

Economic Commission for Latin America and the Caribbean

**ECLAC SUBREGIONAL HEADQUARTERS  
FOR THE CARIBBEAN**



# **Report of the expert group meeting on the ageing Caribbean: 20 years of the Madrid Plan of Action**



UNITED NATIONS

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

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Expert group meeting on the ageing Caribbean:  
20 years of the Madrid Plan of Action

Virtual meeting, 19 October 2022

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**REPORT OF THE EXPERT GROUP MEETING  
ON THE AGEING CARIBBEAN: 20 YEARS  
OF THE MADRID PLAN OF ACTION**

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## A. MAIN CONCLUSIONS AND RECOMMENDATIONS

1. Since the adoption of the Madrid International Plan of Action on Ageing (MIPAA), many Caribbean countries have adopted national policies on ageing (or policies for senior citizens). All countries should have a policy framework to address ageing and the rights of older persons and it should be updated and revised as necessary.
2. Non-contributory age pensions should guarantee a minimum pension income to all older persons and the level of these pensions should be progressively increased so that they provide an adequate standard of living. To ensure the sustainability of national insurance schemes, reforms such as increases to pension contribution rates, adjustments to rates of benefit accrual and retirement ages will need to be implemented. There should be regular and systematic cost-of-living adjustments to pensions. Formal sector workers should have flexible retirement options which enable them to continue with some form work and there should be support for older persons working informally. Working into old age should not have a detrimental effect on pension entitlements.
3. Measures should be adopted to increase public investment in healthcare infrastructure and services in order to reduce reliance on out-of-pocket expenditure and inequalities in access to health care and health outcomes.
4. Multisectoral policies to address non-communicable diseases (NCDs) and their risk factors should be adopted to reduce the burden of NCDs. Treatment, management and prevention of NCDs and their risk factors should be integrated into primary health care systems and medication for a wide range of NCDs should be available through the public health system. NCD risk factors should be addressed through policies such as dedicated taxes on alcohol, tobacco and sugar-sweetened drinks and food labelling regulations to promote healthy eating.
5. Legislative measures should be adopted to regulate, monitor and enforce standards of care for long-term care and day-care services. Promoting and developing palliative care services should also be prioritized. More healthcare personnel need to be trained in geriatrics and gerontology, so that they are better equipped to serve older adults, especially those with cognitive impairments like Alzheimer's disease and related dementias.
6. The Sandilands Rehabilitation Centre in the Bahamas was highlighted as an example of international best practice in geriatric care which other countries in the subregion could seek to emulate. The importance of the Mona and Ageing and Wellness Centre at the University of the West Indies in Jamaica, a leader in gerontological research, education and training, was also underscored.
7. Housing assistance should be available for older persons to carry out repairs to their homes or, for those with functional impairments, undertake home adaptations. There should be collaboration with the private sector to develop affordable housing options for older persons, including assisted living facilities or continuous care retirement communities.
8. Programmes should be developed to facilitate older persons' engagement in social, educational, recreational, sporting, cultural and civic engagement in their communities, with particular attention to marginalized groups. Such programmes allow older persons to share their skills and experience and also help to change negative attitudes and discrimination towards older persons. Information and communications technology (ICT) training for older persons to enhance digital inclusion should also be available.

9. Public transit needs to be made more age-friendly with concessionary fares and improved physical accessibility to facilitate active ageing and the continued participation of older persons in community life. Partnerships between governments, the private and voluntary sectors should be developed to improve transport options for older persons, including door-to-door services for those with mobility limitations.

10. In preparation for the possibility of a natural disaster, a voluntary register of vulnerable older persons should be maintained, as has been implemented in numerous countries. In the event of a disaster, there must be priority and preferential assistance for older persons, and the rights of older persons need to be integrated into all stages of disaster risk management.

11. Population ageing and concern for older persons should not be the sole responsibility of ministries of social development or health, but ageing should be mainstreamed across the full breadth of public policy. The integration of protections for older persons into disaster risk management was cited as an example of the success of mainstreaming.

12. Protection for the rights of older persons must be strengthened. The protections for older persons that are contained in existing human rights treaties and the decisions of treaty monitoring bodies relating, for example, to the right to an adequate standard of living, the right to health, and the right to live free from any kind of abuse, should be incorporated into government policy.

