

Economic Commission for Latin America and the Caribbean

**ECLAC SUBREGIONAL HEADQUARTERS
FOR THE CARIBBEAN**



Report of the Caribbean preparatory meeting for the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons



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Economic Commission for Latin America and the Caribbean
Subregional Headquarters for the Caribbean

Caribbean preparatory meeting for the
Fourth Regional Intergovernmental Conference
on Ageing and the Rights of Older Persons
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**REPORT OF THE CARIBBEAN PREPARATORY MEETING FOR THE
FOURTH REGIONAL INTERGOVERNMENTAL CONFERENCE
ON AGEING AND THE RIGHTS OF OLDER PERSONS**

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A. CONCLUSIONS AND RECOMMENDATIONS

1. Fifteen years after the adoption of the Madrid International Plan of Action on Ageing (MIPAA), Caribbean Member States remain committed to addressing population ageing and implementing measures to promote the rights of older persons. This has been demonstrated by the development of National Policies on Ageing and the establishment of specific institutions or bodies with responsibility for older persons. Other good practices have included measures to monitor the quality of care provided in public and private settings; provision of geriatric and gerontological care services; and improvements to the accessibility of public spaces, buildings and services for older persons. Awareness raising activities have also been part of the effort to sensitise societies about the ageing of the population and to address the specific needs and challenges faced by older persons including all forms of abuse and violence against them. Another positive trend is the inclusion of older persons in disaster risk management.

2. Nevertheless, the human rights-based approach, which was emphasized in the San Jose Charter, has yet to be entirely adopted. The policies and programmes that have been implemented at national level have tended to focus on the health and wellbeing of older persons without considering the whole spectrum of human rights. Less attention has been paid, for example to safeguards for free and informed consent for medical treatment, supported decision-making, legal capacity, access to justice and cultural rights. Policies and programmes also need to consider more explicitly the heterogeneity of older persons: the rights of specific groups, including older women, older migrants, lesbian, gay, bisexual, transgender and intersex (LGBTI) older persons, those belonging to ethnic, religious and linguistic minorities, those living on the streets or those who are deprived of liberty.

3. Participants urged Member States to adopt up-to-date national policies on ageing and strengthened legislative frameworks. Member States were also requested to study and consider signing and ratifying the Inter-American Convention on Protecting the Human Rights of Older Persons. Countries of the Caribbean are further encouraged to designate a specific body within government, adequately resourced, responsible for policies for older persons.

4. The participants reaffirmed the importance and continuing relevance of the global and regional agreements on ageing: the Madrid International Plan of Action on Ageing (2002); and the San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean (2012). A series of twenty eight recommendations were agreed which are intended to further the implementation of these agreements.

5. The recommendations covered social protection, labour market participation, education and training. In the field of health care they emphasized the importance of preventative health care; treatment and management of non-communicable diseases (NCDs), including Alzheimer's and other forms of dementia; and palliative care. In respect of social care they emphasized the need to expand the coverage and improve the quality of services through enhanced regulation and monitoring.

6. Participants also emphasized the importance of addressing age discrimination; raising public awareness of the positive contribution of older persons to society; the right of older persons to equal recognition before the law, legal capacity, and supported decision-making; and access to social, educational, political, recreational, sporting and cultural activities.

7. In addition, they addressed the need to raise awareness of all forms of abuse of older persons (financial, physical, sexual and psychological abuse, abandonment and neglect). Furthermore, they urged the adoption or review of existing legal and policy frameworks to prevent, investigate, punish and eradicate abuse.

B. ATTENDANCE AND ORGANIZATION OF WORK

1. Place and date of the meeting

8. The Caribbean preparatory meeting for the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean was held in Port of Spain, Trinidad and Tobago from 1 to 2 June 2017, in anticipation of the Regional Conference held in Asuncion, Paraguay from 27 to 30 June 2017.

2. Attendance

9. The preparatory meeting was attended by representatives of 8 Member States of ECLAC: Bahamas, Barbados, Belize, Grenada, Guyana, Jamaica, Saint Lucia, and Trinidad and Tobago. Sint Maarten, an associate member of ECLAC, was also represented.

10. The following United Nations programmes and funds, and specialized agencies were represented: United Nations Population Fund (UNFPA) and International Labour Organization (ILO). Representatives of the Association of Caribbean States (ACS), Age Concern Bermuda, and the University of the West Indies also participated.

3. Documentation

11. The 'Caribbean Synthesis Report on the Implementation of the Madrid International Plan of Action on Ageing and the San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean' was prepared by ECLAC subregional headquarters for the Caribbean and served as the main background document for the meeting.

4. Agenda

1. Opening of the meeting
2. Report on ageing in the Caribbean and the status of implementation of the Madrid Plan and San Jose Charter
3. Country presentations
4. Thematic panel sessions
5. Consideration and agreement of the recommendations of the meeting
6. Closing remarks

C. SUMMARY OF PROCEEDINGS

1. Opening of meeting

12. The meeting was opened by the Director of the Division of Ageing in the Ministry of Social Development and Family Services, Trinidad and Tobago. The Director stressed the value of the meeting as an opportunity to share experiences and discuss common challenges. She referred to the increasing number of persons suffering from non-communicable diseases, and the increasing share of national resources which would have to be devoted to health and care services, a phenomenon that she referred to as the “greying of a country’s national budget.” She also highlighted the effect of migration, both on the age structure of the population and upon families.

13. The Legal Advisor and Chief of Protocol of ECLAC provided the meeting with information on the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean which would be held in Paraguay. He explained how the Conference would assess the progress made and the gaps in the implementation of the Madrid International Plan of Action on Ageing and the San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean. It would also seek to identify key actions for expanding the protection of the rights of older persons in the next five years, specifically those that facilitate the development of a United Nations instrument on older persons’ rights and the implementation of the Inter-American Convention on Protecting the Human Rights of Older Persons.

14. The Director of ECLAC subregional headquarters for the Caribbean emphasized the timeliness of the meeting given the rapid rate of population ageing in many Member States. She described the Caribbean preparatory meeting as part of a broader regional review of the San Jose Charter on the Rights of Older Persons and part of the third global review of the Madrid International Plan of Action. These agreements contain commitments such as providing a financially secure retirement for the growing number of older persons; health care services which can provide appropriate care to these older persons, particularly those with non-communicable diseases; and community care services such as home help, residential and nursing care.

