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ECLAC SUBREGIONAL HEADQUARTERS FOR THE CARIBBEAN

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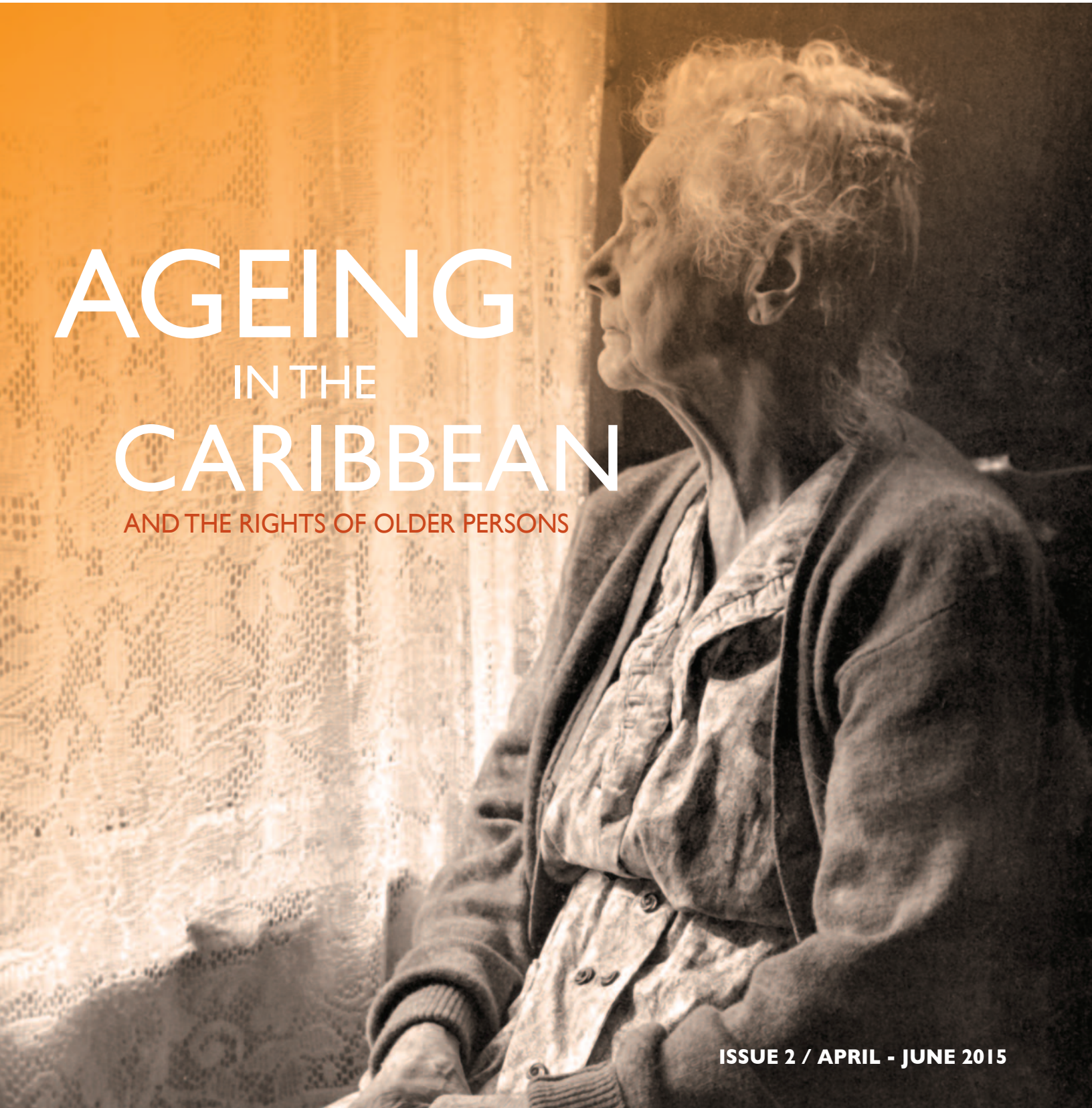

AGEING IN THE CARIBBEAN

AND THE RIGHTS OF OLDER PERSONS

ISSUE 2 / APRIL - JUNE 2015

ABOUT ECLAC/CDCC

The Economic Commission for Latin America and the Caribbean (ECLAC) is one of five regional commissions of the United Nations Economic and Social Council (ECOSOC). It was established in 1948 to support Latin American governments in the economic and social development of that region. Subsequently, in 1966, the Commission (ECLA, at that time) established the subregional headquarters for the Caribbean in Port of Spain to serve all countries of the insular Caribbean, as well as Belize, Guyana and Suriname, making it the largest United Nations body in the subregion.

At its sixteenth session in 1975, the Commission agreed to create the Caribbean Development and Cooperation Committee (CDCC) as a permanent subsidiary body, which would function within the ECLA structure to promote development cooperation among Caribbean countries. Secretariat services to the CDCC would be provided by the subregional headquarters for the Caribbean. Nine years later, the Commission's widened role was officially acknowledged when the Economic Commission for Latin America (ECLA) modified its title to the Economic Commission for Latin America and the Caribbean (ECLAC).

Key Areas of Activity

The ECLAC subregional headquarters for the Caribbean (ECLAC/CDCC secretariat) functions as a subregional think-tank and facilitates increased contact and cooperation among its membership. Complementing the ECLAC/CDCC work programme framework, are the broader directives issued by the United Nations General Assembly when in session, which constitute the Organization's mandate. At present, the overarching articulation of this mandate is the Millennium Declaration, which outlines the Millennium Development Goals.

Towards meeting these objectives, the Secretariat conducts research; provides technical advice to governments, upon request; organizes intergovernmental and expert group meetings; helps to formulate and articulate a regional perspective within global forums; and introduces global concerns at the regional and subregional levels.

Areas of specialisation include trade, statistics, social development, science and technology, and sustainable development; while actual operational activities extend to economic and development planning, demography, economic surveys, assessment of the socio-economic impacts of natural disasters, climate change, data collection and analysis, training, and assistance with the management of national economies.

The ECLAC subregional headquarters for the Caribbean also functions as the Secretariat for coordinating the implementation of the Programme of Action for the Sustainable Development of Small Island Developing States. The scope of ECLAC/CDCC activities is documented in the wide range of publications produced by the subregional headquarters in Port of Spain.

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FOCUS: ECLAC in the Caribbean is a publication of the Economic Commission for Latin America and the Caribbean (ECLAC) subregional headquarters for the Caribbean/Caribbean Development and Cooperation Committee (CDCC).

