Population Ageing and Sustainable Development in the Caribbean: Where are we 15 years post MIPAA?

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Abstract. The Caribbean is undergoing increasingly rapid population ageing with the proportion of older persons (60 and over) increasing from 10% in 2000 to 14% in 2015, and projected to reach 25% by 2050. Since the adoption of the Madrid International Plan of Action on Ageing (MIPAA), in 2002, Caribbean States have developed national policies on ageing and strengthened their programmes and services for older persons, particularly in the areas of pensions, health, and care services. Nevertheless, with insufficient funds, limited political will and inadequate administrative support, implementation is lagging and significant gaps still exist between policy and practice. Drawing primarily upon national reviews of the MIPAA carried out in 2017, this paper examines the progress made by Caribbean States in addressing issues that include income security, later life health, social care, active ageing, social and economic participation, and elder abuse. Country-specific examples are provided to illustrate good practices from the sub-region, such as the incorporation of older persons into disaster and emergency preparedness and management. The paper considers outstanding and emerging challenges which States will need to address in order to further implement the MIPAA One critical challenge is the need for improved prevention, treatment, and management of lifestyle-related diseases such as diabetes. Recommendations are made for future actions to achieve a society for all ages in which the protection and promotion of the rights of older persons also serve to mitigate the health and socio-economic challenges associated with population ageing.

Keywords: Caribbean, ageing, care, gender, human rights, public policy

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Introduction

This paper presents a broad overview of the progress made by Caribbean States[5] to develop and implement social policies to prepare their societies for population ageing since the adoption of the 2002 Madrid International Plan of Action on Ageing (MIPAA).

Population ageing is a consequence of the demographic transition from high to low levels of fertility and mortality. In Latin America and the Caribbean (LAC), this transition began in the mid-1960s and has continued unabated giving rise to a rapid ageing of the region's population (Saad, 2011).

As shown in Table 1, within the Caribbean sub-region specifically, between 2000-2005 and 2015-2020, the average total fertility rate declined from 2.5 to 2.2 children per woman, and is estimated to continue a downward trend, while life expectancy at birth across the sub-region increased from 70 to 73 years during the same time period and is projected to continue increasing.

Consequently, the proportion of older adults, aged 60 years and over, has increased from 10% at the beginning of the 21st century to 13 % in 2015, and is projected to approach 25% of the sub-region's total population by 2050. Importantly, the largest share of older adults within Latin America and the Caribbean currently resides within the Caribbean sub-region (Pan American Health Organization [PAHO], 2017).

There is considerable cross-national variation in the pace of the demographic transition that is often obscured by the regional averages. Utilizing the classification provided by the Economic Commission for Latin America and the Caribbean (ECLAC) in 2008, Barbados and Cuba are at a very advanced stage of demographic transition and among the forerunners of population ageing in Latin America and the Caribbean (CEPAL [Economic Commission for Latin America and the Caribbean], 2008). Most countries within the Caribbean sub-region can be classified as being at an advanced stage of demographic transition with the exception of Belize, Guyana, Jamaica and Suriname where ageing is not so advanced. All countries, however, are experiencing a rapid shift in their population structure as the shares of older persons increase.

[5] In this paper, the Caribbean region refers to the Member and Associate Member Countries of the Economic Commission for Latin America and the Caribbean and the Caribbean Development and Cooperation Committee (ECLAC/CDCC). Member Countries are: Antigua and Barbuda, The Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago. Associate Member Countries are: Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Sint Maarten, Turks and Caicos Islands, and United States Virgin Islands. Every effort is made to provide data on all countries where possible.

