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AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D.C. 20523

July 7, 1988

MEMORANDUM TO ALL AID/WASHINGTON BUREAUS AND OFFICES

FROM: S&T/H, Ann Van Dusen *Ann Van Dusen*

SUBJECT: Second Report to the Congress on A.I.D.'s  
Research Program on Aging

The FY 1987 Report of the Senate Appropriations Committee called upon A.I.D. to begin to allocate a proportion of its health resources to international research on problems affecting older persons, and to develop a detailed report describing projects funded under this new initiative. The FY 1988 Senate Appropriations Committee Report expressed disappointment in A.I.D.'s slow progress in this area, again recommended that A.I.D. begin to allocate health funds for research on aging, and again requested a report on A.I.D.'s efforts.

On April 22, 1988, the Administrator approved the attached medium-term research strategy on aging for the Agency. This strategy formed the basis for our second report to the Congress on aging, also attached. The strategy has two components:

- improvements in the demographic and health statistics data base on aging;
- targeted research to understand the aging phenomenon globally and at the country level, and to ascertain the impact that the aging population will have on the health system.

Copies of the attached Report have been mailed to all missions and field offices, with a request that they let us know if they are supporting or contemplating providing support for research or services directed to the problems of the elderly.

Attachments:

1. Action Memorandum approving a medium-term research strategy on aging
2. April 1988 Report to Congress on A.I.D.'s research strategy on aging (without attachments)
3. Aging in the Third World, Bureau of the Census

SENIOR ASSISTANT ADMINISTRATOR

APR 21 1968

## ACTION MEMORANDUM FOR THE ADMINISTRATOR

FROM: S&T, N. C. Brady 

SUBJECT: Aging: The Research Strategy

Background: This memorandum proposes a medium-term (2-3 years), \$1.925 million research strategy for the Agency in the area of aging and health and seeks your approval.

Discussion: As the recent A.I.D.-commissioned Census Bureau report on Aging in the Third World indicates, aging is likely to become a social and economic issue in many developing countries in the next decade or two. The numbers of disabled persons are likely to rise rapidly as populations grow older. Patterns of illness will shift with chronic diseases placing increasing demands on the health system. This will require a better understanding of how health care is provided and the financing and organization of health services (private and public sector). The impact of societal aging on health care services and financing is likely to be significant. Needless to add, these requirements will also have implications for child survival and other health programs.

Given these concerns, we recommend that the Agency focus its attention on two critical research arenas for the next two to three years.

I. Improvement in the demographic and health statistics data base on aging. It is probably most cost effective to work initially with the Census Bureau to ensure that A.I.D., other donors, and LDCs themselves all have access to high quality data on country, regional and global aging trends. This work will supplement the work already undertaken and published in Aging in the Third World. Specifically, we recommend that the following four activities, for a total cost of approximately \$400,000 over two years, be undertaken under a RSSA with the Census Bureau, in collaboration with the National Institute on Aging:

- A. Expansion of the International Data Base on Aging.
- B. Profiles of the Elderly in Caribbean/Central American Countries.

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C. Targeting Scarce Health Resources to Achieve the Largest Increases in Life Expectancy in A.I.D. Countries.

D. Consumer Health Expenditure Surveys.

II. Targeted research to understand the aging phenomenon globally and at the country level, and to ascertain the impact that an aging population will have on the health system.

The centerpiece of the program will be research in four A.I.D.-assisted countries to obtain information on:

- the specific health problems and needs of the elderly;
- the availability and cost-effectiveness of special programs addressing the health needs of the elderly;
- the role of the government, family, church and other private organizations in caring for the elderly;
- an estimate of the current and projected costs of providing health care to the elderly; and
- an assessment of the economic, social and other roles of the elderly in the particular society.

Countries would be selected on the basis of current and projected growth in the aged population, government interest and/or concern with population aging, and the availability of researchers and research institutions capable of undertaking the work. We estimate these country assessments will take two years to produce, at an average cost of \$300,000 per country, for a total of \$1.2 million for this element of the research strategy.

Dissemination of information about population aging and consequent health care requirements must be an on-going effort, involving the development and dissemination of documents such as Aging in the Third World, sponsorship of workshops and/or panels at international meetings, and liaison with WHO and other relevant international organizations. We would work closely with the Census Bureau and the National Institute on Aging in both the development and dissemination of critical information on aging in LDCs.



