

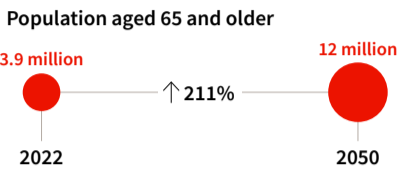
The Aging Readiness & Competitiveness (ARC) 4.0

Ethiopia

While there are a few social support programs that target vulnerable groups such as the poor and rural residents, the lack of policies and support—both from the government and from civil society—targeting older adults leaves them vulnerable. A breakdown of traditional family support structures leads many older adults to migrate to urban areas, where they may experience housing insecurity; and a fundamental data gap on older persons’ experiences leaves the picture of aging inequity in Ethiopia unclear.

Demographic

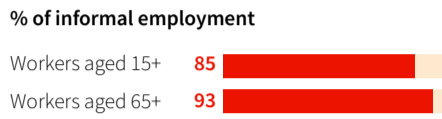
The share of the population aged 65 and older will more than double from 3% to 6% in 2022-50.



Sources: UN, International Labour Organization, World Inequality Database, Economist Impact.

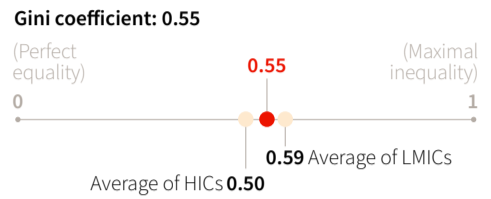
Informal employment

The majority of workers are employed informally, who do not have secure employment contracts or workers’ benefits.



Income inequality

The income inequality is lower than the average level of low- and middle-income countries (LMICs) but higher than that of high-income countries (HICs).



Ecosystem for equitable healthy aging:

		Very unfavorable				Moderately unfavorable				Moderately favorable				Very favorable			
		Strength				Strength				Strength				Strength			
		1	2	3	4	4	3	2	1	Forces enabling equity				Forces resisting equity			
Public institutions	<p>Social protection: There are a few social programs such as the Indigent Fee Waiver and Community-Based Health Insurance aimed at supporting poor, rurally residing, or informally working citizens—groups that contain older adults.¹</p> <p>Contributory pension participation is low and non-contributory pensions do not exist.² Most older adults have not had access to public sector employment and can’t get pensions. Those who do are often guardians for their grandchildren and must support their families.³</p> <p>Overall the social protection coverage remains very low: only 7.4% of the population receives at least one social protection benefit and less than 5% of older adults receive a pension.⁴</p>													<p>Healthcare access: There is insignificant evaluation of the healthcare system in Ethiopia, but it is clear that a lack of affordability represents a significant barrier to access.⁶ In addition, given that there are zero geriatricians in the country, specialized care for older persons remains out of reach for even the most well off.⁷ Indeed, the main problems that older adults experience relate to healthcare, including access to medication and treatment strategies not being age-friendly or age-informed.⁸</p>			
	<p>Healthcare financial protection: The introduction of the Community-Based Health Insurance scheme resulted in improvements to the healthcare system by reducing catastrophic out-of-pocket expenditures. It also facilitated greater healthcare utilization, availability of medicines, and improvements to the quality of services at health facilities.⁵</p>													<p>Educational access and quality: Although there is gender parity in educational rates, significant educational gaps remain among groups by location (urban vs. rural) and wealth.⁹</p>			
Legislative and policy landscape for aging	<p>Aging policy: Older adults are recognized in several policies and plans, such as the National Social Protection Policy (2014), and the Social Protection Policy for Vulnerable Groups (2012), showing the government’s awareness and desire to understand the issues facing older persons.^{10,11,12} Additionally, in 2020 the government ratified the African Union Protocol on the rights of older adults, making a commitment in the wake of COVID-19 to the wellbeing of this growing demographic.¹³</p>													<p>Policy implementation: Implementation of existing policies is lacking, as there’s insufficient manpower behind them, and there is no specific policy targeting older persons.</p> <p>Older adults often work farmland in rural areas and as such do not have access to the benefits of programs that do exist, which tend to serve those living in urban areas.</p> <p>Furthermore, there are implementation barriers due to a lack of information sharing among all stakeholders (such as government actors and local organizations); a lack of available information for potential beneficiaries regarding policies; and insufficient resources to effectively run programs.¹⁴</p>			
	<p>Civil society: Older adults self-advocate through interest groups such as the Ethiopia Elderly and Pensioners National Association and through Older Persons Organizations, with the support of international non-governmental organizations.¹⁸ Religious organizations at times also support older adults, and can provide a sense of safety—a study on older adults experiencing homelessness found that many of them preferred to live near churches, believing them to be a safer environment than other places.¹⁹</p>													<p>Age-friendly data: There are very few studies available on the experiences of older adults, and those that do exist are not national.¹⁵ Comprehensive data on the older population are scarce and not disaggregated,¹⁶ and older adults are often omitted from public health research.¹⁷</p>			
Age-friendly society													<p>Networks of care: Traditional, family-based networks of care for older persons are diminishing as younger people migrate to urban areas for employment, and often out of the country—especially to the Middle East.^{20,21} This breakdown of typical support structures leads older adults to leave for urban areas. It also contributes to a lack of suitable housing for older persons across the country.²²</p>				

Methodology: As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the ecosystem for achieving equitable healthy aging in 10 countries based on Kurt Lewin’s force field analysis. This approach compares forces that either promote or resist change, allowing for analysis of factors that may not be readily comparable within and across all countries. Building on our desk research and supplemented by expert interviews, we outline the forces that enable and across all countries. We then conduct a qualitative assessment to score their relative strength on a scale from 1 (“weak”) to 4 (“strong”). All scores were independently assessed by two raters (with an inter-rater reliability—Cohen’s kappa—of .72), who then reconciled differences.

Lack of inclusion of a force does not necessarily indicate its absence from a country. It typically means that we decided to focus elsewhere or that there was not adequate research available on the particular subject. Moreover, because of the nature of evaluation—complex matters are collapsed into simple scores—we note that not all readers will agree with all scores. Further, these scores are not intended to facilitate explicit rating or ranking, but rather to foster qualitative examination of complex dynamics through simplified heuristics. It is our hope that these overviews will encourage reflection and action.

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- https://blogs.worldbank.org/nasikiliza/supporting-ethiopia-older-citizens-importance-age-focused-social-safety-nets
- Economist Impact interview with Endashaw Taye, General Manager, Ethiopian Elderly and Pensioners National Association – EEPNA. October 2022.
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