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AGEING IN THE CARIBBEAN AND THE RIGHTS OF OLDER PERSONS

The population of the Caribbean, like much of the rest of the world, is ageing. The 'young societies' of the past are giving way to communities where older persons form a much larger proportion of the total population. In the Caribbean,[1] the number of persons aged under 15 peaked in the early 1970s and has been falling steadily since; the number of people of working age (15-59) will peak in the early 2020s before falling; while the number of persons aged 60 and over is projected to rise for most of the rest of the century (Figure 1).

At the turn of the millennium, persons aged under 15 made up 30 per cent of the population; persons of working age (15-59) made up 60 per cent; and older persons just 10 per cent of the population. By 2050, the corresponding figures will be 18 per cent, 56 per cent and 26 per cent. This ageing of the population is a direct product of what is called the demographic transition, that is, the transition from the high fertility/high mortality societies of the past to the low fertility/low mortality societies of the modern world. Population ageing should therefore be understood as a tremendous advancement in human development.

The age structure of the Caribbean population will change appreciably over the next 20 years (Figure 2: page 14). The generation of persons in their 40s and 50s, substantially outnumber the preceding generation (those now in their 60s and 70s). This is a result

Photo courtesy ECLAC

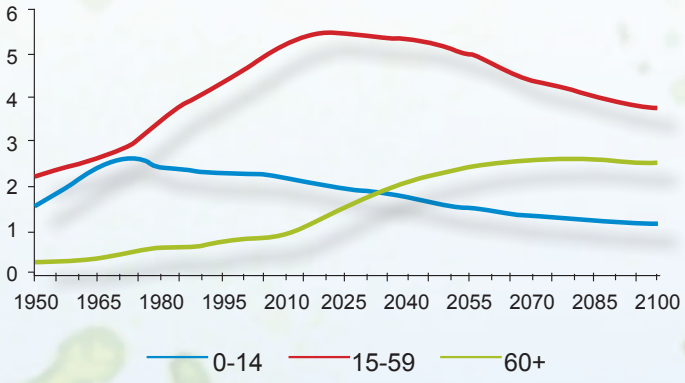
Ms. Diane Quarless, Director, ECLAC subregional headquarters for the Caribbean

of the 'baby booms' experienced by several Caribbean countries around the 1960s. The ageing of this generation over the next 20 years will lead to a particularly rapid increase in the number of older persons: between 2015 and 2035, the number of persons aged 60 and over will increase from 1.1 million (13 per cent of the population) to 2 million (22 per cent). At the same time, low and falling fertility rates will continue to reduce the number of young people.

Population ageing is affecting, and will continue to affect, all Caribbean countries and territories. Among 16 for which data is available, population ageing is furthest

▶ *(continued on page 14)*

FIGURE 1: THE CARIBBEAN POPULATION BY AGE, 1950-2100
(Millions of persons)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision, DVD Edition.

[1] Here the Caribbean refers to Anguilla, Antigua and Barbuda, Aruba, The Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Curaçao, Dominica; Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands.

NON-CONTRIBUTORY PENSIONS: GUARANTEEING ECONOMIC SECURITY FOR ALL OLDER PERSONS

Non-contributory pension schemes have a vital role to play in fully realising the right of all older persons to income protection in old age, which has long been recognised as a human right in United Nations treaties.[1] Non-contributory pensions provide a minimum level of income for older persons who would otherwise have no other pension income, or a very low level of pension income. They are very effective policies for reducing poverty among older persons.

INFORMALITY, OLD AGE, AND INCOME PROTECTION IN THE CARIBBEAN

Across the Caribbean, many older persons never had the opportunity to contribute to a social security pension, or other employment-based pension, during their working lives. They may have worked in agriculture, as vendors, labourers, domestic workers, or in other informal employment or self-employment. For these people, who have neither earned high incomes nor had access to pension schemes, making financial provision for old age is simply not a realistic option.

Without a pension, older persons have no alternative but to 'work till they drop' or depend on the support of their family.

Work is even more precarious for older persons, insofar as they can be excluded from the labour market due to age discrimination, failing health, or a lack of suitable opportunities at any moment. Where they become dependent on family for support, this undermines older person's independence and autonomy, and may lead to conflict or even abuse. Where such support is not available, older persons can find themselves destitute.

Some Caribbean countries have had non-contributory pension schemes for many years; some have introduced them much more recently; while others still have no non-contributory pension. For example, an old age pension was introduced in Barbados in 1938, while schemes were introduced in Belize in 2003 and Saint Vincent and the Grenadines in 2009. All Caribbean countries have implemented schemes with the exception of Dominica, Grenada and Saint Lucia. Broadly speaking, there are three different types of non-contributory pension. First, there are universal pensions which are granted to all, irrespective of any other pension or income that people may have; the only criteria being age, history of residence and citizenship. So those who already have an employment-based pension will receive the universal pension in addition. Only two countries in the Caribbean have universal pensions, i.e., Suriname and Guyana. Second, there are pensions which are awarded just to those who have no other pension (irrespective of income from any other source). In this way, every old person receives a guaranteed minimum pension income. The non-contributory pension in Barbados is like this. The third and most common type of non-contributory pension in the Caribbean are those which are means-tested. They provide a source of income for those older persons with no (or minimal) income from any other source.

