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Lack of Government Plan for Old Citizens

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ABSTRACT

Lack of government plan for old citizens refers to the absence of inadequacy of formal social protection, policies, and support systems to ensure the well-being, income security, health, and dignity of older persons, typically aged 60 and above. This is also called elderly neglect at policy level or old age social protection gap. This is a public-policy challenge, especially in developing countries such as Nigeria. As life expectancy increases and the proportion of older people grows, governments are expected to develop policies and programs that address the health, income security, housing, social protection, and social inclusion needs of older persons. Inadequate planning, limited funding, weak implementation of existing policies, insufficient healthcare services, and gaps in social-security coverage can leave many older citizens vulnerable to poverty, poor health, neglect, and social exclusion. This becomes more pronounced where older people depend heavily on family support as formal pension and social protection systems have limited coverage. This paper looks into the challenges to elderly neglect and how to tackle them for the benefit of the old citizens.

KEYWORDS: *Old citizens, government, social security, poverty, poor health, social exclusion, housing, insufficient healthcare services, weak implementation of policies, pension systems, age-friendly infrastructure, Nigeria, social protection systems, ageism.*

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INTRODUCTION

Population ageing is an increasingly important social and development issue because people are living longer and therefore require policies and services that address their needs throughout old age, as shown in Figure 1. The planning by governments for older citizens will involve the development and implementation of policies covering pensions and income security, healthcare, housing, social protection, transportation, employment, social participation, and protection from abuse and neglect. The United Nations' *Madrid International Plan of Action on Ageing* emphasizes that ageing should be incorporated into national development planning rather than treated solely as a welfare or retirement issue. The lack of government planning for older citizens refers to situations in which governments fail to adequately anticipate, coordinate, finance and implement policies and programs that address the changing needs of ageing populations. Such inadequacies are as a result of weak pension systems, limited geriatric healthcare, inadequate long-term care, poor age-friendly infrastructure, insufficient social assistance and inadequate protection against abuse, neglect and discrimination. The four major areas requiring coordinated action for older people as identified by the WHO are: age-friendly environments, integrated healthcare, long-term care, and combating ageism. This is even more significant in developing countries like Nigeria. The care for older citizens should not be regarded as merely welfare issue but as an important component of sustainable social and economic development [1-6]. It was discovered by the WHO that services supporting healthy ageing were less developed in low- and middle-income countries, and while fewer than one-third of countries surveyed considered themselves to have adequate resources for the four major areas of the UN Decade of Healthy Ageing [7].

HISTORICAL BACKGROUND

From history, the responsibility for caring for the older people was largely placed on families,

communities, religious institutions, and traditional support networks. In many societies, older people were respected as custodians of knowledge and experience, but formal government programs specifically designed to address their economic, health, housing, and social needs were limited.

1. Traditional and pre-modern period

Prior to the development of modern welfare systems, support for older people was primarily provided via extended families and community structures. Older people who could no longer work often depended on their children and relatives. Governments lacked comprehensive national plans covering pensions, healthcare, housing, long-term care, or social participation for older citizens. Moreover, the strength of family support varied greatly, while older people without adequate family networks could be particularly vulnerable.

2. Industrialization and the emergence of social protection

The growth of industrial economies and wage employment changed the relationship between workers, families, and governments. Urbanization and the weakening of traditional extended-family arrangements increased the need for formal social protection. This led governments to gradually introduce measures such as old-age pensions, social insurance, and public healthcare. This initially covered only particular categories of workers in many countries. Large numbers of people working in agriculture, informal employment, unpaid family work, or outside formal social-insurance systems could remain without adequate protection. Thus, the development of government planning for old age was gradual and uneven.

3. International recognition of ageing as a government responsibility

A major turning point occurred in 1978, when the United Nations General Assembly recognized the growing importance of population ageing and decided to convene a World Assembly on Ageing. The First World Assembly on Ageing was subsequently held in Vienna International Plan of Action on Ageing, the first major international instrument specifically devoted to ageing. The plan was focused to address health and nutrition, housing, social welfare, income security and employment, education, family issues, and research and data collection. The Vienna Plan was an important shift of viewing old age as a private family matter toward recognizing ageing as an issue requiring public policy and government planning. This specifically sought to strengthen government's capacity to respond to population ageing and the needs of older persons.

