that 90 per cent of care for people living with HIV is provided by family and community caregivers, and many of these carers are older people and mostly, older women.

As a response to HIV in Tanzania, the government put in place a series of guidelines and strategic plans to guide interventions. However, most of these, including the HIV and AIDS policy, did not tackle the issues older carers and older people face. Likewise, a comprehensive National Guideline for Home-Based Care Service Providers failed to address the specific needs of older carers. The guidelines instead referred to the family as the care providing unit and assumed that families have the economic means to pay for medication, water and adequate food and shelter, and that all carers are strong, mobile, literate adults and are economically productive.

HIV and AIDS policy

HelpAge and partners identified the opportunity to influence the review of the national HIV and AIDS policy by participating in meetings and providing input into the policy. As a result, Section 6.3 of the Tanzania HIV and AIDS Policy 2011 is dedicated to “HIV/AIDS and the elderly” with the objective “to address elderly specific needs related to HIV in prevention, treatment and societal roles in care for OVC and PLHIV”. Box 6 shows the policy statements developed to implement the objective and mitigate the impact of HIV and AIDS on older people.

Box 6: Action to address older people’s needs in the Tanzania HIV and AIDS Policy 2011 (Section 6.3)

- The government and stakeholders will develop **age-sensitive prevention strategies and messages** to reduce the spread of HIV.
- The government and stakeholders will develop guidelines which **ensure that carers of PLHIV and OVC are empowered to protect themselves and provide appropriate care.**
- The government and stakeholders will **introduce social protection schemes for the elderly** to enhance their ability to handle the effects of HIV and AIDS.

Home-based care (HBC) curriculum

Through sustained advocacy efforts and technical support to the Ministry of Health, HelpAge and partners contributed to the HBC curriculum by incorporating key areas of a HelpAge HBC model specific to older carers.⁶ Box 7 shows changes made to the HBC curriculum as a result of this.

Further progress has also seen the Ministry of Health, through the National AIDS Control Programme (NACP), include older women and men as trainees in its pilot of the new HBC training curriculum in July 2012.

Next steps

Building on the successes of our advocacy work in Tanzania, HelpAge will:

- Work with partners to continue to advocate for the review of the Care and Treatment Plan of 2005 and Tanzania’s Health Sector HIV and AIDS Strategic Plan II of 2008-2012 to ensure that these include older women and men as specified in the HBC training curriculum and the revised HIV and AIDS policy.
- HelpAge will continue to influence programming at district council level to translate into actions the policy statements mentioned above.
- HelpAge will influence local government to involve older women and men, especially those caring for people living with HIV, during planning and budgetary sessions.
- HelpAge will work with partners to influence the central government to hasten the process that aims at providing universal pension coverage for older women and men.

Box 7: Changes to the HBC curriculum in support of older people

- The age criteria that discriminated against older people from being selected and trained as HBC providers was removed. One of the previous selection criteria was “**young and energetic** ... with ability to move from one household to another”.
- Inclusion of the establishment and training of **intergenerational support groups** that includes older people, middle-aged people and the youth. The support groups are for people living with HIV and for livelihoods support.
- There was a reduction in the **number of training days from 21 to 14**, taking into consideration older trainees’ levels of education and their ability to absorb new information over an extended period of time.

Uganda

Older women and men in Uganda have been found to be a population at risk of infection, and to be affected by HIV and AIDS as carers of people living with HIV and children orphaned due to AIDS. The Uganda National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI2) 2011/12-2015/16 shows that 60 per cent of 2.43 million orphaned and vulnerable children in Uganda are cared for by older people. Further, the Uganda Demographic Health Survey 2005/6 indicates that among people aged 55-59, there is a 5.8 per cent HIV prevalence among men and 5 per cent among women.

Unlike in other sub-Saharan countries, older women and men in Uganda have been recognised in previous national HIV strategies. For example, the HIV and AIDS Strategic Plan 2007/8-2011/12 recognised older people's need for social support and protection. Further, the Uganda HIV and AIDS Sero-Behavioral Survey 2004-2005 was extended from 49 years to include people up to 59 years.