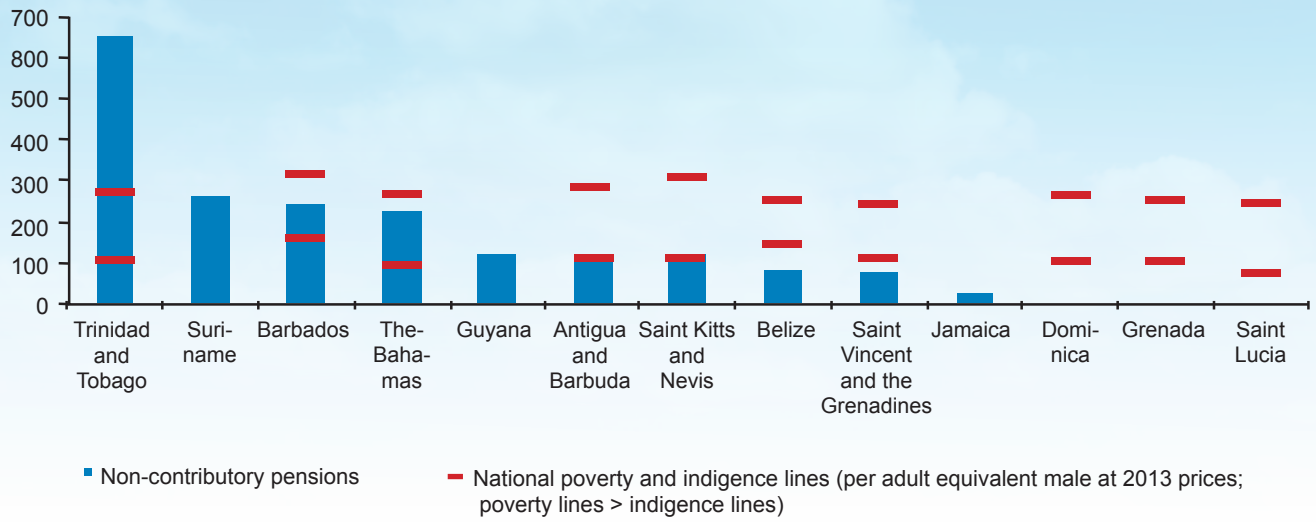
PENSIONS NOT ENOUGH TO LIVE ON

In most countries, the level of non-contributory pensions is low even compared with poverty and indigence lines (Figure 1).

Only in Trinidad and Tobago does the pension exceed the national

[1] See for example: Article 25 of the Universal Declaration of Human Rights; Article 9 of the International Covenant on Economic, Social and Cultural Rights; Article 11 of the Convention on the Elimination of All Forms of Discrimination against Women.

FIGURE 1: NON-CONTRIBUTORY PENSIONS AND NATIONAL POVERTY AND INDIGENCE LINES, 2013
(Current international dollars (PPP) per month)



Source: United Nations Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information published by administrative departments for social security; national poverty reports; and results of the International Comparison Program Prices, Round 2011.

poverty line - which is regarded as a minimally adequate standard of living in that country. In Barbados, the Bahamas and Suriname pensions are close to the poverty lines, but do not surpass them; in Guyana, Antigua and Barbuda, Saint Kitts and Nevis, Belize, and Saint Vincent and the Grenadines the pensions are more similar to the indigence lines. So in these countries, the pension might be sufficient to purchase the food necessary to live but does not cover fuel to cook food; plates, knives and forks to eat it with; or clothes to wear. In Jamaica, the pension is lower still.

UNIVERSAL COVERAGE?

In terms of their effective coverage of the population, non-contributory pension schemes do not always provide an adequate complement to employment-based pension systems.

In Guyana and Suriname, the non-contributory pensions are universal and so by definition cover all older persons. In The Bahamas and Barbados, a majority of older persons receive employment-based pensions and the non-contributory scheme largely covers the remainder. In Trinidad and Tobago, employment-based pensions cover roughly half of older persons and the non-contributory scheme covers the other half. In most other countries, the non-contributory pension does not fully cover all those not in receipt of an employment-based pension. This is due to either strict means-testing, strict eligibility criteria, or targeting of the non-contributory pension. In these countries, there remain substantial numbers of older persons with no pension income of any kind. This is also the case in those countries with no non-contributory scheme.

STRENGTHENING NON-CONTRIBUTORY PENSION SCHEMES

Non-contributory pensions should be extended (or introduced where they do not exist) either to all older persons, or should guarantee a minimum pension income for all.

Governments need to progressively raise the level of non-contributory pensions, first so that they surpass the national indigence line, and secondly so that they surpass the national poverty line. The relatively low level of funding allocated to non-contributory pensions suggests that this is achievable: in most cases funding is currently less than 0.3 per cent of GDP. Guyana and Suriname, with universal schemes, spend relatively more than other countries (Guyana spends about 0.6 percent of GDP on its universal pension). Trinidad and Tobago has by far the best funded scheme (1.7 percent of GDP). Appropriate indexation of pensions should also be considered to ensure that their purchasing power is preserved. Together these measures would finally realise the right of all older persons to social security protection in old age. ■

OLDER PEOPLE, DIABETES AND ITS COMPLICATIONS*

Diabetes mellitus, commonly referred to as "sugar" in the Caribbean, is one of the leading causes of morbidity and mortality. Regarded as one of the major public health challenges for the Caribbean in the twenty-first century, it is having a huge impact on the health of older people in the region. Across the Caribbean, the overall prevalence of diabetes mellitus is estimated at about 9 per cent.[1] A study conducted in Barbados in 2000 showed that 21.6 per cent of persons aged 60 years and over suffered from diabetes.[2] In 2011, the National Health Fund (NHF) of Jamaica had 106,017 persons with diabetes on its card programme.

Diabetes mellitus was ranked the third leading cause of death in Jamaica in 2009,[3] with the disease causing 12.9 per cent of all deaths in the country.[4] Based on data from 2004, the estimated annual death rate due to the disease was 70 per 100,000, with the largest number of deaths being among persons aged 60 years and older.[5] A CAREC Surveillance Report[6] using vital statistics showed that Trinidad and Tobago had a mortality rate of 109 per 100,000 between 1991-1995, with rates of 86.7 in Saint Vincent and the Grenadines, 74.8 in Saint Lucia and 59.7 in Barbados. A more recent study of diabetes mellitus mortality rates among six members of the Organization of Eastern Caribbean States (OECS) reveals that Grenada has the highest mortality rate, followed by Saint Kitts and Nevis (Table 1).

TABLE 1: DIABETES MELLITUS MORTALITY RATE AMONG MEMBERS OF OECS

COUNTRY	Deaths per year due to Diabetes Mellitus per 100,000 population
Antigua and Barbuda	42.7
Dominica	38.7
Grenada	91.8
Saint Kitts and Nevis	77.2
Saint Lucia	45.4
Saint Vincent and the Grenadines	62.5

Source: McGuire, Molly, Mary Freyder and Paul Ricketts (2013), *A Review of Diabetes Treatment Adherence Interventions for the Eastern Caribbean,* MEASURE Evaluation Working Paper Series.

The large and increasing numbers of adults developing type 2 diabetes[7] are said to be the result of increasing levels of obesity, physical inactivity, unhealthy diets, an ageing population and genetics. While lifestyle changes have been recommended as a way of helping to treat and prevent type 2 diabetes, many older persons have expressed concern about their ability to eat the right foods and to take medication as prescribed due to limited income. The usual complaint is that they have to choose between buying food and buying medication, and if they opt for the latter then they cannot take the medication as prescribed because they run the risk

*This article was authored by Jeff James, Caribbean Representative, HelpAge International.