## PROGRAM SUMMARY

I. Improvement in the demographic and health statistics data base on aging. It is probably most cost effective to work initially with the Census Bureau to ensure that A.I.D., other donors, and LDCs themselves all have access to high quality data on country, regional and global aging trends. This work will supplement the work already undertaken and published in Aging in the Third World. Specifically, we recommend that the following four activities, for a total cost of approximately \$400,000 over two years, be undertaken under a RSSA with the Census Bureau, in collaboration with the National Institute on Aging:

A. Expansion of the International Data Base on Aging.

B. Profiles of the Elderly in Caribbean/Central American Countries.

C. Targeting Scarce Health Resources to Achieve the Largest Increases in Life Expectancy in A.I.D. Countries.

D. Consumer Expenditure Surveys.

These activities will expand the data base, utilizing secondary data sources as recommended by A.I.D.'s Research Advisory Committee, to improve our ability to assess not only the present and future costs of caring for an older population, but also to estimate the impact of changing health conditions on the elderly.

II. Targeted research to understand the aging phenomenon globally and at the country level, and to ascertain the impact that an aging population will have on the health system.

If developing countries are to anticipate the health care requirements of a growing elderly population, there are a variety of specific issues on which much more additional information is needed, including:

behavioral            e.g., who currently cares for the elderly, how are specific problems of the elderly handled, who is considered old?

demographic        -e.g., how large is (and will be) the proportion of elderly in the population, what proportion are widows/widowers, live in rural areas, live alone?

- economic            -e.g., how much does the government and the individual currently pay for health care, how are health services financed, what services are available through private channels and at what cost?
- operations           -e.g., what range of special services are needed to deal with the health needs of the elderly, and are these best delivered as part of or independent of regular health clinic programs?

We believe the most cost-effective approach to developing programmatically useful information on these issues is through a collaborative arrangement with LDC scientists in carefully selected countries working on a common set of issues surrounding the organization and financing of health care for an aging population.

Initially this work is likely to involve the preparation of a series of focused studies. We believe that the National Institute on Aging can play an important role in developing these issue-oriented studies, and we have already begun discussions with NIA of a two-year, \$100,000 effort to begin to engage U.S., European, and LDC scientists in helping to frame a policy-oriented research agenda on health, development and aging.

Early attention will also be given to health care financing. In view of the dire economic conditions of many developing countries and the constrained budgets of international donors, the financial implications of caring for an aging population must receive high priority. This issue might initially be addressed in a small gathering of experts in health financing, demographic projections, and health care for the elderly to develop appropriate research strategies. Subsequently, we would expect to develop some country-specific projections on the costs of population aging -- costs to the country and to the individual and his/her family. We estimate that \$150,000 will be required over the next two years for this aspect of the research.

The centerpiece of the program will be a centrally-directed research program in four A.I.D.-assisted countries to obtain detailed information about a wide range of issues, including:

- the specific health problems and needs of the elderly;
- the availability and cost-effectiveness of special programs addressing the health needs of the elderly;

-the role of the government, family, church and other private organizations in caring for the elderly;

-an estimate of the current and projected costs of providing health care to the elderly; and

-an assessment of the economic, social and other roles of the elderly in the particular society.

Countries would be selected on the basis of current and projected growth in the aged population, government interest and/or concern with population aging, and the availability of researchers and research institutions capable of undertaking the work. We estimate these country assessments will take two years to produce, at an average cost of \$300,000 per country, for a total of \$1.2 million for this element of the research strategy.

III. Information dissemination: Dissemination of information about population aging and consequent health care requirements must be an on-going effort, involving the development and dissemination of documents such as Aging in the Third World, sponsorship of workshops and/or panels at international meetings, and liaison with WHO and other relevant international organizations. We would expect to work closely with the Census Bureau and the National Institute on Aging in both the development and dissemination of critical information on aging in LDCs. The Agency will also need to pursue opportunities to present available data and discuss their policy and programmatic implications to a wide range of potential audiences. We estimate that A.I.D. will need to set aside approximately \$75,000 over the next two years for this work.