13. There should be a more detailed metanalysis to assess progress in the implementation of national ageing plans as well as more frequent meetings to share outcomes, ideas, resources, information and lessons learned. There should be systematic tracking of implementation through key performance indicators and greater inclusion of non-governmental organizations (NGOs) and the voluntary sector in this process.

## **B. ATTENDANCE AND ORGANIZATION OF WORK**

### **1. Place and date of the meeting**

14. The expert group meeting on the ageing Caribbean: 20 years of the Madrid Plan of Action was held on Wednesday 19 October 2022.

### **2. Attendance<sup>1</sup>**

15. The meeting was attended by representatives from the member States of the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Suriname, Trinidad and Tobago, and the following associate members: Anguilla, Aruba, the British Virgin Islands, Montserrat and Sint Maarten. Representatives from the United Nations Population Fund (UNFPA) and the Organization of American States (OAS) participated. There were also representatives from the National Autonomous University of Mexico, the University of the West Indies as well as representatives of numerous civil society organizations.

### **3. Agenda**

1. Opening of the meeting
2. Presentation: The Ageing Caribbean: 20 Years of the Madrid Plan of Action
3. Panel: MIPAA+20 - Where are we now?
4. Discussion
5. Conclusions

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<sup>1</sup> See annex I for a full list of participants.

#### 4. Documentation

16. The draft study entitled “The ageing Caribbean: 20 Years of the Madrid Plan of Action”, prepared by ECLAC subregional headquarters for the Caribbean served as the background document for the meeting. The study provides an assessment of progress in the implementation of the MIPAA in the Caribbean, including the advances, the gaps or deficiencies, and examples of good practice.

### C. SUMMARY OF PROCEEDINGS

#### 1. Opening of the meeting

17. In her welcoming remarks, the Director of ECLAC subregional headquarters for the Caribbean explained that this meeting formed part of a global process of review and evaluation of the implementation of the Madrid International Plan of Action on Ageing (MIPAA), 20 years after its adoption in 2002. There have been five-yearly global reviews since 2002, and regional agreements including the 2012 San José Charter on the Rights of Older Persons in Latin America and the Caribbean, but a 20-year review constitutes a particularly important milestone. There would be a regional review carried out at the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons to be held in Santiago, Chile, between 13 and 15 December 2022. The global review will take place in 2023 within the framework of the 61st session of the United Nations Commission for Social Development.

18. The Director noted that the draft ECLAC study being presented, The ageing Caribbean: 20 Years of the Madrid Plan of Action, provides an assessment of progress in the implementation of the MIPAA in the Caribbean. She invited participants to provide their input, feedback, and assessment on where the subregion stands in its implementation of the MIPAA in order to help finalise the study.

19. She noted that when the MIPAA was adopted in 2002, the ageing of the Caribbean population was something that would have been spoken about, primarily, as something that would happen in the future. Now, the Caribbean population is ageing rapidly and will continue to do so for several decades to come. In 2000, for every 100 persons of working age (15–64) in the Caribbean, there were 10 persons aged 65 and over. In 2020, for every 100 persons of working age there were 14 aged 65 and over. By 2030 that number will increase to 20, and by 2045 it will be 28. Demographic ageing affects all countries. It is more advanced in some than others, but all countries are seeing increases in the number of older persons, compared with much lower growth or declines in the size of the working age population. The ageing of the population increases the cost of pension provision and also creates a growing demand for health care services and social care services such as residential care, day care and home care services.

20. The Director referred to the example of Bermuda where the Minister of Finance described the challenge of funding rising pension, health and care costs for an ageing population, while the size of the workforce declines, as “perhaps the single most serious long-term issue Bermuda faces”. Beyond the fiscal implications of ageing, with older persons constituting a much larger proportion of the population, it is important to recognize and take advantage of the enormous contribution that older persons can (and do) make to all aspects of our society, in the social, economic, cultural, civic and political spheres. Population ageing, therefore, also represents an opportunity to fully utilise the skills, creativity, knowledge, and experience of older persons. This will require changing attitudes towards older persons, tackling age discrimination, a more flexible approach to retirement, more support for those with health conditions or disabilities, and stronger protections against abuse and neglect.

21. In conclusion, the Director expressed the hope that the study and the dialogue from the meeting would inform the regional review that would take place in Santiago in December 2022. Bringing together



Caribbean experts from academia and civil society together with representatives of government in this online forum is an important contribution to the review process. ECLAC would like to see strong Caribbean representation at the regional conference and hopes that this study serves to inform and support Caribbean participation in the regional review.