[1] Ferguson, Trevor S., Marshall K. Tulloch-Reid and Rainford J. Wilks (2010), "The epidemiology of diabetes mellitus in Jamaica and the Caribbean: a historical review", West Indian Medical Journal Vol.59 No.3, Mona, Jamaica, June.
[2] Abdulkadri, Abdullahi O, Colette Cunningham-Myrie and Terrence Forrester (2009)."
[3] Statistical Institute of Jamaica, Demographic Statistics 2009.
[4] Jamaica, Ministry of Health, November 2012.
[5] Ferguson, Trevor S., Marshall K. Tulloch-Reid and Rainford J. Wilks (2010).
[6] McDougall L. (2002), Trends in diabetes mortality in the Caribbean: 1981-1995. CAREC Surveillance Report [22], 1-6. CAREC was the Caribbean Epidemiology Centre which became part of the Caribbean Public Health Agency (CARPHA) when it was formed in 2011.
[7] Type 1 diabetes usually develops in the teenage years, while type 2 diabetes is more commonly diagnosed among older people.

of doing so on an empty stomach. In a 1999 study, Lee and Yearwood[8] reported that 50 per cent of persons indicating economic difficulties did not access medical treatment. Studies carried out around the same time in Jamaica, British Virgin Islands and Trinidad and Tobago suggested that the quality of diabetic care was poor and pointed to an over reliance on medication rather than diet and activity changes as a way of managing the disease, a situation possibly "driven by drug marketing and fashions in prescribing".[9]

THE COST OF DIABETIC CARE

A number of research studies into the health economics of diabetes are now emerging. These studies point to the huge economic burden of the disease on individuals and countries.

There have been two studies which attempted to estimate the direct annual cost per capita of diabetic care in Jamaica coming up with figures of US$491[10] and US$976.[11] The second of these studies also estimated the total economic burden of the disease, including indirect costs (foregone earnings due to diabetes related morbidity and mortality), coming up with a total figure of US$1,190. The National Health Fund in Jamaica paid out J$616,461,903 (US$536,000 at 2015 exchange rates) to beneficiaries with diabetes in 2011.[12] The annual economic burden of diabetes was estimated at US$221 million (2.7 per cent of GDP) in Jamaica, US$467 million (5.2 per cent of GDP) in Trinidad and Tobago, US$38 million (1.8 per cent of GDP) in Barbados and US$27 million (0.5 per cent of GDP) in the Bahamas.[13] In the English-speaking Caribbean as a whole, the cost of medication was US$152.9 million for the year 2000, as reported by World Health Organisation.[14] Diabetes was also responsible for 62,352 patient days in hospital at a cost of US$2.8 million.[15]

COMPLICATIONS OF DIABETES

Diabetes can lead to serious complications including disabilities and premature mortality, particularly where blood-sugar levels are not well managed.

There are high incidences of these conditions, and of disability related mortality, across the subregion. Studies have also pointed to unsatisfactory quality of care as a contributory factor.[16] The Caribbean Council for the Blind is promoting the idea of integrated care as a way of improving patient experience, quality of clinical care, and reducing hospital admissions for vulnerable patients.

Visual loss (diabetic retinopathy), lower extremity amputations, heart disease, stroke, and end-stage renal failure are some of the complications of the disease seen in the Caribbean. Lack of screening for foot or eye complications, poor glucose control and generally poor screening for complications were evident in countries where studies were conducted. Separate studies of persons with diabetes in Barbados and Trinidad from around 2000 found 1 per cent and 4 per cent respectively had had amputations.[17]

Diabetic retinopathy, one of the complications of diabetes, has not been given much attention, although it is becoming one of the leading causes of blindness in the region. Not much research has been done on the incidence of the disease in the Caribbean. One of the few studies conducted revealed that 29 per cent of diabetic patients in Barbados were suffering from some degree of diabetic retinopathy.[18] The Caribbean Council for the Blind (CCB), in collaboration with a number of international NGOs, is spearheading the attack on diabetic retinopathy by way of creating awareness, working with Ministries of Health in the subregion, and developing projects to reduce the incidence of the disease.

▶ *(continued on page 13)*

[8] Henry-Lee, Aldrie and Andrea Yearwood (1999), "Protecting the Poor and the Medically Indigent under Health Insurance: a Case Study of Jamaica", Small Applied Research No. 6. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.
[9] Hennis Anselm J. and Fraser Henry S. (2004), "Diabetes in the English-speaking Caribbean", Rev Panam Salud Publica 15(2): 90–3.
[10] Barceló Alberto (2003), "The cost of diabetes in Latin America and the Caribbean", Bulletin of the World Health Organization 2003;81:19-27.
[11] Abdulkadri, Abdullahi O, Colette Cunningham-Myrie and Terrence Forrester (2009), "Economic Burden of Diabetes and Hypertension In CARICOM States", *Social and Economic Studies*; Sep-Dec 2009; 58, 3 & 4, pg. 175-197.
[12] http://www.digjamaica.com/diabetes.
[13] Abdulkadri, Abdullahi O, Colette Cunningham-Myrie and Terrence Forrester (2009).
[14] Bulletin of the World Health Organisation 2003.
[15] Ibid.
[16] Ferguson, Trevor S., Marshall K. Tulloch-Reid and Rainford J. Wilks (2010).
[17] Ibid.
[18] Hennis, Anselm and others (2002), "Diabetes in a Caribbean population: epidemiological profile and implications", *International Journal of Epidemiology* 2002; 31: 234-239.

PALLIATIVE CARE AT THE END OF LIFE AND DEATH WITH DIGNITY*

The gains in life expectancy achieved over the last 50 years have been remarkable. Never have as many people lived as long as they do today, and further increases in life expectancy are projected for the coming decades. For example, across the Americas average life expectancy increased from 71 years in 1990 to 76 years in 2012.[1] Nevertheless, healthy life expectancy in 2012 was just 67 years. People are living longer but not necessarily in good health. Those over 75 years have a greater risk of morbidity, or simply age-related fragility, which explains why per capita health costs for older persons are between three and five times higher than for young people.[2] With an ageing population the demand for health and social care services can only increase.[3]

The ageing population directly affects the demand for palliative care, defined by the World Health Organisation (WHO) as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

The demand for this type of care is primarily due to the prevalence of chronic and progressive diseases, such as cancer, diabetes, cardiovascular disease and Alzheimer's disease. In the Americas, at any one time, 366 of every 100,000 adults is in need of palliative end-of-life care.[4] However, palliative care services are not well developed in the region. In 2012, nearly 18 million people around the world died with unnecessary pain, and many terminally ill older persons contend with limited availability of medicines, and lack of skilled caregivers, facilities or support.[5]

Palliative care helps to provide access to modern treatments that allow for a painless and humane death. It provides an opportunity for older persons to regain their autonomy as they make their own decisions regarding care and treatment. Unfortunately, despite its importance as a humanitarian issue, palliative care remains a privilege and is not accessible to all. The Executive Secretary of ECLAC, Alicia Bárcena, has asserted that inequality before death must be given greater visibility as a public issue.[6]

In the San José Charter on the rights of older persons (2012), ECLAC Member States pledged to "promote the development of and access to palliative care to ensure that older persons with terminal illnesses die with dignity and free of pain". A year later, in the Montevideo Consensus on Population and Development, the countries reaffirmed this

*This article was authored by Sandra Huenchuan, Specialist in Ageing, CELADE, ECLAC Population Division.