15. The Director also indicated that the Agenda 2030 for sustainable development had infused new energy and impetus into the global effort to address comprehensively and in an integrated fashion the critical development challenges of our day. Older persons are mentioned in at least 12 of the 17 Goals so they are very present in the 2030 Agenda for Sustainable Development. She emphasized that further implementation of the Madrid Plan of Action and San Jose Charter would contribute to the achievement of the Sustainable Development Goals, for the benefit of all.

2. Report on ageing in the Caribbean and the status of implementation of the Madrid Plan and San Jose Charter

16. The Population Affairs Officer of ECLAC gave a brief summary of the changing age structure of the population in the Caribbean subregion. Ageing is most advanced in some of the associate member countries such as Aruba, Curaçao, Guadeloupe, Martinique and the United States Virgin Islands. It is moderately advanced in Antigua and Barbuda, Bahamas, Grenada, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago; and is least advanced in Belize, Guyana and Suriname. It is important to note that although countries might currently be at different stages of the process, population ageing is fundamentally a common process through which all countries and territories are passing. All societies will see rapid population ageing over the coming decades and most will see their old age dependency ratio more than double within the

next thirty years. This rapid growth in the number of older persons will have very important policy implications in areas like health, social care, and pensions.

17. The Associate Social Affairs Officer of ECLAC presented the main findings and recommendations from the Secretariat's review and evaluation of the status of implementation of the Madrid Plan and San Jose Charter in the Caribbean. This was based on responses by governments and NGOs to an ECLAC survey of the actions taken by Caribbean states since the previous review which covered the period 2012 to 2017.

18. Fourteen key areas of concern for older persons were identified: legal and policy frameworks; institutional framework; awareness-raising, data, survey and research; care; autonomy and independence; adequate standard of living and social protection; right to work and access to an inclusive labour market; equality and non-discrimination based on age; accessibility, infrastructure and housing; participation and contribution to society; neglect, violence and abuse; access to justice; emergency and disaster risk management; and education, training, lifelong learning and capacity-building.

19. The Associate Social Affairs Officer described the achievements of Caribbean Member States in each of these areas. Since the previous review in 2012, seven Caribbean states and territories had drafted or adopted national policies on ageing or similar guidelines. A number of states and territories are in the process of reviewing their previous plans, policies and strategies; in others the initial policy or law still applies; while some only have draft policies. Out of a total of 25 Caribbean countries and overseas territories, 12 have implemented laws, policies, or strategies on ageing, while there are still 13 without an overarching policy framework that addresses ageing and the situation of older persons at the national level.

20. Some countries have, however, established specific bodies in charge of monitoring the implementation of the policy on ageing and providing advice to governments; or have created a specific section or division within the Ministry with responsibility for ageing. Several countries have adopted participatory mechanisms to ensure the participation of older persons, such as a national committee on ageing that includes older persons.

21. Several states have adopted health care programmes targeting older persons, including preferential access to medication, especially for those with non-communicable diseases. Many Caribbean countries have developed programmes such as home care services, day care and activity centres. In all these areas, there is a mix of public, private and voluntary sector provision. Monitoring and regulation of services needs to be strengthened across all sectors.

22. The Associate Social Affairs Officer explained that the coverage of social security systems in the region varies significantly from country to country. All member states have a non-contributory pension scheme but it was highlighted that when it comes to non-contributory pensions, the situation is much more mixed and in many States, non-contributory pensions do not provide an adequate standard of living. Relatively few countries have adopted measures to facilitate the return to employment of older persons who wish to work.

23. Since 2012, only a few countries have taken action to put in place legal protection against age discrimination, for example with regard to access to goods, services, accommodation and employment. There has been more progress in making services and buildings accessible to older persons. For example, many countries offer older persons reduced-fares on publicly run transport services. Nevertheless, getting around is still challenging for many older persons.

24. Some countries have already adopted specific strategies for the prevention of elder abuse, for example systems to address reported cases of elder abuse; training on how to detect and deal with abuse; and protective mechanisms, including shelters. However, much remains to be done and it was acknowledged that in many countries the present mechanisms are inadequate to present, investigate and resolve cases of abuse. This is the case for rights violations more generally with older persons having very limited opportunity to make complaints or seek redress.

25. Several countries have reported good practice including the existence of national disaster preparedness plans, including registers of older persons who may require assistance. Only a few countries reported having implemented measures to extend educational opportunities to older persons.

26. The ECLAC report contained a series of recommendations aimed at helping to guide the ongoing implementation of the Madrid Plan and San Jose Charter. These included: reinforcement of existing consultative and participatory mechanisms; promotion of the universalisation of social protection and the right of older persons to health; adoption or reinforcement of monitoring and supervisory mechanisms to assure the quality of care offered in public and private care settings; actions that promote autonomy and the independence of older persons; addressing age and other forms of discrimination; adoption of measures to ensure accessibility, the personal mobility and security of older persons; strengthening existing mechanisms of participation in decision-making; adoption of measures that will improve older persons' access to justice; and promotion of access to lifelong learning.

3. Country presentations

Bahamas

27. The Government of the Bahamas is in the process of developing legislation for older persons and has prepared draft legislation which sets out rights, protections and a reporting mechanism. The Chief Welfare Officer described the financial support and assistance available to older persons, including a prepaid debit card and financial assistance for persons with disabilities. The Welfare Officer explained that in the Bahamas there are public and private health systems but everyone can access a certain level of care through the public health system free of charge. The Government of the Bahamas is in the initial stages of developing a national health insurance scheme with a view to achieving universal health care. The government is also focusing attention on care for life threatening conditions such as cancer, HIV/AIDS, and the promotion of healthy lifestyles.

28. There was some discussion of the problems that the national health insurance scheme would be intended to address: the pressure on public health services; the need for some people to travel to the United States of America for treatment; and the need to ensure an acceptable standard of care.

Barbados

29. The Director of the National Assistance Board (NAB) of Barbados advised that the National Policy on Ageing was passed in June 2013. The government is now seeking to improve social protection although the basic elements are in place: for income protection, contributory and non-contributory pension schemes; and universal access to basic public health care services. Within the past five years gerontological training was introduced into the community college syllabus and there was an expansion of the training to include HIV treatment. There is a Barbados Association of Palliative Care which provides services at no cost to patients and family members. In 2015, an elderly day care programme was introduced which provides relief to family caregivers. The focus of social care services is on maintaining the independence and dignity of older persons for as long as possible.

30. The Director identified the following gaps in provision: accessibility to housing for older persons; legislation to address elder abuse; legislation to address the human rights of older persons such as equality and non-discrimination. Some of the priority areas identified were: monitoring the implementation of the National policy on Ageing and the action plan; an elder abuse law; and housing, including emergency housing.