## **2. Presentation: The ageing Caribbean: 20 years of the Madrid Plan of Action**

22. The Population Affairs Officer of ECLAC subregional headquarters for the Caribbean introduced the study “The ageing Caribbean: 20 Years of the Madrid Plan of Action”, and spoke about the economic aspects of ageing and their implications for Caribbean policymakers. He explained that in 2002, the Madrid Agreement prompted governments to develop national policies on ageing. Now, policies developed at that time are due for renewal with, for example, Jamaica having just finalized and approved a new National Policy for Senior Citizens 2021, an update of the 1997 policy. The Government of Barbados is going through a similar process and has just published a new draft policy entitled “The 2023-2028 National Policy on Ageing: Making Healthy and Active Ageing a Reality for all”. In the Cayman Islands, an “Older Persons Law 2017” was passed in 2017. There are also a number of other countries where there are policies, strategies or laws in development such as in the Bahamas, Saint Kitts and Nevis, Saint Lucia and Bermuda. Some of these policy developments have been delayed by COVID-19. All governments are encouraged to consider the need for new or updated policies, with the 20-year anniversary of the adoption of MIPAA being a particularly opportune moment to recommit to fully implementing the Plan’s objectives.

23. The Population Affairs Officer stated that the Caribbean has a range of different institutional structures for addressing ageing and many countries have national councils on ageing, either quasi-governmental organizations or non-governmental organizations (NGOs). These national councils advocate on behalf of older persons and work with government, the private sector and NGOs to promote the interests of older persons. Governments have a special responsibility to engage with older persons and their representative organizations as part of the policymaking process.

24. He then addressed the objectives and actions from the Madrid Plan of Action related to reduction of poverty, social protection during old age, establishment of non-contributory pensions, minimum income support for older persons, and the issue of gender equality. He noted that older persons should not be forced to work to generate income due to inadequate pensions but could be encouraged to undertake some economic activity in a way which is compatible with other commitments and life goals.

25. He discussed the contributory and non-contributory pension systems in various Caribbean countries. Based on data from 12 Caribbean countries, Guyana, Trinidad and Tobago and Suriname are the countries where non-contributory pensions go furthest in guaranteeing all older persons a minimum level of income in retirement. In none of these countries do the contributory systems cover the entire population, so in these countries insured persons receive their contributory pensions from age 60, while those not entitled to a contributory pension receive their non-contributory pension from age 65 (or age 60 in Suriname). In these countries, the non-contributory pensions are relatively well-funded, bridging the coverage gap and providing all older persons with a minimum pension income. Some countries, such as Antigua and Barbuda, Bahamas, Barbados and Saint Kitts and Nevis, have a contributory system covering upwards of 80% of the population with non-contributory pensions, which provide much lower incomes, being received by a relatively small proportion of older persons. Jamaica recently introduced a social pension but there continue to be older persons in some Caribbean countries that are not receiving any pension income at all.

26. Further, the Population Affairs Officer stated that the average real value of contributory national insurance pensions is increasing over time and is above the level of the poverty line. This progress is a result of efforts to expand the contributory pension system over recent decades. If this is to continue, there

must be continued expansion of the contributory social security system, bringing more people from informal into formal sector work. In respect of non-contributory pensions, with the exception of Trinidad and Tobago and Barbados, the real value of the pension is generally below the level of the poverty line. Furthermore, increases in non-contributory pensions have been less consistent than the increases in contributory pensions. He argued that expansion and improved funding of non-contributory pensions was necessary to improve the living standards of older persons and to ensure that all older persons have a minimum pension income.

27. The Population Affairs Officer also noted that in terms of gender equality, in some Eastern Caribbean countries, the contributory pensions for women were between 12% and 21% lower than for men. In these countries, gender inequalities in the labour market translate through the social security system into pension inequality. However, there are some countries, including Trinidad and Tobago and Jamaica, where pensions are more redistributive and therefore more equitable from a gender perspective.

28. In closing, he suggested that consideration should be given to increasing retirement ages, flexible retirement and retirement planning, occupational health and safety, vocational rehabilitation and the promotion of lifelong learning and positive attitudes towards older workers.