[1] World Health Organization (2015), "Global Health Observatory Data Repository" [online], Geneva, Switzerland [date of reference: 5 May 2015] <http://apps.who.int/gho/data/view.main.690?lang=en>.
[2] *ILO (International Labour Organization) (2009), "Ageing societies: The benefits, and the costs, of living longer", World of Work 67: Social security as a crisis response; Ageing societies; Extending health care*, Geneva, Switzerland, December.
[3] Council of the European Union (2014), "Adequate social protection for long-term care needs in an ageing society", document prepared by the Social Protection Committee and the European Commission services, Brussels, June.
[4] WHO and WPCA (World Health Organization and Worldwide Palliative Care Alliance) (2014), "Global Atlas of Palliative Care at the End of Life", London, United Kingdom, January.
[5] World Palliative Care Alliance (2014), [online], London, United Kingdom, [date of reference: 5 May 2015] <http://www.thewhpca.org/>.
[6] Bárcena, Alicia (2015), Statement by Alicia Bárcena, Executive Secretary of ECLAC, in presenting the book "Autonomy and Dignity in Old Age: Theory and Practice on Policies for Older Persons' Rights", Mexico City, March.

agreement and strongly emphasized a dignified death as a right, and the provision of palliative care as an obligation of the State. Moreover, the need to recognize old age as a cause of discrimination that is detrimental to the human rights of older persons, including the right to life and the right to health, was strongly reinforced.

PALLIATIVE CARE AND DISCRIMINATION AGAINST OLDER PERSONS

In 2002, the World Health Organization established a revised definition of palliative care, emphasising that it improves the quality of life for individuals and families dealing with life-threatening diseases, relieves pain and other symptoms, and provides spiritual and psychological support from the moment of diagnosis until the end of life (or bereavement).

It is estimated that globally, in 2011, about 29 million people died of illnesses requiring palliative care, and of these, 20.4 million needed it at the end of life. The vast majority of adults who need palliative care live in low and very low income countries, and most are aged 60 and over.[7]

However, discrimination against the elderly often limits their access to palliative care. Old age continues to be thought of as synonymous with weakness, uselessness, and the end of life. This perception is institutionalized in health systems. In the United Kingdom, for example, about 83 per cent of all deaths are of persons aged 65 years and over. However palliative care coverage is below 60 per cent.[8] In the same country, a 2001 survey on end of life care among older hospitalized patients revealed that caregivers did not engage emotionally with patients or share information about death. Evidence suggests that deaths in hospital are sometimes badly managed, with inadequate symptom control, poor support for patients and caregivers, and little or no communication about prognosis and treatment.[9]

Despite the perception that pain in old age is inevitable, the two need not be associated. Persons should take advantage of the full range of opportunities offered by medicine to relieve pain and to help live a full and satisfying life, even while suffering from a terminal illness.[10]

PALLIATIVE CARE AS AN OBLIGATION OF THE STATE

Ensuring access to palliative care is a legal obligation of the State recognised in several international human rights instruments.

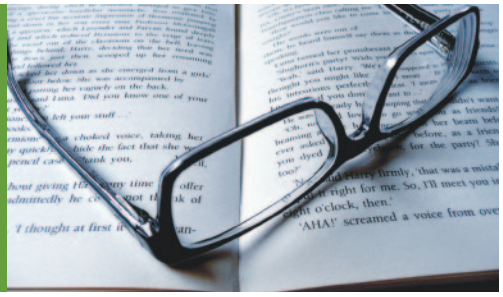
For example, the Committee on Economic, Social and Cultural Rights addressed the rights of the terminally ill, stating that they should have access to attention and care, sparing them avoidable pain and enabling them to die with dignity, and that palliative care should be an integrated part of public health services.[11] Similarly, the Committee on the Elimination of Discrimination against Women asserted that the State should provide medicines for the treatment of chronic and non-communicable diseases; long term health and social care including care that allows for independent living; and palliative care.[12] Further, in his 2013 report, the Special Rapporteur on Torture, Juan Mendez, proclaimed that access to essential medicines is part of the basic obligations of the State, and that denial of pain relief threatens fundamental rights to health and to protection against cruel, inhumane and degrading treatment.[13]

As further examples, in Europe, the Recommendation on the Promotion of Human Rights of Older Persons adopted by the 47 Member States of the Council of Europe in 2014 makes reference to palliative care.[14] The legal basis for its inclusion is that every person has the right to human dignity at all stages of life, including terminal illness and death. In addition, the Draft Inter-American Convention on the Human Rights of Older Persons, currently under discussion, includes palliative care as an obligation of the state, necessary in order to realise the right to life

▶ *(continued on page 11)*

[7] WHO and WPCA (2014), "Global Atlas of Palliative Care at the End of Life".
[8] Centre for Policy on Ageing (2009), "Ageism and age discrimination in secondary health care in the United Kingdom: A review from the literature", December.
[9] Costello J. (2001), "Nursing older dying patients: findings from an ethnographic study of death and dying in elderly care wards", *Journal of Advanced Nursing* 35 (1) : 59–68.
[10] Thomas Hadjistavropoulos and Heather D. Hadjistavropoulos (eds.) (2008), "Pain Management for Older Adults: A Self-Help Guide", IASP Press, Seattle.
[11] United Nations (2000), "The right to enjoy the highest possible level of health (article 12 of the International Covenant on Economic, Social, and Cultural Rights)", General Comment, No. 14 (E/C.12/2000/4).
[12] United Nations (2010), "General recommendation N° 27 on older women and protection of their human rights", (CEDAW/C/2010/47/GC.1).
[13] United Nations (2013), "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez" (A/HRC/22/53).
[14] Council of Europe (2014), "Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of human rights of older persons, [online] Strasbourg, France [date of reference: 5 May 2015]

THE PROMOTION OF ACTIVE AGEING THROUGH LIFELONG LEARNING



The concept of active ageing has been promoted by the World Health Organization since the late 1990s and used as a framework for policy since 2002.[1] It is defined as the "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". A central tenet of active ageing is the idea that continuing participation in social, economic and cultural life helps to maintain physical, mental and social wellbeing. This emphasis upon participation shifts planning and policy away from a "needs-based" approach (which assumes that older people are passive recipients) to a "rights-based" approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older.