31. There was some discussion about the Helping Hands Senior School which is a private NGO that runs a day care centre and school for older persons where they can learn new skills. The NAB Director also spoke about the National Senior Games, a multi-sport event for older persons, from which the winners then go to the Huntsman World Senior Games in Utah.

Belize

32. Belize has a National Policy on Ageing dating from 2002 which will be reviewed next year, and has had a National Council on Ageing since 2003. There is a non-contributory pension in place for women aged 65 and over and men aged 67 and over and a health insurance scheme but it is not yet available nationally. The Executive Director of the National Council spoke about the work of the Mercy Care Center in Belize district; about the certified training programme for caregivers; the roving caregivers programme which offers free home health services; and the meals on wheels scheme subsidized by the government.

33. Other programmes included: 'Senior Steps dance for health' groups; programmes in schools to promote awareness and respect for older persons; an intergenerational interaction programme; elder abuse awareness campaigns; and the production of a documentary on ageing in Belize. The Executive Director also identified some gaps: the need for more standardised training for caregivers; monitoring of social care providers; and the signing of the Inter-American Convention on Protecting the Human Rights of Older Persons. In addition to the National Council, there is also an active NGO called VOICE that has built an awareness programme around pensions and pension rights, and also offers legal clinics.

34. The Executive Director of the National Council described how the Council works in parallel with the Ministry of Human Development, Social Transformation and Poverty Alleviation. There was discussion on the lack of geriatric doctors and nurses, partly due to emigration, and the need for training to address this shortage. The Executive Director also explained that there were remote areas where older persons cannot access public hospitals and under these circumstances private institutions are required to provide a public clinic.

Bermuda

35. The Executive Director of the NGO Age Concern Bermuda gave a presentation on the situation of older persons in Bermuda. She described the research which the organisation undertook in 2011 which led to a proposed Framework for Successful Ageing of Older Adults in Bermuda. The research highlighted some important challenges: declining birth rates; increased demand for services from the growing senior population; rising health care costs; high costs of care; and the inadequacy of the pension system. Age Concern therefore saw a need for a national coordinated framework to address these issues encompassing finance, advocacy, integrated services, primary care, planning and accountability. The organization also advocated the promotion of the responsibilities of older persons in addition to rights.

36. Some of Age Concern's current programmes and services include an information call centre for advice and referrals relating to emergency financial support for food, electricity, home repairs and prescription drugs. The organization maintains a responsive and active public relations campaign through community seminars. There is also a LINK programme with private sector

partners that offers members free or discounted services to meet various needs, such as primary care, pharmaceuticals and home maintenance. Age Concern has also been working with the current government in a number of their programming efforts for older persons.

Grenada

37. The Minister of Social Development and Housing described the Government of Grenada's special programmes for older persons which include: the introduction of a monthly pension payment to every person aged 60 and over that does not have any other pension; increased assistance to all homes for the aged (public and private); and the development of official standards for private caregivers.

38. There is a system of free medical care for all senior citizens and a geriatric care programme for home caregivers. These caregivers are formally trained, paid and regularly monitored. Other ongoing projects are the house repair programme where the elderly are assisted with the material and labour to repair their homes, and the improvement of toilet facilities.

39. The government is still working to improve accessibility for senior citizens in banks and other public places and is working on a new building code. There is also a policy on ageing which is still in draft form but it is hoped that it will be formally launched later in the year.

40. There was discussion of the importance of regulations being drafted alongside legislation. It was noted, that in places like Grenada and some of the other islands in the Caribbean, there is a culture of church-going especially among older persons and therefore the churches can serve as a resource in the development of projects for older persons.

Guyana

41. The Director of Social Services of Guyana explained that although the country does not have a national policy on ageing, a National Commission for the Elderly had been established. A situation analysis of older persons had also been carried out and the most relevant issues raised were: financial security; medical care; transportation; and protection from abuse and exploitation.

42. The Government of Guyana has put in place a number of programmes which go at least some way to addressing these issues. Older persons are eligible for a US\$ 90 per month universal pension in addition to the national insurance pension. The government has also developed administrative standards, monitoring and a licensing mechanism designed to monitor homes for older persons across the country with visits carried out by a team which includes a gerontologist, dietician, a fire officer, a social services representative, and a representative from the National Commission. There was a mechanism to monitor abuse with a unit of three persons to investigate and report on cases of abuse. There is also a structured disaster response that caters specifically for older persons and those with disabilities.

Jamaica

43. The representative of the National Council for Senior Citizens explained that the Ministry of Labour and Social Security was the lead Ministry responsible for policy for older persons in Jamaica. A National Social Protection Strategy was developed in 2014 and a Disability Act was passed in the same year, although it is not yet in force. Currently one third of older persons receive a pension. There is no non-contributory pension although some older persons receive remittances. Public health facilities provide basic health care free of charge. There is reduced cost transportation for older persons on public buses in and around Kingston but there is no similar scheme outside the capital.

44. The representative of the National Council for Senior Citizens mentioned a number of future priorities: addressing elder abuse; educating the population to prepare for retirement; opportunities for investment; public private partnership; and a conference on ageing.

45. There was some discussion of the challenges involved in developing programmes which were able to meet the needs of all older persons across the country. For example, the home care programme is supported in three of the fourteen parishes (Kingston, Saint Andrew and Saint Catherine) but elsewhere there is a heavy dependence on volunteers.

Saint Lucia

46. The Minister for Equity, Social Justice and Empowerment, Youth Development, Sports and Local Government described how ageing in Saint Lucia is due not only to fertility and mortality rates but also migration with young people emigrating and some older persons returning. In response to the ageing population, the retirement age for public servants has been increased from 55 to 60 for those persons joining the service from 2003. The Government of Saint Lucia does not currently have a unit dedicated to older persons but there is a plan to create one.

47. The country has high rates of diabetes and hypertension with free medication for these conditions being provided to older persons. There are also home health visits by health aids that administer medical examinations to the elderly and the Government has developed a Home Caregivers Programme with training for caregivers. There is one government funded institutional care facility for older persons.

48. The government also recognises centenarians' birthdays, as well as international days such as International Day of Older Persons and World Elder Abuse Awareness Day. Older persons are given preferential access in public places like banks and government buildings. Furthermore, the Ministry of Planning will not approve a public building if it does not have suitable access for older persons and those with disabilities.