Summary: The foregoing is a \$1.9 million, 2- to 3-year research strategy which we believe is responsible and forward-looking. It includes the following:

RSSA with Census Bureau	\$400,000
RSSA with NIA	\$100,000
Studies of health care financing	\$150,000
Four Country Assessments	\$1,200,000
Information dissemination	75,000
TOTAL	\$1,925,000

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AGING: A.I.D.'S RESEARCH STRATEGY

This is a report on the United States Agency for International Development's work to develop a program of research on aging. This report was prepared in response to Senate Report 100-236.

Section One of the Report sets out the background of the Agency's activities in aging prior to FY 1988. Section Two examines A.I.D. activity in the past year. Section Three lays out the A.I.D. medium-term research strategy in aging.

Washington, D.C.  
April 1988

## AGING: A.I.D.'S RESEARCH STRATEGY

This is a report on the United States Agency for International Development's work to develop a program of research on aging. This report is prepared in response to Senate Report 100-236. Section One of the Report sets out the background of A.I.D. activity in aging prior to FY 1988. Section Two examines A.I.D. activity in the past year. Section Three lays out the A.I.D. medium-term (2-3 years) research strategy in aging.

### SECTION ONE:

Despite progress toward increasing life expectancy in recent years, the health of the majority of people in most developing countries remains poor by any measure. More than 14 million children die each year in developing countries, and an additional 5 million children each year face handicaps as a result of diseases which could have been prevented.

In many countries life expectancy does not exceed 50 years, one-quarter of children die before the age of five, and hundreds of millions of adults suffer from chronic, debilitating illnesses. Serious vector-borne diseases are endemic throughout whole regions of the developing world. Malaria, which has experienced a resurgence in many countries, kills an estimated 4-5 million people each year. In Africa alone, a million child deaths every year are associated with malaria. In addition, malaria is a debilitating, recurrent disease that constitutes a major drain on the productivity of agricultural labor. Trypanosomiasis (sleeping sickness) has once again become a serious problem in Africa. Onchocerciasis is endemic in West Africa and is responsible in part for the abandonment of fertile lands. And schistosomiasis (snail fever), a gradually debilitating disease, is believed to afflict 180 million people in LDCs.

Against this backdrop of chronic disease and early death, the increases projected in the elderly population of LDCs represents both a remarkable success story for health care delivery and an unprecedented challenge for these delivery systems. The number of the world's population 60 years and over will grow from 375.8 million in 1980 to 975.6 million by the year 2020. This represents a growth in the percentage of elderly from 8.5 percent of the world's population in 1980 to 12.5 percent in 2020. The rapid increase in those 80 years of age and older will be even more dramatic, increasing from 35 million in 1980 to 101 million by 2020.

The most dramatic increase in the growth of the aged is taking place in developing countries. Aging in the Third World notes that the net balance of the world's older population increases by 1.2 million persons every month. Eighty percent of this increase is occurring in developing countries. While there are now 370 million older persons in the developing world, there will be more than one billion aged individuals in less than three decades. Population aging will result in a variety of social and economic pressures and challenges, but it presents new economic opportunities as well. For example, an increase in the proportion of working age adults to children under 15 (one aspect of population aging) will have obvious implications for both productivity and human well-being, but only if working aged adults stay healthy.

In short, in view of the current health conditions and pressures on rudimentary health care systems, aging may not be a high priority issue for most developing countries at this time. Nevertheless, in view of the speed with which aging is likely to become a social, health and economic issue in many developing countries, it is appropriate for A.I.D. and other development-oriented agencies to begin assessing potential impacts and planning for the future.

A.I.D. began directing attention to the problems of aging in the developing world in 1983. However, the issue took on a significant new direction within the Agency in 1987 when the Senate Appropriations Committee Report requested that A.I.D. become directly involved in research on aging. Senate report 99-443 recommended that A.I.D. begin to allocate a portion of its health resources to international research on problems affecting older persons; that A.I.D. collaborate with the National Institute on Aging (NIA) in this research initiative; and that A.I.D. prepare a detailed report describing projects funded under this new initiative.

Last September, in response to Senate Report 99-443, A.I.D. prepared a detailed report on its plans to develop an international research agenda on the problems affecting older persons. Our report examined the importance of aging as an individual and an economic development issue, and described the situation of the aged in A.I.D.- assisted countries. (Appendix A)

The bulk of the \$250,000 in FY 1987 funds allocated last year to develop a research agenda on aging was committed to the Department of Health and Human Services, in part to enable the National Institute on Aging to collaborate with WHO on the latter's Special Programme for Research on Aging (SPRA). These funds were also used to produce Aging in the Third World, which is enclosed with the report.