29. He recommended that to further advance the implementation of the MIPAA, that member States should:

- Consider revision and updating of national policies on ageing.
- Renew links between governments and organizations of older persons to increase older person's participation in decision-making.
- Ensure that non-contributory age pensions guarantee a minimum pension income to all older persons.
- Progressively increase the level of non-contributory age pensions to provide an adequate standard of living.
- Promote formalization of the informal economy through sector-specific interventions.
- Ensure that there are regular and systematic cost-of-living adjustments to pensions.
- Implement national insurance reforms such as increases to pension contribution rates, adjustments to rates of benefit accrual and retirement ages to guarantee sustainability of national insurance schemes.
- Promote flexible retirement for formal sector workers and support for older persons working informally.

30. The ECLAC consultant explained that she would address those parts of the MIPAA which dealt with health and care as well as the broader social environment. She stated that a major challenge facing the subregion is the high rates of chronic non-communicable diseases (NCDs), particularly cardiovascular diseases, cancers and diabetes. She explained that as the population of the subregion ages, there is likely to be an increased prevalence and incidence of these chronic conditions, partly driven by the increasing number and share of older persons. There is also an increasing prevalence of chronic NCDs among younger adults and a high rate of premature deaths due to NCDs. The Caribbean is not currently on track to achieve the SDG target 3.4 of a one third reduction in premature deaths from NCDs by 2030. The impact of COVID-19 on persons suffering from chronic health conditions highlighted the importance of addressing the high prevalence of NCDs among the Caribbean population.

31. She highlighted that NCDs need to be addressed through multisectoral policies. Promotion of physical activity in schools, workplaces and communities would reduce the prevalence of NCDs. Where they have been implemented, dedicated taxes on alcohol, tobacco and sugar sweetened beverages have all helped to decrease levels of NCDs. For example, in 2015, Barbados introduced a sugar sweetened beverage tax which reduced the sales of these beverages. In the subregion, reduced consumption of salt and sugar and increased consumption of fruits and vegetables should also be encouraged, including through measures

to make these products more widely available at affordable prices. She suggested that food labelling regulations should also be enacted to provide more information about the nutritional content of food.

32. She emphasized that targeting NCDs requires greater investment in public health. On average, the subregion has seen an increase in public health expenditure over the course of the last 20 years. Over the last decade, from 2010 to 2019, public health expenditure as a percentage of gross domestic product (GDP) increased from an average of 2.6% to 3%, while out-of-pocket expenditure remained relatively constant at 2% of GDP. These increases in public health expenditure have not reduced household's reliance on their own finances for their health care needs, which leads to inequalities in access to care. In addition to financial barriers, older persons seeking to access public health care can also face barriers such as travel time to hospitals or clinics, long waiting times to see health care professionals, overall shortages of trained health care professionals and/or medication.

33. She further noted that unmet health care needs are due to an inability to access public health care services and the prohibitive cost of services and medications obtained privately. Some countries have (or are developing) National Health Insurance (NHI) schemes as a way to strengthen public health care provision. Antigua and Barbuda, Aruba, Bahamas, British Virgin Islands, Cayman Islands, Sint Maarten and Suriname all have NHI schemes, but they vary widely in terms of the benefits offered and the populations served. Saint Lucia and Saint Kitts and Nevis are planning to introduce schemes and the Cayman Islands is working towards expanding its existing scheme. Governments should consider all measures to increase public health expenditure and reduce out-of-pocket expenditure in order to achieve universal health care for all citizens regardless of age or income level.

34. She explained that the population health trajectory of the subregion, specifically increasing numbers of cases of chronic NCDs, also point to an increased demand not only for health care but also long-term social and residential care. Most countries in the subregion typically have one or a small number of state-owned residential care facilities in addition to private nursing homes. In the Bahamas, there are several government-owned homes for the elderly; in Barbados, the Government funds care within private nursing homes; while in Bermuda there is strong regulation and monitoring of homes which have to be registered with the Chief Medical Officer. Guyana is at an earlier stage in the process of regulating the residential care sector but has recently established an Elderly Home Visiting Committee with the goal of improving the quality of care provided to older adults in nursing homes. Barbados recently developed an Elder Care Companion Programme to supplement their home care programme and provide other mental healthcare services to promote emotional and psychosocial wellbeing.

35. Many countries have developed home care programmes although in some cases there are limitations with respect to geographical coverage and the frequency with which services are available, for example only monthly in some cases. In addition, rural areas tend to be much less well served. This forces older persons to be reliant on their own networks of support within their community or family, which can place a high burden on informal carers.