Sint Maarten

49. The Senior Policy Advisor in the Department of Social Development explained some of the recent measures the Government of Sint Maarten have put in place to provide older persons with income protection. It will be mandatory for people to have their own personal pension or savings plan to avoid being solely dependent on the government pension in old age. Pensions were increased in 2013 and there are plans to raise the retirement age from 62 to 65 years. To help older persons with low incomes to support themselves, the government developed a home gardening programme in partnership with private corporations, faith based groups and NGOs.

50. Sint Maarten has in place a system that includes home care, a hospital and both general practitioners and specialist physicians. There is also a home repair programme run in collaboration with vocational schools which carry out the repair work.

Trinidad and Tobago

51. The Division of Ageing is responsible for policies for older persons in Trinidad and Tobago. It has a National Policy on Ageing which was launched in 2007 and is currently being reviewed and updated. The Director of the Division of Ageing described some of the recent initiatives of the Division which have included: the annual observance of the World Elder Abuse Awareness Day; human rights forums and seminars for older persons; direct cheque deposit for pensions so as to reduce financial abuse and fraud; a cash transfer programme (the food card); collaboration with credit unions and insurance companies to develop services and products for older persons; age-

friendly health centres established by the Ministry of Health; and the Elderly and Differently-abled Mobile (ELDAMO) shuttle.

52. The Director of the Division of Ageing discussed the work to implement the Homes for Older Persons Act (2007), and the associated regulations, and problems which had arisen due to the shortage of caregivers trained in geriatric care. A number of recommendations were made including: the promotion of intergenerational interaction; the training of men and the 'young-old' as caregivers; and the need for government to have a visible presence in the community.

4. Thematic panel sessions

Panel 1: Healthy ageing and health care for older persons

53. Panel 1 was moderated by the Director of the Division of Ageing of Trinidad and Tobago and addressed healthy ageing and the challenges involved in the provision of health care services for an ageing population.

54. The representative of the Palliative Care Society of Trinidad and Tobago presented on the topic of palliative care, which she defined as the care of patients whose disease is not responsive to curative treatments; control of pain; and seeking to achieve the best quality of life possible for patients and their families.

55. She noted that around 60 per cent of those dying could benefit from palliative care. In 2014, the World Health Assembly Resolution 67.19 established that pain relief would no longer be a privilege but a right, and policies and infrastructure should reflect this development.

56. Palliative care provision in Trinidad and Tobago is generally inadequate with the NGOs taking the lead in achieving much of the progress that has been made. She recounted that as far back as 30 years, the Living Water organization came into being, and then later the Cancer Society, and both organizations now run hospices providing palliative care. More recently, the Palliative Care Unit at Caura Hospital was opened so there are now three providers in Trinidad with no services, as yet, in Tobago. There is ongoing work to educate health professionals and others about palliative care and there is a need for more professional conferences, workshops and bachelor's degree in the field.

57. Access to medication and drugs was a major issue and morphine was the main drug required. According to the International Association for Hospice and Palliative Care, there are seven essential opioids required for palliative care and only four were available in Trinidad and Tobago. On many occasions, there has been no morphine available. Many challenges remain including the absence of policies and guidelines and a lack of both drugs and expertise.

58. In Trinidad and Tobago, and more generally in the Caribbean, education about palliative care is important and palliative care needs to be integrated into national health plans. The representative of the Palliative Care Society explained that the process of accessing drugs was challenging. Morphine, for example, was a controlled drug and in the wrong hands can be a dangerous drug. The legislation makes it more difficult to use for health reasons.

59. Morphine consumption per capita is a useful indicator of the availability of palliative care services and the Caribbean subregion has a very low level of morphine use. This is not so much due to cost, since the drugs are not expensive, but it has more to do with managing the process of supplying and administering these regulated drugs. Therefore in addressing the problem, awareness raising and attitudinal change are just as important as finance. There is a need to educate the population and decision makers on the value of morphine because there is a great deal of misleading

information about the drug. A lot of doctors are hesitant to prescribe morphine because they are not experienced with its use. Patients themselves are using cannabis although more research is needed on its medical use. In Trinidad and Tobago, there is a radio programme aimed at older persons, and the Director of the Division of Ageing suggested this programme could be used to raise awareness about palliative care.

60. The Lecturer in Epidemiology for the Caribbean Institute for Health Research at the University of the West Indies in Jamaica presented on the topic of ageing, mental health and dementia. She reported that over 20 per cent of adults aged 60 and over have a mental, neurological, or substance use (MNS) disorder and among older adults, MNS disorders account for 6.6 per cent of the total Disability-Adjusted Life Years (DALYs) for this age group. These disorders include: dementias, of which Alzheimer's is one; depression; anxiety disorders; substance use; and self-harm (which is more common in men).

61. She traced some of the triggers of mental health conditions and dementia including: tobacco use, alcohol usage, poor nutrition and diet, lack of exercise and obesity. The problems appeared to be particularly bad in Guyana, Suriname, Trinidad and Tobago, and Cuba. Depression was a major issue among older adults.

62. MNS disorders tend to impact not only the individual but also their families, in terms of their wellbeing, time-off from work and other costs. In most Caribbean countries there was no provision for mental health medication within national health programmes, a problem which was compounded by the lack of information and support.

63. However, while MNS disorders accounted for around 20 per cent of DALYs, Caribbean health systems are devoting only around 2 per cent of their national health budgets to mental health. In most cases these limited resources are sent to national hospitals and not communities where MNS disorders need to be managed. Jamaica is one country that has made some progress in developing community-based care albeit with limited funding.

64. There were recommendations proposed to improve care and treatment. These included the need to manage comorbidity; the interactions with social care; and care pathways especially for dementia. There is also a need for MNS minimum data sets.

65. The representative of the Caribbean Institute for Health Research also set out principles for the integration of mental health care within national health systems. These included: parity of esteem for mental health services; co-design with patients and service users for meaningful outcomes; a whole-person approach (mental, physical, social); network building between mental and physical health professionals; the enhancement of upstream, preventive interventions; and the training of all frontline staff regardless of their setting.

66. The representative of the Mona Ageing and Wellness Centre at the University of the West Indies, in Jamaica, presented on multisectoral action for a life course approach to healthy ageing. In her presentation she explained that the goal was to maximize the functional ability of a person, both physical and mental. Important guiding principles from a human rights perspective include access to the best possible health care; and appropriate recognition of gender disparities as people age including the way in which these disparities impact on health and economic status.