## SECTION TWO

During FY 1988, A.I.D. has taken a number of steps to further refine, develop and implement its research strategy on aging in developing countries. These steps are outlined below.

In December, 1987, the National Research Council (NRC) convened a panel, chaired by Dr. Linda Martin, Population Institute, East-West Center, Hawaii, to review the A.I.D. activities in aging, including the report to Congress, and make recommendations for A.I.D. in addressing the issue of aging in the less developed world. This panel produced a background document for the A.I.D. Research Advisory Committee (RAC) (Appendix B). In January, 1988, the RAC convened a panel to examine and make recommendations concerning A.I.D. initiatives in aging in less developed countries. The document produced by the RAC is attached (Appendix C).

The NRC and RAC panels commended A.I.D. for its concern for the increasing significance of aging in developing countries and for its understanding of the broad ramifications of aging in LDCs. The panels noted that the multisectoral nature and the inevitability of associated problems argue for a well-coordinated, forward-looking effort within A.I.D. Both panels also recommended that A.I.D. assist in the development of research capacities within LDCs, exploit existing data sources as available, and focus on both humanitarian and developmental issues as they relate to aging populations.

In February, 1988, the A.I.D.-commissioned Census Bureau document, Aging in the Third World, was published (Appendix D). This publication, along with An Aging World (Appendix E), is being widely distributed, including to all A.I.D. field missions. NIA and the Census Bureau have proposed that these documents also be jointly distributed to Congress and throughout the United States. In fact, we understand that NIA believes that Aging in the Third World is so valuable a document that it is interested in reprinting it in a typeset version comparable to An Aging World.

In fact, many of the highlights of Aging in the Third World are quite startling. For example:

-The population growth rate for persons aged 55 and over in developing countries (3.1 percent) is 3 times as high as in the developed world.

-The Caribbean is the oldest developing region, with 12 percent of population aged 55 and over.

-In most developing countries, the population aged 75 and over (the "oldest old") is growing faster than the older population in general. Future expansion of the oldest old will be especially pronounced in Asia.

-Rural areas are "older" (have higher proportions of older population) than urban areas, due largely to country-to-city migration of younger adults.

-Women outlive men in virtually all countries of the world, regardless of the level of life expectancy.

-The nature of disease in developing countries is shifting from communicable to chronic.

-Although the family now provides complete support for a vast majority of older population in developing countries, traditional support structures are thought to be eroding.

-The need for long-term care (whether formal or informal) is experienced disproportionately by women.

-In some countries, fewer than 1 in 10 older persons can read and write.

-In spite of the worldwide trend away from employment in agriculture, older workers are heavily concentrated in this sector. Manufacturing occupations typically rank second in terms of numbers of older persons employed.

-Many governments now or will soon face the challenge of extending social security coverage to more than a small minority of their citizens.

In developing its medium-term research agenda on aging, A.I.D. has also consulted with United Nations agencies, U.S. universities, and a variety of private organizations concerned with the impact of population aging worldwide. Two recent United Nations reports have particular significance for A.I.D.'s work on aging: Question of Aging: Report of the Secretary-General, and The Participation of the Elderly in Development (Appendix F). Both focus on aging in less developed countries and both focus on the impact of aging on development. In addition to reviewing current international activities in aging, the latter UN document makes three important recommendations to policy makers concerned with the aged:

- avoid marginalizing the elderly: develop strategies to integrate them into existing or new programs;
- planning for the aged should not detract from the need to provide basic services to benefit the whole population;
- specific policies for the aged must be linked to the total development effort.

A.I.D. has also begun to review other U.S. Government activities directed toward the problems of aging populations in the developing world. Two agencies, the National Institute on Aging and the Census Bureau, Center for International Research, are both giving attention to aging issues in the developing world. A.I.D., as outlined in this report, proposes to work closely with both of these agencies.

In addition, the Social Security Administration may play a role in A.I.D.'s future activities on aging. The Office of International Policy, Social Security Administration, regularly summarizes the social security activities of one hundred and forty-two countries, including some LDCs, in a document, Social Security Programs Throughout the World. The Office of International Policy also receives visitors from developing countries seeking advice and assistance in establishing and refining their social security systems. It is worth noting here that the Select Committee on Aging, U.S. House of Representatives, is currently developing a committee report on cross-national aging issues, including issues in developing countries. We will be reviewing this report as well for possible insights for A.I.D.'s research program.