36. She also addressed the third priority direction of MIPAA, enabling environments. Older persons who are living alone may not be able to care for themselves or have financial resources to support themselves. Research suggests that in countries where living with other family members is the cultural norm, those who are living alone are at higher risk of poor health. However, older persons are vulnerable to isolation and loneliness even if they live with other people, including family members. As people age there is an increased risk of disabilities and disabling conditions which make it challenging to live alone. In this context, it is important that homes can be adapted to facilitate living with different kinds of functional limitations.

37. The consultant also mentioned the growing concern about elder abuse, both within the community and in residential care homes. Cases of elder abuse are sometimes reported in the news media or emerge on

social media and the problem may have been exacerbated when COVID-19 lockdowns were in place. There are individual risk factors which make one more likely to experience abuse such as being female, having physical or cognitive impairments, being in poor health, of low socioeconomic status and already being vulnerable to psychosocial distress. Ageism is also a contributing factor to elder abuse, with more concerted efforts required to challenge stigmas and negative stereotypes regarding age and to raise awareness of the contribution of older persons to society. Many countries have public awareness campaigns, typically organised in conjunction with World Elder Abuse Awareness Day. Existing legislation on violence, assault, theft and fraud does not adequately address the specific problem of elder abuse. Protocols for reporting, investigation and case management need to be developed and older persons encouraged to report abuse and made aware of the support services available to victims of abuse.

38. She also discussed palliative and end-of-life care provided by hospices. Globally there is a vast unmet need for palliative care and these services are severely underdeveloped in the Caribbean. This is partly related to attitudes towards palliative care which include mistrust of health care professionals who provide accurate information about dying and end-of-life care and social norms regarding how people take care of themselves towards the end of their lives. There is limited availability of opioids to treat persons in extreme pain and inadequate healthcare infrastructure for providing specialized treatment of this kind. There is also a shortage of palliative care specialists, and a general lack of investment in health care research including in the area of palliative care. A new virtual learning network on palliative care in the Caribbean was recently launched by the Pan-American Health Organization (PAHO), which aims to improve awareness and the development of skills amongst health care professionals.

39. The consultant emphasized the need for programmes to promote social participation among older persons. Overall, there are some very good practices evident within the subregion such as in Jamaica and Trinidad and Tobago where there are networks of activity centres for older persons. In Saint Kitts and Nevis, the Senior's Enrichment Programme was launched, which organizes activities to promote physical activity and lifelong learning as well as social interaction. National councils on ageing offer seminars on topics including retirement planning, maintaining physical health and wellbeing and income generation. The COVID-19 pandemic highlighted the importance of digital skills and various organizations have provided digital skills training to older persons. Saint Kitts and Nevis, the United States Virgin Islands and the Cayman Islands have all developed programmes to enable older persons to participate in higher education.

40. The consultant noted that one of the major issues that emerged from interviews conducted with selected NGOs concerned transportation services, including specialized transport services for older persons. Public buses generally offer reduced fares for older persons although older persons may experience problems related to availability, accessibility or reliability of services. There are privately run public transit services, but the same fare reductions do not apply. Public transport as a whole needs to be made more age-friendly and there is also a need to develop specialized door-to-door transport options for older persons with impaired mobility.

41. She explained that older persons are among the groups most severely affected by natural disasters. Hurricane Maria in Puerto Rico, for example, left persons without power, medical attention and medical supplies to manage chronic conditions. Older persons need to be prioritized in disaster relief and recovery, both in response to extreme disasters such as major hurricanes or volcanic eruptions, but also in the context of adverse weather events that cause, for example, flooding or landslides.

42. In conclusion, she outlined a number of recommendations to better address health and long-term care, and to create a more enabling environment for the Caribbean's ageing population. There is a need for measures to strengthen public health care, including public healthcare infrastructure, in order to reduce health inequalities. NCDs need to be addressed through multisectoral policies which tackle the key risk

factors and medication should be available for a wide range of NCDs. There should be more training of health care personnel in both geriatrics and gerontology and training of care workers to meet the health and long-term care needs of older persons, including those with cognitive impairments like Alzheimer's disease and related dementias. Legislative measures are needed to regulate, monitor and enforce standards of practice for long-term care services, alongside housing assistance and age-friendly public transit.