67. Older persons were often viewed as a financial burden without recognizing the contribution that they made to society. Those that do need care may not receive it, or do not get the right kind of care. There is a lack of consultation on the type of care they should receive. An older person generally has a

family, and is part of a community. All of these aspects should be considered and therefore a multi-sectoral response is necessary with the full involvement of the voluntary sector. As people's intrinsic functional capacity declines, the environment restricts their ability to move around, carry out daily tasks and participate, and therefore societies have to be made more age-friendly.

68. There was some discussion of gender differences in health-seeking behaviour. Although women are disadvantaged in some ways, women are more inclined to use health care services which results in earlier detection of illnesses, better outcomes and longer life expectancy. Women can be seen as conduits for health information and a channel through which to get messages to men.

69. The importance of community mental health services and the challenges in funding services when other NCDs and diseases like Zika and Chik-V are taking precedence were discussed. It was argued that it must be demonstrated to our governments, in very practical terms through budget impact analyses, how investments in the area of mental illness will yield results and will benefit the population in the long run. Mental illness is a hidden topic in most countries but illnesses like depression among older persons need to be addressed because they have both psychological and physical impacts. Measures also need to be adopted to ensure greater equality of access to mental health services.

70. There was also some discussion on the need to understand the high rates of suicide seen in some countries. The Caribbean Alliance of National Psychological Associations has a conference every two years and the conference next year in Cuba, where suicide rates are high, will address the topic. There will also be a symposium on suicide in Guyana in November 2017.

Panel 2: Equality and rights in family, community and public life

71. Panel 2 was moderated by the Minister for Equity, Social Justice and Empowerment, Youth Development, Sports and Local Government of Saint Lucia.

72. The Social Protection, Occupational Safety and Health Specialist from the International Labour Organization (ILO) Office for the Caribbean spoke on the subject of social protection for older persons. Social protection provides income security and health coverage which are fundamental human rights. It must be seen as a social and economic necessity which contributes to a more educated, productive and healthier population.

73. Pensions and other social transfers compensate for the loss of income in old age and should also cover any health care expenditure. However, policies should address the whole life cycle. Statistics show that women participate less in the workforce which means that in retirement they have lower pension incomes. Those with a disability or health problems face a similar problem. It should be noted that countries that invest more in social protection are likely to have lower poverty rates.

74. According to the ILO, there are four main characteristics of universal health care: accessibility; affordability; good quality; and that health expenditure should not push people into poverty. Even though most Caribbean countries provide some level of free or low cost public health services, health systems as a whole do not yet meet these four criteria.

75. The move towards universal coverage involves a transition from inadequate or inefficient social expenditure to a social protection floor. The four main components for a social protection floor are essential healthcare (including maternity care); and basic income security for children, for persons of working age, and for older persons. The achievement of a social protection floor is also one of the targets in the SDGs: "to implement nationally appropriate social protection systems and

measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”

76. The Social Protection, Occupational Safety and Health Specialist explained the two dimensional strategy to leave no one behind: guaranteeing access to essential health care and minimum income security for all and then progressively ensuring higher levels of protection depending on individuals’ ability to finance it. He also gave some recommendations on what should be done at national level. Firstly, countries need to take stock and carry out social protection system assessments. National dialogue should then set the priorities and the social protection financing strategies, to be followed by an implementation phase: social protection legislation, capacity development, administration, and development of IT systems.

77. There was discussion of the importance of education and participation in the development of social protection policies. For example, in Uruguay there are representatives of retired persons serving as members on the board of the social security institutions. Civil society organizations that are advocates for older persons should also be involved.

78. The Population Affairs Officer, ECLAC subregional headquarters for the Caribbean, discussed how non-communicable diseases among older persons lead to disability. The concerns of persons with disabilities such as rehabilitation; care and support services; and the accessibility of buildings, public spaces, transport services, ICTs, education and work environments are also relevant to older persons who are affected by age-related functional decline (whether or not they consider themselves to have a disability).

79. In looking at the data on disability collected from the 2010 census round, some countries used the traditional census questions while others adopted the new Washington Group questions. These new questions reflect a more modern thinking about disability, based more on functioning than impairments, although these changes make it somewhat difficult to compare the estimates across countries and with data collected in previous censuses. The Population Affairs Officer explained that, to take one example, in Trinidad and Tobago more than half of persons with disabilities were aged 55 years and over. In particular, the prevalence of mobility, speech and hearing impairments increased with age.

80. Older persons with disabilities can be the victims of double discrimination: discriminated against both because of age and disability. They may not be recognized as having a disability (even from their own perspective), instead thinking of their situation as simply a natural result of age. However, older persons with disabilities have the same right to rehabilitation; assistive devices; adaptations to the environment; and reasonable accommodation as younger persons with disabilities.

81. The representative of the Institute for Gender and Development Studies, UWI, Trinidad and Tobago reported on the Institute’s Work/Life Balance and Ageing Study which is looking at policy and legislation to support carers. The project has revealed the complexity of care work. Frequently the same carer has multiple caring responsibilities which can extend to children, older persons and/or persons with disabilities who may or may not live in the same household. Many home carers may also be employed and therefore have to balance caring responsibilities with work. Sometimes this can impose almost insurmountable challenges. Carers themselves may be older persons, for example elderly mothers or grandparents who, again, may also work. Only those in higher income brackets can typically afford paid care.

82. Females still perform the majority of unpaid care work, including care of the elderly. Care work, whether paid or unpaid, is still regarded as women’s work and remains undervalued, despite

its important social role and its immense contribution to facilitating productive work. Care work should be facilitated and supported by the state and the private sector. Whether paid or unpaid, carers provide a service which benefits society as a whole and it is still a largely invisible public good that needs to be recognized as intrinsic to the working of society.

83. Supporting childcare also benefits carers who combine childcare with care of the elderly. There should be more flexible working hours in the public sector, child care centres and homework centres for those with care responsibilities. The private sector should be incentivized to implement similar measures. There should be programmes to ensure that unpaid carers get short breaks. In addition, there should be training for paid and unpaid home carers; and collaborative partnerships with tertiary and other institutions for the development of certified training for carers.

84. An attorney-at-law from Barbados addressed the meeting on the subject of policies and legislation to address elder abuse. She outlined the different aspects of abuse which required legislative intervention including: physical abuse such as assaults, sexual offences, domestic violence, denying access to medical treatment and restraint or imprisonment; psychological abuse such as emotional neglect, harassment, threats or verbal abuse; financial abuse including the misuse of assets, fraud and theft of property; withholding of necessary goods and services; and exploitation.