### SECTION THREE

Senate Report 100-236 states:

The Committee's report last year requested that A.I.D. begin to allocate a portion of its health resources to international research on problems affecting older persons. The Committee went so far as to suggest different avenues of investigation which the Agency might pursue. The Committee has been less than satisfied with the Agency's response and continues to believe that such research can inure to the benefit, not only of those in developing countries, but also to those in this country suffering from Alzheimer disease and other diseases affecting older persons. The Committee has no doubt that there is a substantial role for A.I.D. to play in this area. Most obviously, as development occurs and traditional social support systems diminish in significance, the governments of developing countries will be called upon to deal with health problems with which they are not accustomed. Therefore, the Committee strongly reiterates its recommendation that A.I.D. begin to channel health resources into research activities in this health sector. The Committee expects A.I.D. to provide it with a report by April 15, 1988, on the steps it plans to take to implement this recommendation.

The foregoing sections of this report have reported on the Agency's efforts to date to implement the Committee's recommendation. This Section presents the broad outlines of the research strategy on aging which A.I.D. intends to follow for the next two to three years.

As the recent A.I.D.-commissioned Census Bureau report on Aging in the Third World indicates, aging is likely to become a social and economic issue in many developing countries in the next decade or two.

It is clear, for example, that the numbers of disabled persons are likely to rise rapidly as populations grow older. It is equally certain that patterns of illness will shift as populations age, with chronic diseases placing increasing demands on the health system. This shift in disease patterns will in turn require a better understanding of health care and a reevaluation of the financing and organization of health services (private and public sector). The impact of societal aging on the need for health care services and financing of the national health system is likely to be significant.

It is not too early to begin assessing potential impacts and planning for the future. The shifting balance between preventive and curative services, the role of the family in providing health care, the new training needed for health workers, the need for effective pharmaceuticals distribution and health referral systems will all require careful attention. Needless to add, these requirements will also have implications for child survival and other health programs, and these implications must be carefully weighed.

In view of the above, the Agency has concluded that both in terms of development impact and in view of A.I.D.'s comparative advantage, our greatest contribution to research on aging is likely to come from concentrating our attention over the next two to three years on the impact of aging on the health sector in selected LDCs.

Specifically, the Agency has adopted a medium-term strategy that focuses on two critical research arenas for the next two to three years.

I. Improvement in the demographic and health statistics data base on aging. It is essential that A.I.D., other donors, and LDCs themselves all have access to high quality data on country, regional and global aging trends. More particularly, it is important to build upon the work already undertaken by the Census Bureau and published in Aging in the Third World. Specifically, the Agency proposes to work with the Census Bureau on the following four activities. In this effort, we expect to collaborate closely with the National Institute on Aging as well:

A. Expansion of the International Data Base on Aging. This activity will add key A.I.D.-assisted countries to the International Data Base on Aging and complement the \$80,000 NIA is putting into this effort in FY88. With A.I.D. support this activity will expand the highly successful publication, Aging in the Third World, produced by the Census Bureau with A.I.D. support.

B. Profiles of the Elderly in Caribbean/Central American Countries. This activity will consist of country-specific reports, based on the International Data Base on Aging, highlighting aging trends in the region; it would complement country case studies (see below).

C. Targeting Scarce Health Resources to Achieve the Largest Increases in Life Expectancy in A.I.D. Countries. This activity will examine cause of death data, by sex and age, to evaluate how much life expectancy might be improved by reducing deaths from specific causes in selected age groups. This activity should allow us to demonstrate the links between investments in child survival and increases in life expectancy.

D. Consumer Expenditure Surveys. This activity will add information about income to the international data base. Specifically, these data, only available in individual country's statistical offices at this point, will enable us to look at health expenditures at the household level, controlling for age, location, and size of household.

Each of these activities will expand the data base, utilizing secondary data sources as recommended by A.I.D.'s Research Advisory Committee and the National Academy of Sciences special expert panel on aging, to improve our ability to assess not only the present and future costs of caring for an older population, but also to estimate the impact of changing health conditions on the elderly.

II. Targeted research to understand the aging phenomenon globally and at the country level, and to ascertain the impact that an aging population will have on the health system.