### **3. Panel: MIPAA+20 - Where are we now?**

43. The Director of the Division of Ageing of Trinidad and Tobago's Ministry of Social Development and Family Services commented on different aspects of each of the MIPAA's three priority directions: older persons and development, health and care, and enabling and supporting environments. She noted the importance of ensuring economic security for older persons, but also how high levels of government debt constrained public spending on programmes designed to provide that security. Policymakers need to take advantage of the fact that the COVID-19 pandemic is subsiding to renew partnerships with stakeholders, including organizations of older persons, to develop and update policies for the post-pandemic period. The support of international agencies such as PAHO is especially valuable in light of the shortage of technical capacity and resources that many countries are facing at this time.

44. She explained that partnerships between government, the private sector and NGOs need to be strengthened. She referred to Barbados's approach to policy development in which older persons and other stakeholders were able to provide feedback on the national policy online while, in Antigua and Barbuda, PAHO has supported the policy development process. With regards to universal pension coverage, the picture is mixed across the subregion, but funding for increased expenditure on pensions needs to be found to guarantee a decent minimum pension.

45. She discussed active and inclusive ageing, including the promotion of volunteering, mentorship and grandparenting, and the need to promote active ageing in accordance with the varied socioeconomic circumstances and preferences of individuals. For example, not all older persons have the opportunity to be active grandparents or they may not be willing to provide childcare in their old age. She highlighted the need to encourage and support family life including across borders.

46. In respect of health and care, she discussed the high prevalence of NCDs among older persons; variations in health associated with gender; and the insufficient availability of palliative care. The Director emphasized the role informal caregivers played in supporting older persons to continue living in the community and referred to the pressures that the COVID-19 pandemic had put on informal caregivers.

47. She highlighted the impact that crime is having on older persons in the Caribbean, particularly in Trinidad and Tobago and Jamaica. Crime significantly impacts on the quality of life of persons of all ages, but elders are especially vulnerable, and they can become reluctant to go out or to leave their communities.

48. With respect to enabling and supportive environments, the Director explained that the increased prevalence of independent living among older persons was linked to smaller family sizes, among other factors. There is a need for improved and expanded housing options for low-income older persons; policies to support independent living; and the development of high-quality, age-friendly and disaster resistant housing options. Consideration should also be given to the development of guardianship laws, drug rehabilitation programmes and opportunities for participation in sport and leisure activities.

49. The Senior Lecturer at the University of the West Indies noted that while the subregion has made important strides towards fulfilling the commitments set out in the MIPAA, policies for ageing and older persons were more developed and/or up to date in some countries than others. She was encouraged to see

the national policies being revised and updated in countries such as Jamaica and Barbados. She highlighted the example of the Sandilands Rehabilitation Centre, a geriatric hospital in the Bahamas, which should serve as an example of best practice for other countries in the subregion. She also discussed the work of the Mona Ageing and Wellness Centre at the University of the West Indies in Jamaica, which is a leader in research and education in the field of gerontology, offering courses ranging from short courses for professionals and informal caregivers up to post-graduate study.

50. The Director Emeritus of Age Concern Bermuda emphasized how the MIPAA is a resource for governments and policymakers and indicated that it was a particularly important point of reference in her country, given the absence of a national policy on ageing. In Bermuda, 11.6% of GDP is spent on health, which would place it among the Organisation for Economic Co-operation and Development (OECD) countries spending the most on health. Furthermore, 50% of residents have at least one chronic condition, such as diabetes, heart disease or kidney disease. One in three people has high blood pressure or high cholesterol and US\$ 29 million is spent on dialysis every year with demand growing by 10% annually. In Bermuda, the number of deaths is exceeding the number of births. According to the Minister of Economy and Labour, Bermuda is losing about 500 younger persons yearly. Public health care is targeted towards low-income older adults and the under-employed or unemployed with the majority of the population having private health insurance. Currently, the Government of Bermuda is moving towards universal health care coverage and has committed to introduce it within the next five years. The vision is to ensure that all people have equitable access to information, preventive care and treatment, rehabilitation and palliative care. In order to fund the increasing demand for health care services, she argued that the tax base needs to be broadened.

51. The Director Emeritus suggested that to more effectively monitor the implementation of MIPAA, that there was a need for a metanalysis to assess progress in the implementation of national ageing policies as well as more frequent meetings to share outcomes, ideas, resources, information and lessons learned. There should be systematic tracking of implementation through key performance indicators, more coordination of strategic plans and objectives among Caribbean countries, and greater inclusion of NGOs and the voluntary sector in this process.