85. Legislative reforms that could be carried out in the short term include: amendments to guardianship laws; laws relating to the execution of wills and powers of attorney; amendment of banking laws to facilitate reporting of suspected cases of financial abuse; addressing evidentiary requirements where persons are not competent; reporting requirements; and increases in penalties. Longer term legislative reforms include: minimum standards for institutionalized care; inter-agency protocols and procedures for cross-reporting and investigation; accreditation and continuous assessment of care workers as well as disqualification.

86. There were a number of questions on the subject of elder abuse. It was explained that some countries are seeking to introduce elder abuse legislation. There was also some discussion on how laws need to provide for mobilisation of the police to respond to complaints whether they are made by the victim or by someone else on behalf of the victim. Specifically in respect of wills and estate management there should be laws which ensure that older persons are properly protected when they sign a will, for example not under undue duress. Similar principles apply to deeds of gift. There should also be laws to govern the situation where an older person does not want to move out of their home but is living in a situation that is hazardous to their health. In addition, reverse mortgages need to be carefully regulated.

87. The representative of the Bahamas asked whether there are countries that request a medical certificate to ascertain an older person's mental state and capacity before legal documents are signed. It was indicated that this is the usual practice in Barbados but that it was not a legislative requirement. Consideration should be given to putting such legal protections in place.

5. Consideration and agreement of the recommendations of the meeting

88. The Director of ECLAC subregional headquarters for the Caribbean chaired a discussion in which meeting participants considered and agreed on a set of recommendations for the further implementation of the Madrid International Plan of Action on Ageing and the San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean. The recommendations will be subsequently presented to the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean which will be held in Paraguay from 27 to 30 June 2017. These recommendations appear here as annex I.

6. Closing remarks

89. The meeting was closed by the Director of ECLAC subregional headquarters for the Caribbean who commented on the uniqueness of the circumstances in the Caribbean. She emphasized the need to ensure participation in the Regional Conference so that the subregional situation would be recognized and acknowledged, as well as to ascertain what technical assistance would be possible in this area.

90. The Caribbean Preparatory Meeting was part of the efforts led by ECLAC to raise the level of awareness of ageing in the Caribbean because of a concern that not enough was being done by Caribbean governments to prepare for the impact of population ageing. However, the Director was heartened by the work that is underway in the subregion and she encouraged the Member States to continue to prioritize ageing and the rights of older persons.

Annex I

**RECOMMENDATIONS FOR THE FURTHER IMPLEMENTATION
OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING AND THE SAN JOSE
CHARTER IN THE CARIBBEAN**

These recommendations were agreed at the Caribbean Preparatory Meeting for the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, and represent the contribution of Caribbean member States to the Regional Conference.

Port of Spain, Trinidad and Tobago, 1-2 June 2017

Preamble

We, the participants of the Caribbean preparatory meeting,

Aware that there will be a rapid increase in the number of older persons which will take place in the Caribbean over the next two decades,

Concerned that age continues to be a basis for multiple forms of discrimination and abuse which restrict the full exercise and enjoyment of all human rights by older persons,

Convinced that there is a need for policymakers to pay greater attention to the issues of ageing and the rights of older persons, including through a gender perspective and human rights-based approach,

Reaffirming the commitment of Caribbean Governments to the implementation of the Madrid International Plan of Action on Ageing, 2002; the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, 2003; the Brasilia Declaration, 2007; the San José Charter on the Rights of Older Persons in Latin America and the Caribbean, 2012; and follow-up reviews,

Recalling the Programme of Action adopted at the International Conference on Population and Development, 1994, subsequently extended beyond 2014 by United Nations General Assembly Resolution 65/234 of 2010; the Montevideo Consensus on Population and Development, 2013; and the Road Map for Population, Migration and Development Beyond 2014 agreed by Caribbean member States in 2013,

Recognizing recent developments in the global and regional human rights systems, including the newest regional convention, the Inter-American Convention on Protecting the Human Rights of Older Persons, which entered into force on 11 January 2017; the work conducted by the Independent Expert on the enjoyment of all human rights by older persons; and the work of the Open-ended Working Group on Ageing,

Recalling also the obligations assumed by States upon ratification of the Convention on the Elimination of All Forms of Discrimination against Women, 1979, and its optional protocol; the Convention on the Rights of Persons with Disabilities, 2006; the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará), 1994; the Inter-American Convention against Racism, Racial Discrimination and Related Forms of Intolerance, 2013; the Montevideo Strategy for implementation of the regional gender agenda within the sustainable development framework by 2030, 2016; and other relevant treaties, covenants and agreements, which establish an international and regional legal framework to respect, protect, and promote all the human rights of older women in all their diversity, and to achieve gender equality,

Bearing in mind that the 2030 Agenda for Sustainable Development serves as a road map for inclusive sustainable development that leaves no one behind and that policies to address ageing and protect and promote the rights of older persons will contribute to the achievement of the Sustainable Development Goals and the realisation of human rights for all,

Having examined the report entitled ‘Caribbean synthesis report on the implementation of the Madrid International Plan of Action on Ageing and the San José Charter on the Rights of Older Persons in Latin America and the Caribbean’ prepared by the Economic Commission for Latin America and the Caribbean subregional headquarters for the Caribbean and welcoming the recommendations contained in that report,

Emphasising the following key areas of action,

Legal, regulatory, policy and institutional frameworks

1. Urge the adoption of an up-to-date national policy on ageing, and strengthened related legislative frameworks, developed and monitored through an inclusive process which involves older persons and their representative organisations;
2. Consider signing and ratifying, as appropriate, the Inter-American Convention on Protecting the Human Rights of Older Persons and other relevant international and regional agreements that apply to older persons, including the Convention on the Rights of Persons with Disabilities and the International Convention on the Protection of the Rights of All Migrants and Members of their Families, among others, taking into account their provisions in national policies for older persons;
3. Encourage the designation of a specific body within government, adequately resourced, responsible for policies for older persons; advocating for the respect, protection and promotion of their rights and for the mainstreaming of the concerns of older persons across government; and responsible for coordinating and reporting on international and regional agreements concerning older persons in collaboration with other stakeholders;
4. Underscore the need for monitoring and evaluation of the implementation of national policies on ageing, in order to have a comprehensive assessment of their impact on the wellbeing of older persons and on the enjoyment of their human rights;
5. Emphasize the importance of the availability of data and regular collection of disaggregated statistics, including through the conduct of time use surveys, to inform the development and implementation of policies and research, to identify challenges faced by older persons, in partnership with academia, international and regional organisations;