Lifelong learning refers to both formal and informal learning throughout people's lives and is an important component of active ageing. It is also a human right.[2] Education and learning have many benefits for older adults, enabling them to develop new skills and interests; keep up with social, cultural and technological changes; and stay physically, mentally and socially active. There is also an emerging body of evidence which suggests that there are important health benefits associated with lifelong learning, including protection against cognitive decline.[3] In addition, education can act as a springboard to greater participation in other aspects of society, such as economic, cultural, civic or faith based-activities, and therefore promotes active ageing more generally. Older adults who develop new skills may be able to generate income and enhance their financial security.

LIFELONG LEARNING INITIATIVES IN THE CARIBBEAN

Some Caribbean countries have developed lifelong learning initiatives, albeit mostly on a relatively small scale.

In Barbados, there is a well-established Community Technology Programme which provides basic Information Communication Technology (ICT) training through Community Resource Centres across the island. Most of the participants are retirees. In 2012, the Unique Helping Hands Senior School was opened in Barbados. The school serves retired and independent persons aged 50 and over, and believes in the concept of learning through interaction. It offers programmes in areas such as information technology, arts and craft, music and foreign languages as well as educational field trips. The school creates an environment where students learn at their own pace among those of a similar age group. There are also opportunities for intergenerational interactions, for example through a summer camp for children. These classes have generated a great deal of enthusiasm and are attracting adults in their 50s as well as older persons.

Trinidad and Tobago has established a network of 15 Senior Activity Centres, operated by the Government in partnership with NGOs and faith-based organizations. The centres serve persons aged 55 and over, and offer a mix of educational and recreational activities including gardening, arts and crafts, computing, and reading/

[1] WHO (World Health Organization) (2002), Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8), Geneva, Switzerland.
[2] "The economic, social and cultural rights of older persons", General Comment No. 6 (E/C.12/1995/16/Rev.1), Geneva, Committee on Economic, Social and Cultural Rights, 1995, see comments in relation to Articles 13 to 15: Right to education and culture.
[3] Swindell, Rick (2012), "Successful ageing and international approaches to later-life learning", *Active Ageing, Active Learning. Issues and Challenges.* Gillian Boulton-Lewis and Maureen Tam (eds.), New York, Springer.

adult literacy. A specific ICT for Seniors project was launched in 2014 to enable more senior citizens to learn about the benefits that ICT can offer them in their daily lives. For example, participants learn to set up email and social media accounts, as well as use online banking.

In Jamaica, the National Council for Senior Citizens runs educational programmes on topics such as basic ICT skills, wills, consumer rights, disaster preparedness, housing solutions, computer skills, health education, and skills for income generation. In Nevis, computer classes for seniors were launched in January 2015.

THE WAY FORWARD

Despite increasing attention being paid to policies and programmes for older persons, and notwithstanding some positive initiatives, lifelong learning has not been accorded a high priority in the Caribbean.

A recent study[4] of older persons' participation in learning activities in Trinidad and Tobago emphasised the importance of consulting seniors about the types of programmes they would be interested in; when they would prefer them to take place (for example, during what time of day); and how they would prefer them to be offered (for example, same-age or mixed-age). More programmes need to be designed to meet the specific needs of older adults, and it should not be assumed that their learning needs and learning styles are just like those of younger age groups.

With school rolls falling across the Caribbean due to population ageing (specifically lower fertility rates, a trend set to continue for the foreseeable future), there is an opportunity to re-assign some funding away from the traditional educational system to lifelong learning programmes. Given how heavily skewed education funding is towards younger age groups, a relatively small re-assignment of funds could make a significant difference in the quality of life of older adults. Funding of lifelong learning programmes represents an investment in the physical, mental and social wellbeing of older adults, now and for the future. ■

[4] Dyer-Regis, Bernice (2014) "Older adults: Never too old to learn", *Ageing in the Caribbean*, Joan Rawlins and Nicole Alea (eds.), Lifegate Publishing L.L.C.

▶ *(continued from page 9)*

PALLIATIVE CARE AT THE END OF LIFE AND DEATH WITH DIGNITY

and dignity in old age; the rights of older persons receiving long term care; and the right to health.[15]

Finally, some states have recognized the importance of timely and adequate palliative care in preserving the right to a dignified death. In Costa Rica, for example, resolution 1915-92 of the Constitutional Court recognizes that the right to die with dignity refers to the right of those who, being aware that they will die, have chosen to do so without pain. Meanwhile, in the United States, the Supreme Court judgments of Washington v. Gluksburg and Vacco v. Quill, set access to appropriate palliative care as a constitutional right.[16] In Europe, the European Court of Human Rights ruled in the case of Diane Pretty v. the United Kingdom, that the State's obligation is to provide medical care to alleviate suffering at the end of life, not to provide the means to put an end to it (the European Court of Human Rights, 2002).[17]

CONCLUSION

Palliative care should be a basic and fundamental component of public health care but at present, this is far from being the reality.

Discrimination against older persons is so widespread that even older persons themselves often do not expect, or recognise, their right to be treated with dignity in old age. Perceptions of old age must be changed in order that older persons at the end of their lives can enjoy autonomy, have their decisions respected, and be offered all the support that is necessary to dignify this stage of their life. ■

[15] Organization of American States (2015), "Proyecto de Convención Interamericana sobre la Protección de los Derechos Humanos de las Personas Mayores", (CAJP/GT/DHPM-145/14 rev. 13).
[16] Lisbeth Quesada (2008), "Cuidados paliativos y derechos humanos", *Rev Med Hondur* 2008, 76; 39-43.
[17] European Court of the Human Rights (2002), Case of Pretty v. The United Kingdom (Application no. 2346/02), Judgment, Strasbourg, 29 April 2002.

PLANNING FOR RETIREMENT YEARS – THE TRINIDAD AND TOBAGO EXPERIENCE*

Responsibility for implementation and coordination of policies and programmes for older persons in Trinidad and Tobago lies with the Division of Ageing of the Ministry of the People and Social Development. The Division was created in 2003, and since 2006 has been responsible for the implementation of the Action Plan of the National Policy on Ageing, and for the advancement of the Ministry's mandate to educate and sensitize the public to issues related to ageing and older persons.