4. United Nations Principles for Older Persons, 1991

In 1991, the United Nations General Assembly adopted the United Nations Principles for Older Persons through Resolution 46/91. The principles laid emphasis on five broad areas, which are: independence, participation, care, self-fulfillment, and dignity. This brings to the fore that older people should not merely be recipients of assistance but should enjoy rights and opportunities to participate in society. Adopting these principles also highlighted the continuing gap between international commitments and actual national implementation. Countries were encouraged to establish appropriate national targets and programs, but the extent and quality of implementation differed considerably among countries.

5. Madrib International Plan of Action on Ageing, 2002

The second major milestone was the Second World Assembly on Ageing, held in Madrid in 2002. Governments adopted the Madrid International Plan of Action on Ageing (MIPAA) to respond to the changing demographic, social, and economic circumstances of the twenty-first century. It established three major priorities: older persons and development; advancing health and well-being into old age: and ensuring enabling and supportive environments. In other words, the Madrid Plan expanded the concept of government responsibility beyond pensions and welfare to also include health, social participation, the built environment, and the rights and dignity of older people.

6. Contemporary situation

Regardless of these international developments, inadequate government planning for older citizens remains a concern in many countries, particularly where social protection systems have limited coverage or where governments face competing development priorities. The existence of an ageing policy does not necessarily guarantee effective implementation. Problems may arise from inadequate funding, weak institutions, insufficient data, limited healthcare infrastructure, poor coordination between government agencies, and continued reliance on families to provide care [8-12].

However, the persistence of gaps between policy commitments and actual services means that the lack of effective government planning for older citizens remains an important social-development issue.

From the Nigerian Perspective

Old citizens are defined by Nigeria's National Policy on Agein 2021 as persons aged 60 years and above. There are about 14.8 million people of this group,

which forms about 7% of the population [13]. The lack of government plan means the absence of formal state-organized social security, pension for informal workers, healthcare and social care for elderly.

Pre-Colonial Era: Traditional Safety Net

In pre-colonial Nigeria, there was no need for government plan because extended family system, lineage and age-grade system provided total care for old citizens. The elderly were highly respected as custodians of wisdom, history and spirituality, and cared for by children and community [14, 15]. Care was a cultural and religious duty – abandonment of elderly was a taboo and attracted ancestral curse. This informal system worked because of agrarian economy and communal living [16].

Colonial Era (1861-1960): Beginning of Neglect

Colonialism disrupted the traditional system.

- Introduction of wage economy and urbanization pulled young people to cities, leaving the elderly in rural areas.
- Colonial government introduced pension only for colonial civil servants under Pension Ordinance of 1951, covering less than 1% of workers [17].
- There was no plan for majority in farming and informal economy.
- Western education and Christianity weakened respect for elderly authority.

This created dualism: formal care for few white and African clerks, informal care collapsed for majority [18].

Post-Independence Era (1960-1999): Policy Vacuum

- 1960-1970s: During this period, the government focused on nation building, oil boom, and youth employment. The elderly was assumed to be family responsibility. Only National Provident Fund (NPF) 1961 was for the private sector.
- Military Era 1980s-1990s: Structural Adjustment Programme (SAP) 1986 cut social spending. The Pension System became unfunded, corruption, with years arrears. No health insurance [19, 20].
- By 1999, less than 5% of elderly had any pension [21].

Scholars called this "Modernization theory effect" – modernization broke extended family without replacing it with state welfare [22].

1999-2015 Democratic Era: Failed Reforms

- **Pension Reform Act 2004**

This saw the introduction of the Contributory Pension Scheme (CPS) – 7.5% employer + 7.5% employee. It covers only the formal sector, consisting of about 10% of the workforce. The 90% in the informal sector – traders, farmers, and the artisans are still not covered by the plan [23].

- National Health Insurance Scheme (NHIS) 2005: This covers <5% of the population, mostly formal workers, not elderly specific.
- No Social Security: Unlike South Africa with Older Persons Grant for 4 million elderly, or the Kenya Inua Jamii program, it is unfortunate that Nigeria has no national non-contributory old age grant [24].
- National Policy on Ageing drafted in 2003 but was never approved until 2021.

Current Situation (2015-Present)

- **National Policy on Ageing 2021** was finally approved by the Federal Executive Council – first ever. It defines the plan but implementation was poor, and with no budget line [25].
- **National Senior Citizens Centre (NSCC) Act 2018** – The centre was established in 2021.
- Still, 82% of elderly live in rural areas, 70% have hypertension or diabetes, and 80% have no pension [26, 27].
- National Social Safety Nets Project (NASSP) provides N5,000 conditional cash transfer but targets poor households, and not specifically elderly.