Equality, non-discrimination, accessibility and participation in all spheres of society

6. Include age as one of the proscribed grounds for discrimination in legal, policy and administrative frameworks; special attention should be given to discriminatory practices against older persons in the labour market; in relation to their access to, ownership, and control of land, property, possessions and natural resources; and access to bank loans, mortgages and other forms of financial services; as well as to older persons subject to multiple forms of discrimination;
7. Raise public awareness of the positive contribution of older persons to society in order to change attitudes toward ageing; disseminate existing laws and policies for older persons, at all levels of government and to those providing public services to older persons, including health and social care professionals, public transport providers, law enforcement officials; and educate older persons themselves about their rights and policies that seek to guarantee those rights;

8. Adopt or amend current legal and policy frameworks on ageing to include specific references and actions that promote the autonomy and independence of older persons, addressing issues such as: the right of older persons to equal recognition before the law, legal capacity, and supported decision-making;
9. Strengthen existing mechanisms to facilitate the full inclusion, integration and participation of older persons in all phases of government decision-making on issues that have an impact on their lives, and promote new forms of participation, with networks of civil society organisations and associations, charity, faith-based organisations and community-based organisations;
10. Adopt measures that will improve older persons' access to social, educational, political, recreational, sporting and cultural activities and other forms of community engagement, in particular activities which make a positive contribution to society or involve intergenerational interaction;
11. Adopt measures to ensure the accessibility of buildings and public spaces and the personal mobility and security of older persons, including by adaptation of public transport and other services; removing all kinds of barriers to physical access and to public information; enforcement of building codes and urban planning directives; rights-based training programmes for all professions involved in adaptation and retrofitting of public buildings; the inclusion of universal design standards; and continued efforts to broaden the scope of concessionary public transport for older persons;
12. Promote the inclusion and effective participation of older persons in the design, adoption and implementation of disaster management and mitigation plans and strategies with particular attention given to those living in remote areas; promote measures that provide specific assistance to older persons in risk assessment, preparedness, prevention, response, reconstruction, education and training programmes, and data collection activities;

Adequate standard of living, social protection, education, and the right to work

13. Encourage the adoption of measures to establish a social protection floor, including through non-contributory pension schemes, in order to reach those who have worked, or continue to work in the informal sector or as caregivers, with particular attention to older women and older migrants;
14. Promote measures which enable older persons to continue to work beyond the statutory retirement age if they wish to do so, with the adoption of flexible working hours and retirement arrangements; disseminate information on retirement and retirement planning, including the importance of remaining physically and socially active; and provide options for participation in either voluntary or income generating activities;
15. Make every effort to ensure that older persons enjoy adequate housing and are given high priority in the assignment of housing or land, particularly in situations of disasters, emergencies or evictions;
16. Promote access to lifelong learning through education and training programmes, including in information and communications technology;

Provision of care

17. Promote the universalization of the right of older persons to health by providing a continuum of care, including mental and physical health promotion and preventive care, treatment, rehabilitation and palliative care, paying particular attention to the situation of those living on the streets, in remote areas, those belonging to ethnic, linguistic or religious minorities and other groups of older persons including those deprived of their liberty;
18. Implement programmes for the prevention, care, treatment and management of non-communicable diseases (NCDs), including Alzheimer's and other forms of dementia; promote healthy ageing throughout the lifespan in order to reduce the burden of NCDs on the population, the economy, the health services and health systems;
19. Continue implementing specific programmes to address the situation of older persons with HIV/AIDS and emerging diseases such as chikungunya, dengue and zika, including prevention, treatment, rehabilitation and training for care providers and health professionals;
20. Further develop gerontological and geriatric care across health and social care systems in order to meet the needs of older persons; include geriatrics and gerontology in curricula at all levels and in nursing and caregivers training programmes; integrate palliative care into medical and nursing curricula; encourage men to consider careers in the caring professions;
21. Improve existing measures to facilitate the access of older persons living in rural, remote, and deprived areas to health care, as well as access to medicines, equipment, assistive devices and comprehensive rehabilitation services;
22. Enhance access to home care services for all older persons that need it; promote the adoption of measures to support family carers who have to balance care with other commitments, including through the provision of respite care, and measures which promote the equal sharing of care responsibilities between men and women;
23. Promote regulations to ensure an adequate standard of care in public and private long term care settings and home care;
24. Expand the coverage of existing rehabilitation programmes aimed at helping older persons with disabilities, or age-related functional decline, including the adaptation of their homes, as well as the promotion of alternative types of housing for those in need of care, with the provision of grants, loans or other forms of financing without discrimination;

Dignity, integrity and access to justice and redress

25. Raise awareness of all forms of financial, physical, sexual and psychological abuse, violence, abandonment, and neglect, with particular focus on abuse within family settings and in long-term care institutions, sensitising key stakeholders including those involved in the justice system and law enforcement, as well as health and social care providers;
26. Urge the adoption or review of existing legal and policy frameworks to prevent, investigate, punish and eradicate abuse, abandonment, negligence, and all forms of violence against older persons as well as practices that infantilise older persons or that jeopardize their safety and integrity;
27. Urge the development of human rights standards and codes in care settings, in addition to training programmes for those working with older persons in public and private institutions, in order to

minimise the incidence of abuse; facilitate the development of coordinated monitoring and reporting mechanisms for the registration of cases, and the provision of assistance to those who are victims of abuse, in collaboration with civil society organisations and the private sector;

28. Promote measures that will improve older persons' access to justice through legal aid and counselling, alternative dispute settlement mechanisms and mediation processes; and raise awareness of the rights of older persons throughout the justice and law enforcement systems as well as among older persons themselves.