If developing countries are to anticipate the health care requirements of a growing elderly population, there are a variety of specific issues on which much more additional information is needed, including:

- |             |  |
|-------------|--|
| behavioral  | e.g., who currently cares for the elderly, how are specific problems of the elderly handled, who is considered old?                                  |
| demographic | -e.g., how large is (and will be) the proportion of elderly in the population, what proportion are widows/widowers, live in rural areas, live alone? |

- economic            -e.g., how much does the government and the individual currently pay for health care, how are health services financed, what services are available through private channels and at what cost?
- operations           -e.g., what range of special services are needed to deal with the health needs of the elderly, and are these best delivered as part of or independent of regular health clinic programs?

We believe that the most cost-effective approach to developing programmatically useful information on these issues is through collaboration among LDC researchers in carefully selected countries working on a common set of issues surrounding the organization and financing of health care for an aging population.

Initially this work is likely to involve the preparation of a series of focused studies. We believe that the National Institute on Aging can play an important role in developing these issue-oriented studies, and we have already begun discussions with NIA on a two-year, collaborative effort to begin to engage U.S., European, and LDC scientists in helping to frame a policy-oriented research agenda on health, development and aging.

Early attention will also be given to health care financing, and especially to assessments of the cost-effectiveness of a variety of preventive approaches to assuring the health status of the elderly. In view of the dire economic conditions of many developing countries and the constrained budgets of international donors, the financial implications of caring for an aging population must receive high priority. This issue might initially be addressed in a small gathering of experts in health financing, demographic projections, the health impacts of specific environmental and other programs, and health care for the elderly to develop appropriate research strategies. Subsequently, we would expect to develop some country-specific projections on the costs of population aging -- costs to the country and to the individual and his/her family.

The centerpiece of the program will be a coordinated research program in four A.I.D.-assisted countries to obtain detailed information about a wide range of issues, including:

- the specific health problems and needs of the elderly;
- the availability and cost-effectiveness of special programs addressing the health needs of the elderly;

- the role of the government, family, church and other private organizations in caring for the elderly;
- an estimate of the current and projected costs of providing health care to the elderly; and
- an assessment of the economic, social and other roles of the elderly in the particular society.

Countries would be selected on the basis of current and projected growth in the aged population, government interest and/or concern with population aging, and the availability of researchers and research institutions capable of undertaking the work. We estimate these country assessments will take two years to produce.

III. Information dissemination: Dissemination of information about population aging and consequent health care requirements must be an on-going effort, involving the development and dissemination of documents such as Aging in the Third World, sponsorship of workshops and/or panels at international meetings, and liaison with WHO and other relevant international organizations. We expect to work closely with the Census Bureau and the National Institute on Aging in both the development and dissemination of critical information on aging in LDCs. The Agency will also need to pursue opportunities to present available data and discuss their policy and programmatic implications to a wide range of potential audiences.

Summary: The foregoing outlines a research strategy that we estimate will require approximately \$2 million over a 2- to 3-year period. The centerpiece of the program is the country assessments, which may require up to \$1.2 million over two years. We believe that this strategy is both responsible and forward-looking.

We will, of course, remain alert to new opportunities to advance our understanding of population aging in the developing world, and our appreciation of the challenge it may pose for health care delivery in the years ahead.

In conclusion, we believe that the Agency's research strategy on aging has evolved in several important respects in the seven months since our first report.

First, we have substantially sharpened the focus of our research agenda on aging. There is no question that population aging will have ramifications for policies and programs in such diverse areas as housing, social security, agriculture, rural development and employment. Nevertheless, we intend to focus our research efforts on the impact of aging on the health sector.

And second, we have developed a research strategy that will draw on the skills and resources of a wide variety of U.S. government agencies, U.S. universities, international organizations and LDC research institutions and scholars. It is a research strategy that we believe will put A.I.D. in the vanguard of planning for an issue that is likely to be one of the first that development agencies and LDC governments alike will have to confront in the 21st century.

#### Appendices

A. September 1987 Report: Aging in the Third World: A.I.D.'s Response

B. National Academy of Sciences expert panel on aging report

C. A.I.D.'s Research Advisory Committee Report on Aging

D. Census Bureau, Aging in the Third World

E. Census Bureau, An Aging World (not included)

F. United Nations, Question of Aging: Report of the Secretary-General, and

United Nations, The Participation of the Elderly in Development.

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