What are the causes?

Some of the identified causes of the lack of government plan for the old citizens include:

1. The cultural assumption that family will care [22].
2. Youth-focused population policy - where the government sees Nigeria as young nation.
3. Corruption and poor data – no elderly register.
4. Economic informality – difficult to tax and provide pension.
5. Ageism – elderly not seen as productive [28].

The consequences of the lack of care or concern for the elderly leads to elderly poverty, loneliness, witchcraft accusation, homelessness and high death from treatable diseases [16], as shown in Figure 2.

CHALLENGES FACING THE PLAN FOR THE ELDERLY

Some of these challenges include:

1. Economic and Funding Challenges

- Low Budget Allocation: National Senior Citizens Centre (NSCC) budget for 2023 was only N500 million for 14.8 million elderly, which amounts to less than N34 per elderly per year. There is no dedicated budget line for National Policy on Ageing 2021 [25, 29].
- High Informality: 92% of Nigerian workers are in the informal economy with no pension contribution. Micro pension enrolment is only

89,000 out of 60 million informal workers [20, 23].

- Poverty of Government: debt serving gulfed 96% of revenue in 2023, leaving little for social protection. ILO estimates universal old age pension would cost 1.2% of GDP, while government says it cannot afford it [23, 30].

2. Demographic Data Challenge

- There is no accurate data or register of the elderly. The last survey on older persons was in 2003. The National Population Commission has no disaggregated data by age 60+. NIN linkage is still incomplete – only 45% of the elderly have NIN [13, 31].
- Without data, planning, budgeting and targeting will be impossible [16].

3. Institutional and Policy Implementation Challenges

- Policy on Paper: The National Policy on Ageing was drafted in 2003, approved 18 years later in 2021 and while implementation plan is still not launched in 70% of the states. NSCC was established by law in 2018 but while operation started in 2021 with 12 staff [25, 29].
- Fragmentation: Responsibility is scattered - Ministry of Humanitarian Affairs, Ministry of Health, PenCom, NHIA, Ministry of Women Affairs. There is no coordination. Some states have not domesticated the policy except Lagos and Edo [28].
- Corruption in Pension System: With the Contributory Pension Scheme, there are pension arrears scandal e.g., Maina ngate N100 billion, and police pension fraud. Elderly trust is broken [17, 19].

4. Healthcare System Challenges

- Only 8 trained geriatricians for 15 million elderly in Nigeria. There is no geriatric department in most hospitals [16, 26], as shown in Figures 3 and 4.
- NHIA covers only 4.5% of population, and while drugs for hypertension, diabetes are not in essential list for the elderly. 70% of the elderly have at least on chronic disease but 80% pay out-of-pocket [3, 32].
- Rural concentration: 82% of the elderly live in rural areas with no primary health centre, and no doctor [31].

5. Socio-Cultural Challenges

- Erosion of extended family: Urbanization and youth migration left the elderly alone. Youth unemployment means that children cannot support parents. This is called modernization which breaks family without state replacement [22].
- Ageism and stigma: The elderly are seen as unproductive or witches. In Akwa Ibom, cross River, Ebonyi, thousands of elderly women are accused of witchcraft, killed or abandoned. There is no law that protects them [14, 24].
- Preference for youth: The National policy focuses on youth – 60% of population under 25. The government sees the elderly as burden, not voters [15].

6. Legal and political challenges

- No enforceable right to old age social security. Section 16(2)(d) of the Constitution says that the state shall provide old age care but under Chapter ll which is non-justifiable [33].
- Politicians make use of elderly grants for campaign but abandon them after election, as shown in Figure 5.
- Conflict of laws – Labour Act and PenCom cover only the formal sector.

7. Infrastructure and Environmental Challenges

- No elderly-friendly transport, housing, toilets. Lagos BRT free for 70+ bur buses not accessible with steps too high.
- Climate change, insecurity in North-East and North-West displaced elderly who cannot run.
- Digital exclusion – micro pension requires mobile phone, but 60% of rural elderly are illiterate [27].

8. Lack of geriatric expertise: Insufficient numbers of professionals specifically trained in geriatric medicine and elderly care, affecting the quality and coordination of services for older people.