The Division works in collaboration with other Ministries and partners with Non-Governmental, Faith-based and Community-based Organizations, to operate and manage a range of programmes and projects, which include, inter alia, eleven Senior Centres in Trinidad and four in Tobago, to provide educational and recreational activities for able-bodied older persons aged 55 years and over. There is an Older Persons Information Centre (OPIC), which serves as a Help Desk and referral facility in the Division, to link older persons to goods and services. The Division works particularly closely with other social-sector Ministries responsible for health, education, housing, transport, community development and the Tobago House of Assembly (THA).

PROMOTING INDIVIDUAL RESPONSIBILITY FOR RETIREMENT PLANNING

The principal goal of the national ageing policy is to achieve the wellbeing of older persons in Trinidad and Tobago.

With this in mind, the Division delivers services and programmes including: social, cultural or sporting activities; commemorative events for International Day of Older Persons annually on 1st October; and the assessment of standards of care administered in Homes for the Aged. However, the Division also believes that it is equally important to encourage and support working-age people to prepare for their own retirement, and to make choices during their working lives which will better enable them to enjoy an active, healthy and financially secure retirement. For example, if people are able to save and invest in pensions and other assets during their working lives, they will be more financially secure in old age. If people pursue healthy lifestyles, they are more likely to enjoy good health in old age. If they know how to manage and protect their income and assets, they will be less vulnerable to unexpected events.

Where people can be encouraged and supported to prepare for their own retirement years, this will also reduce the pressure on social safety nets such as means-tested pensions, health and social care services. So where the Government can influence behaviour in this way, it will not only benefit the next generation of retirees, it will also help to manage the demands that an ageing population inevitably places on the public finances. In addition, better retirement planning helps to prevent families being overburdened, financially or otherwise, by the need to provide care for their aged relatives. This reduces the risk of family conflict, abandonment, neglect or financial exploitation of older persons.

RETIREMENT PLANNING SEMINARS

In recent years, there has been a proliferation of seminars in both the public and private sectors,

*This article was jointly authored with Jennifer Rouse and Katherine Inniss, Division of Ageing, Ministry of the People and Social Development, Trinidad and Tobago.

and public information[1] on the subject of retirement planning.

The Division of Ageing hosts annual retirement planning seminars for public officers aged between 20 to 59 years. The two-day seminars address: healthy and active ageing; financial planning and investments; calculation of pension benefits; will preparation and estate management; ageing versus retirement; and social security entitlements. During the seminars the participants formulate a personal financial plan and compute their pension and gratuity benefits. They discuss the need to take individual responsibility for health and healthy lifestyle choices. The seminars also address the management and protection of assets and the need to be prepared for any unforeseen events, for example: bereavements; damage to the home; or the need for care services.

Since 2007, Trinidad and Tobago has also had a National Financial Literacy Programme (NFLP) led by the Central Bank of Trinidad and Tobago, which addresses responsibility for one's financial affairs and risk management, essential for retirement planning. The NFLP provides trainers to conduct retirement planning seminars in a range of organizations. It also runs sessions for people who have already retired in order to disseminate information on topics such as insurance, budgeting and investments. The promotion of individual responsibility is in no way intended to be an alternative to the state's fulfilment of its responsibilities with regard to older people. The wellbeing of older persons depends both on the state and individuals, and the promotion of individual responsibility is an important complement to Government's social programmes for older persons. ■

[1] See for example the information on Retirement Planning published by the Central Bank of Trinidad and Tobago's National Financial Literacy Programme: (http://www.national-financial-literacy.org.tt/planning_for_retirement.html).

▶ *(continued from page 7)*

OLDER PEOPLE, DIABETES AND ITS COMPLICATION

HelpAge International,[19] one of CCB's partners, is currently carrying out a pilot project in Saint Elizabeth, Jamaica, with the following objectives: to change the knowledge, attitude and practice regarding diabetic retinopathy and its complications; to conduct screening for retinopathy among diabetic patients, older people and members of their households; and to increase access to treatment for diabetes and diabetic retinopathy. Sensitisation and awareness building sessions at the community level are revealing how little community residents know about diabetic retinopathy, its prevention and treatment. Health care providers trained under the project so far had only vague knowledge about the disease, thus rendering them ineffective in monitoring and referral of patients who are likely to develop the disease. As a result, not many persons undergo diabetic eye screening for early detection of the disease. As noted by the retina specialist at the Mandeville Hospital, many persons seen at the hospital are suffering from advanced retinopathy and may either require surgery or eventually incur vision loss.

CONCLUSION

Diabetes is a major public health problem, not least because of the economic burden on individuals and society, of the complications of the disease, and of the inadequate quality of care.

There is an urgent need for increased public education and sensitisation, training of caregivers, coordinated and integrated approaches to the management of diabetes and its complications. More generally, increased resources and new approaches to health care delivery, as well as improved social protection programmes for older people, will go a long way in promoting healthy ageing and reducing the burden of non-communicable diseases such as diabetes mellitus. ■

[19] HelpAge International is a rights-based international NGO that helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

(continued from page 3)

AGEING IN THE CARIBBEAN AND THE RIGHTS OF OLDER PERSONS

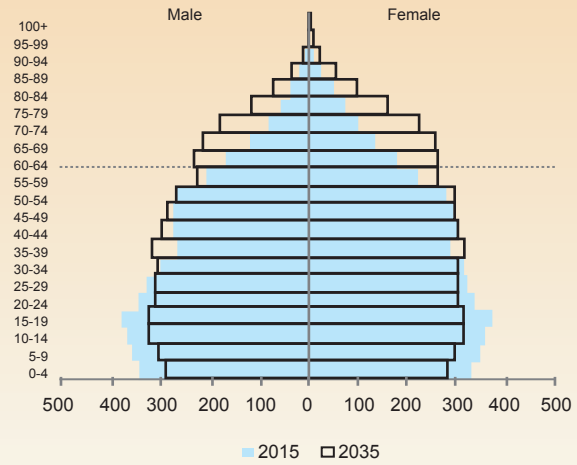


FIGURE 2:
THE CARIBBEAN POPULATION BY AGE, 2015 AND 2035
(Thousands of persons)

Source: United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision, DVD Edition.

advanced in the overseas territories of Aruba, Curaçao, Guadeloupe, Martinique and the United States Virgin Islands. In 2015, the old age dependency ratios in these territories (the number of persons aged 65 and over per 100 people aged 20 to 64) were already 20 or greater (Figure 3). In countries such as Antigua and Barbuda, Barbados and Trinidad and Tobago, the ratios range from 12 to 18. Ageing is least advanced in Guyana and Belize where the corresponding figures are less than 10. However, despite being found at somewhat different stages of this demographic process, these countries and territories will all see rapid population ageing over the coming decades. With the exception of the United States Virgin Islands, all will see their old age dependency ratio more than double over the next 30 years.