Supporting efforts to recognise the impact of HIV on older women and men in Uganda, HelpAge Affiliates Uganda Reach the Aged Association (URAA) and advocacy groups helped to address older people's specific needs in key health materials:

National nutritional handbook

A section of this handbook, entitled "Nutrition for the elderly", recognises that older people are not a homogenous group but have specific needs based on their individual socio-economic and geographical circumstances.

The Handbook provides actions that families, carers, community health workers and older people themselves can implement to enhance and ensure good nutrition among older people. These cover essential nutritional groups and suitable foods that cater to physical challenges experienced by older people, such as loss of teeth. Box 8 below shows these specific references in the handbook.

Non-communicable disease medicines included in the national essential drug list

The list of NCD medicines cover drugs for diabetes (insulins and other antidiabetic medicines) and muscle relaxants and cholinesterase inhibitors. The drug list guides the government medical supplies procurement and distribution process to ensure the medicines are available in government facilities.

Next steps

HelpAge, URAA and advocacy groups will continue to advocate for older women and men's health, care and support, in particular focusing on the following areas:

- Disseminating nutritional messages for older women and men on local radios.
- Lobbying to ensure that the NCD drugs are provided and distributed to health centres where older women and men can access them. Through older people's monitoring activities at health centres, data on older women and men's access to drugs will be collected and fed back to the Ministry of Health.
- HelpAge and URAA's health, care and support advocacy group has been working to improve older women and men's access to appropriate antiretroviral (ARV) drugs. The group has met with the Director of Quality Chemicals and the Ministry of Health to advocate for a review of the guidelines to include administering of ARVs to older people and aims to continue this dialogue.
- Advocating for the Baylor College of Medicine in Kampala to include older people as part of their Village Health Teams. This will enhance the identification of older women and men's health challenges and the referral to the project coordination team to ensure older people's needs are included in community health programmes.
- The Uganda HIV and AIDS Sero-Behavioral Survey includes age groups up to 59 years. HelpAge and URAA will push to extend this to include older women and men aged 60-75 years in five-year age cohorts.

Box 8: Addressing older people's nutritional needs in the national nutritional handbook

- The energy needs of older people are usually less than those of younger people but they need at least the same amounts of protein and micronutrients.
- ... some old people do not eat enough and so become thin and anaemic because they may have few teeth or sore gums, or are unhappy, lonely or sick, are poor or disabled and have no one to help them grow, buy or prepare enough food, live in institutions that provide poor meals...
- Old people may be able to eat better and be better nourished if you discuss with them how to make easy-to-cook and easy-to-eat meals using a variety of nutrient-rich foods that are good value for money encourage them to take as much exercise as possible.

Notes

- 1 Beegle K et al, "Orphanhood and the living arrangements of children in Sub-Saharan Africa", World Bank Policy Research Working Paper 4889, Washington D.C., World Bank, 2009
- 2 Negin J and Cumming R, "HIV infection in older adults in sub-Saharan Africa: Extrapolating prevalence from existing data", *Bulletin of the WHO*, 2010, 88, 2010, pp.847-853
- 3 Hontelez JAC et al, "The impact of antiretroviral treatment on the age composition of the HIV epidemic in sub-Saharan Africa", *AIDS*, 26, 2012, pp.S19-S30
- 4 Negin J and Cumming R, "HIV infection in older adults in sub-Saharan Africa: Extrapolating prevalence from existing data", *Bulletin of the World Health Organization*, 2010, 88, pp.847-853
- 5 Beegle K et al, "Orphanhood and the living arrangements of children in Sub-Saharan Africa", World Bank Policy Research Working Paper 4889, Washington D.C, World Bank, 2009
- 6 See HelpAge International, *Building bridges: A home-based care model for supporting older carers of people living with HIV*, London, HelpAge International, 2010

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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