These challenges are interlinked as no data leads to no budget, no budget leads to no services, and no services increases family burden. South Africa and Kenya overcame similar challenges via political will and tax-funded pension [24, 34, 35].

SOLUTIONS TO THE CHALLENGES

The challenges facing the elderly can be addressed via coordinated action or plan by the government, families, communities, health institutions, civil-society organizations and the private sector. The WHO Decade of Healthy Ageing (2021-2030) has identified four major areas: age-friendly environments, integrated health care, long-term care, and combating ageism. The following measures are particularly important.

1. Strengthening social protection and pension systems: Governments should strengthen pension systems and introduce or expand social assistance for elderly people who have little or no retirement income. Reliable income support can help older

people meet basic needs such as food, healthcare and housing. The United Nations Principles for Older Persons recognize older people's need for adequate food, shelter, healthcare and income support. In Nigeria, government should introduce monthly cash grant for all Nigerians 60+ not covered by contributory pension, as done in South Africa, Botswana, Kenya Inua Jamii, and Brazil. ILO recommends at least $30 per month to reduce extreme poverty.

2. Strengthen geriatric healthcare services: Governments should integrate elderly healthcare into primary healthcare and establish or strengthen geriatric units in hospitals. Older people should have access to preventive care, chronic-disease management, rehabilitation, mental-health services and affordable medicines. WHO specifically recommends person-centred, integrated health and primary-care services responsive to older people's needs.
3. Establish accessible long-term care services: Government should provide long-term care for elderly people who can no longer live independently. The services may include home care, day-care centers, residential care, respite care and community-based support. WHO considers access to quality long-term care essential for maintaining dignity and functional ability.
4. Develop and implement comprehensive ageing policies: Government should formulate and implement a clear national policy on ageing that defines the responsibilities of federal, state and local authorities. The policy should cover healthcare, pensions, housing, social protection, transportation, nutrition and long-term care. The WHO recommends a whole-of-government and whole-of-society approach to ageing.
5. Develop age-friendly communities: Government should make communities safer and easier for older people to use. This includes accessible public transportation, pedestrian facilities, housing, public buildings, recreational spaces and community centres. WHO identifies age-friendly environments as one of the central areas of the UN Decade of Healthy Ageing.
6. Combat age discrimination: Public education and legislation should be put in place to address negative stereotypes and discrimination against older people. Government institutions, employers, healthcare providers and communities should promote respect for older citizens and recognize their continuing contributions to society. Combating ageism is one of the four central action areas of the UN Decade of Healthy Ageing.
7. Protect elderly people from abuse and neglect: Governments should establish and enforce laws against physical, psychological and financial abuse of older people. Social workers and community health workers should be trained to identify and report abuse. Care institutions should also be subject to standards, inspection and accountability mechanisms. WHO's long-term-care framework emphasizes human rights, prevention of ageism and protection from abuse.
8. Support family and informal caregivers: Many elderly people depend on family members for daily care. Government can provide caregiver training, counseling, financial assistance, respite services and flexible social-support programmes. WHO recommends support and training for both formal and informal caregivers, as shown in Figures 6 and 7.
9. Train more healthcare and social-care workers: There is need for specialized training in gerontology, geriatrics, social work, dementia care, rehabilitation and palliative care. WHO notes that population ageing increases the need for a larger and better-trained health and care workforce.
10. Involve older people in government decision-making: There is the need to involve older people to participate in designing policies and programmes that affect them. The government can establish elderly people's councils, advisory committees and consultation mechanisms at national and local levels. The UN Principles state that older people should participate actively in the formulation and implementation of policies affecting their well-being.
11. Promote digital inclusion
12. Improve data collection and planning on older people: Government should regularly collect reliable data on the number, living conditions, income, health status and care needs of older citizens. Such evidence allows government to identify vulnerable groups and allocate resources appropriately. WHO's Decade of Healthy Ageing emphasizes evidence, monitoring and measurement to guide action.
13. Promote partnerships with NGOs and the private sector / Strengthen cooperation among stakeholders: Government should work with civil-society organizations, religious/community

organizations, charities and private healthcare providers to expand elderly-care services. Such partnerships can increase coverage where government resources are limited. WHO's healthy-ageing framework calls for collaboration among governments, civil society, professionals, the private sector and older people themselves.