ECLAC advocates a rights-based approach to policies on ageing and older persons. At present, there is no single universal human rights treaty which specifically addresses the rights of older persons in the same way as exists, for example, in the case of women, children and persons with disabilities. Nevertheless, the applicability of human rights to older persons follows from the principle of universality, and many human rights established by United Nations treaties have a particular relevance to older persons. These include the right to social security; the right to an adequate standard of living; the right to the highest attainable standard of health; the right to work; the right to education; and the right to take part in cultural life.

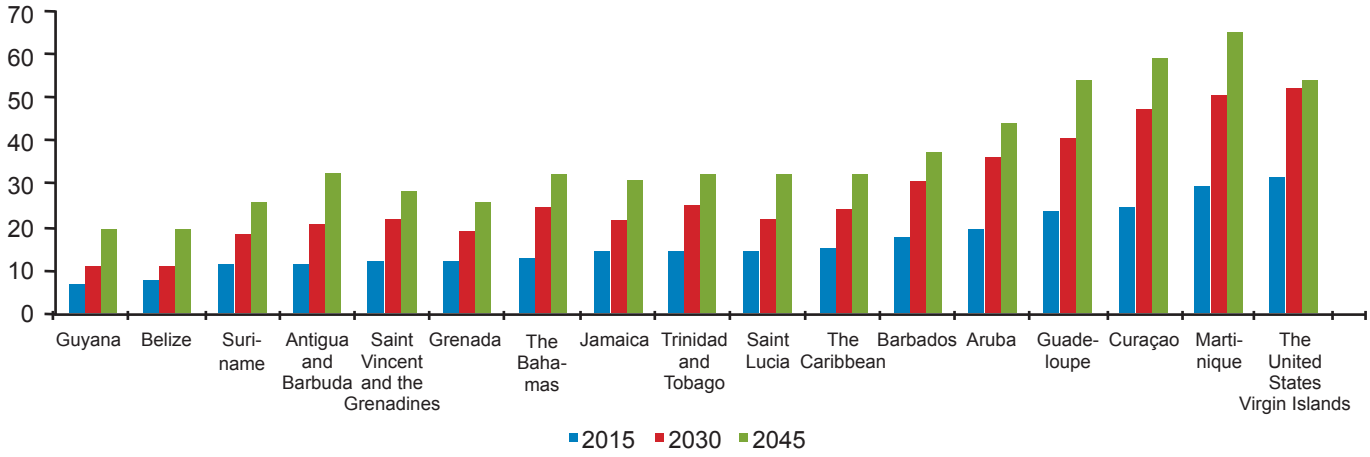
Public policy on ageing and older persons must be oriented towards the full realization of these long-established human rights. Steps should be taken to improve the coverage and level of income protection in old age; and older persons should be guaranteed access to primary, secondary and tertiary health care services. The quality and availability of social care services need to be improved so that older persons can continue living independently with dignity and autonomy. Discriminatory laws, practices, attitudes and other barriers which prevent older persons from participating fully in economic, social and cultural life must be addressed, so that societies can benefit from the positive contribution that older people can make.

ECLAC supports ongoing international efforts to protect the civil, political, economic, social and cultural rights of older persons. The Open-Ended Working Group on Ageing[2] continues to address the issue; the first Independent Expert on the enjoyment of all human rights by older persons was appointed by the Human Rights Council in 2014; and negotiations continue over a Draft Inter-American Convention on the Human Rights of Older Persons. These are all important developments which can contribute to further advancing, clarifying and strengthening protection for the rights of older persons and promoting rights-based policy making.

Of course, fulfilment of the human rights of older persons, in the context of an ageing population, will have major implications for public expenditure. Research based on the National Transfer Accounts framework suggests that public funding of pensions and health care services will have to increase significantly as a share of GDP.[3] Based on an analysis of ten Latin American countries and fifteen ▶

[2] Established by United Nations General Assembly resolution 65/182 in December 2010.
[3] Miller, Tim (2012), "Population Aging in Latin America and the Caribbean: A New Era" presentation at the Canadian Economics Association meeting, Calgary, Canada, June.

FIGURE 3: OLD AGE DEPENDENCY RATIO BY COUNTRY, 2015, 2030 AND 2045
(Number of persons aged 65 and over per hundred people between 20 and 64 years)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision, DVD Edition.

European Union countries (EU-15), it is projected that population ageing and economic growth will see spending on public health care services rise by 3.4 (Latin America) and 3.2 (EU-15) percentage shares of GDP between 2005 and 2050. So for example, a country spending 3.5 per cent of GDP on public health services in 2005 would, it is projected, be spending around 7 per cent of GDP on health care by 2050. The corresponding increases in public expenditure on pensions were 1.5 (Latin America) and 2.3 (EU-15) percentage shares of GDP. It is reasonable to assume that similar increases will be required in Caribbean countries.

Yours in Focus,
Diane

LIST of Recent ECLAC Documents and Publications

Listed by Symbol Number, Date and Title

No. L.462 May 2015
Report on the regional seminar on implementation of the SAMOA pathway

No. L.461 April 2015
Report of the second expert group meeting on opportunities and risks associated with the advent of digital currency in the Caribbean

No. L.455 rev March 2015
An assessment of the performance of CARICOM extraregional trade agreements: An initial scoping exercise

UPCOMING EVENTS 3RD QUARTER 2015

24 - 25 June, 2015
Symposium on Shaping the Sustainable Development Goals within the Context of the Post-2015 Development Agenda. Radisson Hotel, Port of Spain, **Trinidad and Tobago.**

26 June, 2015
Seventeenth meeting of the Monitoring Committee of the Caribbean Development and Cooperation Committee. Radisson Hotel, Port of Spain, **Trinidad and Tobago.**

OTHER USEFUL PUBLICATIONS

Ageing in the Caribbean
Edited by Joan Rawlins and Nicole Alea
2014

The recently published book, Ageing in the Caribbean, brings together research from regional and international scholars on a wide range of ageing-related topics. These range from health and psychological concerns, disabilities, finance and family relations. In every country in the Caribbean, older women outnumber older men and several chapters of the book address the lives of older women, for example their role as caregivers. A number of contributors put forward recommendations for public policy to enhance the wellbeing of older persons. The book closes setting out a vision for greater intergenerational connectivity as crucial for the full and equal participation of older persons in all aspects of society.

United Nations

ECLAC

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