Annex II

LIST OF PARTICIPANTS

A. Member States

THE BAHAMAS

Representative:

- Stephanie Stewart, Chief Welfare Officer, Senior Citizens Division, Ministry of Social Services and Urban Development

BARBADOS

Representative:

- Charyn Wilson, Director, National Assistance Board

BELIZE

Representative:

- Ix-Chel Poot, Executive Director, National Council on Ageing

GREYNADE

Representative:

- Hon. Delma Thomas, Minister of Social Development and Housing

GUYANA

Representative:

- Whentworth Tanner, Director of Social Services, Ministry of Social Protection

JAMAICA

Representative:

- Cassandra Morrison, Principal Social Worker, National Council for Senior Citizens

SAINT LUCIA

Representative:

- Hon. Lenard Montoute, Minister for Equity, Social Justice and Empowerment, Youth Development, Sports and Local Government

TRINIDAD AND TOBAGO

Representative:

- Jennifer Rouse, Director, Division of Ageing, Ministry of Social Development and Family Services

B. Associate member

SINT MAARTEN

Representative:

- Mark Schloss, Senior Policy Advisor, Department of Social Development

C. Programmes and Funds

United Nations Populations Fund (UNFPA)

- Aurora Noguera-Ramkissoon, Assistant Representative

D. Specialized agencies

International Labour Organization (ILO)

- Ariel Pino, Social Protection, Occupational Safety and Health Specialist, ILO Decent Work Team and Office for the Caribbean

E. Other intergovernmental organizations

Association of Caribbean States (ACS)

- Lisa Robinson, Human Resource Manager

F. Other institutions

University of the West Indies (UWI)

- Nicole Alea Albada, Senior Lecturer Psychology, Department of Behavioural Sciences
- Ishtar Govia, Lecturer in Psychology, Mona Campus
- Gaietry Pargass, Consultant, Work life Balance Project, Institute for Gender and Development Studies, St Augustine Campus
- Rachel Sukhu, Project Manager, Work Life Balance Project Institute for Gender and Development Studies, St Augustine Campus
- Rachel Taylor, Research Assistant Work Life Balance Project, Institute for Gender and Development Studies, St Augustine Campus
- Douladel Tyndale, Mona Aging and Wellness Centre, Mona Campus.

G. Other participants

- Alicia Archer, Attorney-at-law, Barbados.
- Karen Cox, Medical Officer, Caura Palliative Care Unit
- Claudette Fleming, Executive Director, Age Concern Bermuda

H. Secretariat

Economic Commission for Latin America and the Caribbean

- Guillermo Acuña, Legal Adviser and Chief of Protocol, Chile

ECLAC subregional headquarters for the Caribbean (ECLAC)

- Diane Quarless, Director
- Abdullahi Abdulkadri, Coordinator, Statistics and Social Development Unit
- Francis Jones, Population Affairs Officer, Statistics and Social Development Unit
- Lydia Rosa Gény, Associate Social Affairs Officer, Statistics and Social Development Unit
- Candice Gonzales, Research Assistant, Statistics and Social Development Unit

- Aurélie Quiatol Meeting Services Assistant, Program Support Unit
- Rossano Thompson, Computer Information Systems Assistant, Computer Knowledge Management Centre
- Elizabeth Thorne, Research Assistant, Sustainable Development and Disaster Unit
- Colleen Skeete, Team Assistant, Statistics and Social Development Unit
- Adanna Cudjoe, Research Assistant (*Individual Contractor*), Statistics and Social Development Unit
- Runako Henry Information Systems Assistant, (*Individual Contractor*), Computer Knowledge Management Centre

Annex III**PROGRAMME****Day 1: Thursday 1 June 2017**

0830 hrs – 0900 hrs	Registration
0900 hrs – 0930 hrs	Opening of the meeting Statements by: <ul style="list-style-type: none"> • Jennifer Rouse, Director, Division of Ageing, Ministry of Social Development and Family Services, Trinidad and Tobago • Guillermo Acuña, Legal Advisor and Chief of Protocol, ECLAC • Diane Quarless, Director, ECLAC subregional headquarters for the Caribbean
0930 hrs – 1010 hrs	Report on ageing in the Caribbean and the status of implementation of the Madrid Plan and San Jose Charter <ul style="list-style-type: none"> • Francis Jones, Population Affairs Officer, ECLAC • Lydia Rosa Gény, Associate Social Affairs Officer, ECLAC <ul style="list-style-type: none"> • Discussion
1010 hrs – 1030 hrs	
1030 hrs – 1045 hrs	Coffee Break
1045 hrs – 1230 hrs	Country presentations <ul style="list-style-type: none"> • Bahamas • Barbados • Belize • Bermuda • Dominica • Grenada
1230 hrs – 1330 hrs	Lunch
1330 hrs – 1500 hrs	Country presentations <ul style="list-style-type: none"> • Guyana • Jamaica • Saint Lucia • Sint Maarten • Trinidad and Tobago
1500 hrs – 1515 hrs	Coffee Break
1515 hrs – 1645 hrs	Panel 1: Healthy ageing and health care for older persons Moderator: Hon. Catherine Daniel, Minister for Social Services, Family and Gender Affairs, Dominica The development of palliative care services in Trinidad and Tobago <ul style="list-style-type: none"> • Karen Cox, Palliative Care Society of Trinidad and Tobago Ageing, mental health and dementia <ul style="list-style-type: none"> • Ishtar Govia, Lecturer in Epidemiology, Caribbean Institute for Health

Research, UWI, Jamaica

Multi-sectorial action for a life course approach to healthy ageing

- Douladel Tyndale, Mona Ageing and Wellness Centre, UWI, Jamaica

Day 2: Friday 2 June 2017

0900 hrs – 1045 hrs	<p>Panel 2: Equality and rights in family, community and public life Moderator: Hon. Lenard Montoute, Minister for Equity, Social Justice and Empowerment, Saint Lucia</p> <p>Social protection for older persons</p> <ul style="list-style-type: none"> • Ariel Pino, ILO, Port of Spain <p>Ageing and disability</p> <ul style="list-style-type: none"> • Francis Jones, Population Affairs Officer, ECLAC <p>Support for carers</p> <ul style="list-style-type: none"> • Gaietry Pargass, consultant, Institute for Gender and Development Studies, UWI, Trinidad and Tobago <p>Policies and legislation to address elder abuse</p> <ul style="list-style-type: none"> • Alicia Archer, Attorney-at-law, Barbados
1045 hrs – 1100 hrs	<i>Coffee Break</i>
1100 hrs – 1230 hrs	<p>Consideration of the recommendations of the meeting Moderator: Hon. Delma Thomas, Minister Social Development and Housing, Grenada</p>
1230 hrs – 1330 hrs	<i>Lunch</i>
1330 hrs – 1500 hrs	Consideration of the recommendations of the meeting <i>continued</i>
1500 hrs – 1530 hrs	<i>Coffee Break</i>
1530 hrs – 1545 hrs	Adoption of recommendations of the meeting
1545 hrs – 1600 hrs	Closing remarks

Annex IV

LIST OF DOCUMENTS

Document symbol

Document title

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Programme

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Draft paper: 'Caribbean Synthesis Report on the Implementation of the Madrid International Plan of Action on Ageing and the San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean'



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Comisión Económica para América Latina y el Caribe (CEPAL)
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