14. Use technology to support elderly care: Governments should encourage and promote telemedicine, emergency-response systems, digital health records and assistive technologies for older people, particularly those living alone or in remote areas. WHO recommends appropriate and affordable access to innovative digital and assistive technologies as part of long-term care.
15. Encourage active and healthy ageing
16. Increase government funding for elderly care: Adequate budgetary allocations should be provided for programs serving older people. Funding can support geriatric clinics, community care centers, pensions, home-care programs, assistance devices and social services. WHO has emphasized the need for greater investment and adequate resources for healthy ageing [3, 9, 20, 24, 34, 35, 36, 38-43].

CONCLUSION

Elderly care is an important component of a healthy and inclusive society because older people require appropriate health, social, economic and emotional support as they age. Effective elderly care should not be limited to medical treatment alone; it should also promote independence, dignity, social participation, safety and quality of life. Evidences show that solutions exist and are affordable – non-contributory pension, geriatric healthcare, family support incentives and national register as recommended by ILO and WHO. What is lacking in most developing countries like Nigeria is the lack of political will to enforce Section 16(2)(d) of 1999 Constitution which says state shall provide old age care, and as well as the issue of corruption. Until elderly care moves from charity to justiciable right and from family duty to state responsibility, elderly poverty, loneliness, witchcraft accusation and preventable deaths will continue. Consequently, elderly care should be treated as along-term social and development priority rather than as a temporary welfare intervention. More information on the lack of government plan for old citizens can be found in the books in [44-60] and the following related journals:

Journal of the American Geriatrics Society
Age and Ageing
The Gerontologist
Journal of Gerontological Social Work
BMC Geriatrics
Journal of Ageing and Social Policy
International Journal of Geriatric Psychiatry
Journal of Ageing Studies
Research on Ageing
Journal of Long-Term Care
International Journal of Older People Nursing
Clinical Intervention in Ageing
Geriatric Nursing
Journal of Applied Gerontology
Ageing & Society
African Population Studies
Journal of Ageing in Africa
Nigerian Journal of Sociology and Anthropology
African Journal of Social Work
Population Bulletin
International Journal of Ageing and Later Life
International Social Security Review
Ageing International – Springer
Journal of Social Policy
Global Social Policy
WHO Bulletin
The Lancet Healthy Longevity
Pan African Medical Journal
Journal of Law, Policy and Globalization
African Journal of International and Comparative Law
UNFPA Nigeria Report

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Figure 1. Old age
Source: https://en.wikipedia.org/wiki/Old_age



Figure 2. Elderly people and poverty



Figure 3. Geriatricians
Source: https://en.wikipedia.org/wiki/Geriatrics



Figure 4. Gerontologist vs geriatrician

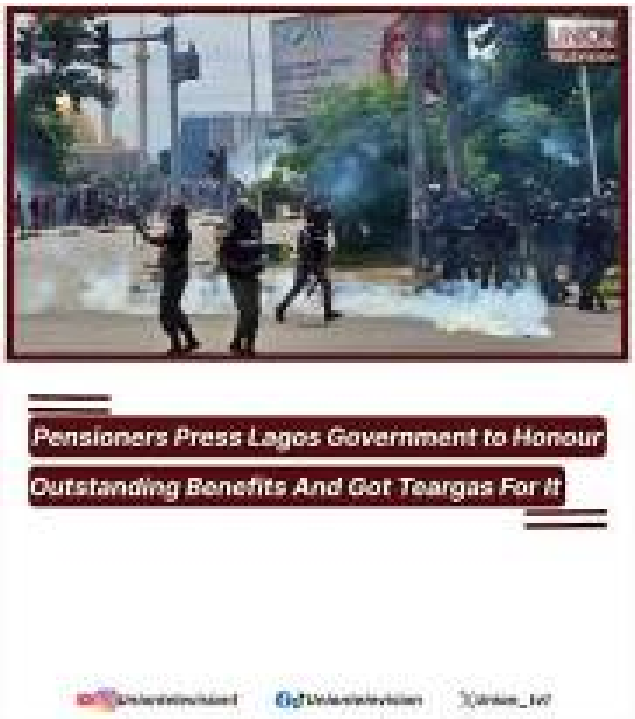


Figure 5. Pensioners press Lagos government to honour outstanding benefits and got teargas for it.



Figure 6. The role of formal social networks in mitigating age related mental stress among older Nigerians living in poverty



Figure 7. Group seeks expanded pension healthcare reforms for elderly Nigerians.

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