52. The Representative of the Network of Civil Society Organizations of Latin America and the Caribbean on Ageing and Old Age, and of Alzheimer's Disease International (ADI), Sint Maarten, argued that human rights have not been sufficiently examined in the draft ECLAC study. He also highlighted the absence of a legally binding instrument to protect the human rights of older persons. The human rights-based approach would enable older persons to demand respect and protection for those rights. He noted that there are problems or challenges identified at the time that MIPAA was adopted that have still not been addressed, particularly with respect to economic security.

#### **4. Discussion**

53. The former Director of the Division of Ageing of the Ministry of Social Development and Family Services of Trinidad and Tobago discussed the proposed increase in the retirement age (the age of eligibility to receive a full contributory pension) from 60 to 65 years in Trinidad and Tobago, a change that has many social and economic implications.

54. The President of the Barbados Association of Retired Persons (BARP) stated that the study provides a roadmap that has highlighted the subregion's achievements and indicates the areas where implementation needs to be accelerated. She argued for tax incentives to encourage older persons to carry out renovation or adaptation of their properties and also discussed BARP's health plan for their members. She closed by calling for more care facilities for seniors, with the public sector, the private sector and the voluntary sector all having important roles to play in this regard.

55. The Senior Lecturer in the Department of Community Health, Jamaica, stressed the importance of mainstreaming and noted that progress in the implementation of MIPAA depended on mainstreaming the issue of ageing across different areas of public policy. For example, there has been a great deal of progress in mainstreaming ageing into disaster risk management, with many countries now maintaining registers of vulnerable older persons to ensure priority attention in case of a disaster. In the last five years, the health ministers in the subregion have recognized the need for health policy to evolve as populations age and Jamaica is in the process of embedding geriatric services and NCD programmes within its primary health care system.

56. The Chief Welfare Officer of the Department of Social Services of the Bahamas spoke about the geriatric care provided by the Sandilands Rehabilitation Centre, which is operated in line with international best practice, diminishing the stigmatisation that was previously associated with admission to a geriatric hospital. There are also two community gerontological clinics in the Bahamas where the Government is seeking to adopt best practice in social and psychosocial care.

## **5. Conclusions**

57. In her closing remarks, the Director of ECLAC subregional headquarters for the Caribbean thanked participants and panellists for their contributions. She invited everyone to provide written comments to be included in the finalization of the study. She noted the need for the Caribbean perspective to be identified separately from that of Latin America even though there are many common issues. She summarized some of the concerns that had been raised in the discussion, including the need to strengthen health care services, protect the right of older persons to live free from abuse, to age with dignity, and protection for the human rights of older persons more generally. There are also opportunities for encouraging youth and the private sector to engage with the issue of ageing and potential for investment and business opportunities as the care economy expands. She noted that ECLAC has taken into consideration all the comments made and would seek to provide further opportunities for continued discussion and sharing of experiences, so that international perspectives and collaboration can make a fuller contribution to the development and implementation of policies for ageing across the subregion.

Annex I**LIST OF PARTICIPANTS****A. Member States****BAHAMAS**

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Annex II**PROGRAMME**

- 09.30 – 9.40 a.m.           **Opening of the meeting**  
 Welcome remarks  
 Diane Quarless, Director  
 ECLAC subregional headquarters for the Caribbean
- 9.40 – 10.15 a.m.           **Presentation: The Ageing Caribbean: 20 Years  
 of the Madrid Plan of Action**  
 Francis Jones, Population Affairs Officer, ECLAC  
 Nekehia Quashie, Assistant Professor, Health Studies, University of Rhode  
 Island
- 10.15 – 11.55 a.m.       **Panel: MIPAA+20 – Where are we now?**  
 Hyacinth Blake, Director, Division of Ageing, Ministry of Social  
 Development and Family Services, Trinidad and Tobago  
 Douladel Willie-Tyndale, Senior Lecturer and Director, Mona Ageing and  
 Wellness Centre, The University of the West Indies, Jamaica  
 Claudette Fleming, Director Emeritus, Age Concern Bermuda  
 Raymond Jessurun, Network of Civil Society Organizations on Ageing  
 (CORV) and Alzheimer's Disease International (ADI), Sint Maarten  
 Discussion
- 11:55 – 12.00 p.m.       **Conclusions**  
 Diane Quarless



Economic Commission for Latin America and the Caribbean (ECLAC)  
Comisión Económica para América Latina y el Caribe (CEPAL)  
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