Table 1: Caribbean countries according to the stage of demographic transition

Stage of Demographic Transition	Region/Country	Total Fertility Rate			Life Expectancy at birth			% Population 60+		
		2000 - 2005	2015 - 2020	2045-2050	2000 - 2005	2015 - 2020	2045-2050	2000	2015	2050
	Latin America and the Caribbean	2.5	2.0	1.8	72.1	75.7	81.3	8.1	11.2	25.4
	Caribbean	2.5	2.2	1.9	70.0	73.4	78.3	10.4	13.3	25.4
Very Advanced	**Barbados**	1.8	1.8	1.8	73.8	76.1	80.7	15.1	19.8	31.0
	Cuba	1.6	1.7	1.8	77.2	80.0	84.9	13.8	19.4	38.2
Advanced	**Antigua and Barbuda**	2.3	2.0	1.8	74.0	76.6	81.2	8.6	10.1	24.9
	Aruba	1.8	1.8	1.8	74.0	76.1	80.3	11.5	18.4	27.7
	Bahamas	1.9	1.8	1.7	73.2	75.9	80.4	8.1	12.6	27.7
	Curaçao	2.1	2.0	1.9	75.0	78.6	83.5	14.5	21.9	29.5
	Grenada	2.4	2.1	1.8	70.9	73.8	77.9	10.4	10.2	25.1
	Guadeloupe	2.1	1.9	1.8	77.9	81.7	86.5	13.9	22.4	32.8
	Martinique	1.9	1.9	1.8	79.0	82.3	87.1	16.3	24.3	36.9
	Puerto Rico	1.9	1.5	1.6	76.8	80.2	84.9	15.6	19.7	34.8
	Saint Lucia	1.9	1.4	1.6	72.1	75.8	81.1	10.1	13.1	32.0
	Saint Vincent and the Grenadines	2.2	1.9	1.7	70.7	73.3	77.0	9.7	10.9	25.7
	Trinidad and Tobago	1.8	1.7	1.7	68.7	70.8	74.5	9.6	14.2	28.4
	United States Virgin Islands	2.1	2.2	1.9	77.1	80.0	85.0	13.2	24.0	31.9
Full	**Dominican Republic**	2.8	2.4	1.8	71.1	74.1	79.3	7.5	9.7	21.2
	Belize	3.4	2.5	1.9	68.5	70.7	75.5	5.6	5.9	15.1
	Guyana	3.0	2.5	2.0	65.2	66.8	70.0	6.0	8.1	15.3
	Jamaica	2.5	2.0	1.8	72.8	76.1	80.3	10.4	13.0	29.0
	Suriname	2.8	2.3	1.9	68.1	71.6	75.4	8.2	9.9	20.5
Moderate	**Haiti**	4.0	2.9	2.0	58.3	63.7	69.5	6.3	7.1	15.2

Source: United Nations, (2017)

Moreover, this demographic shift is happening within diverse socio-economic conditions throughout the region. As shown in Table 2, countries at a very advanced stage of demographic transition as well as those at an advanced stage differ considerably in their standards of living including some being high income and others being upper-middle income according to the World Bank's classification (World Bank, 2017). The 2011 gross national income per capita at purchasing power parity ranged from $7,455 in Cuba, one of the forerunners of the demographic transition, to $28,049 in Trinidad and Tobago, which is at an advanced stage of demographic transition. Countries also vary in their level of government debt. Among countries with available data, in each of Barbados, the Bahamas, Grenada, and Saint Lucia, government debt as a percentage of GDP more than doubled between 2000 and 2014. This presents significant variation in economic resources for States to develop and implement measures to address the challenges, as well as capitalize on the benefits, of population ageing for the development of all population sub-groups within their societies.

Table 2: Socio-economic indicators for Caribbean countries

Stage of Demographic Transition	Country	Income Level[1]	Gross National Income (GNI) per capita (2011 PPP $)*	Central Government Debt, total(%GDP) **		Human Development Index 2016[1]
Very Advanced	**Barbados**	High income	14,952	63	129	0.795
	Cuba	Upper middle income	7,455.00	na	na	0.775
Advanced	**Antigua and Barbuda**	High income	20,907	97	83	0.786
	Bahamas	High income	21,565	24	60	0.792
	Dominican Republic	Upper middle-income	12,756	na	na	0.722
	Grenada	Upper middle-income	11,502	41	89	0.754
	Saint Lucia	Upper middle-income	9,791	37	73	0.735
	Saint Vincent and the Grenadines	Upper middle-income	10,372	na	na	0.722
	Trinidad and Tobago	High income	28,049	na	na	0.78
Full	**Belize**	Upper middle-income	7,375	67	77	0.706
	Guyana	Upper middle-income	6,884	na	na	0.638
	Jamaica	Upper middle-income	8,350	99	120	0.73
	Suriname	Upper middle-income	16,018	na	na	0.725
Moderate	**Haiti**	Low income	1,657	na	na	0.493

* United Nations Development Programme, (2017)
** World Bank, (2017)

Ageing is as a lifelong process that can be associated with both gains and losses across all life domains (Settersten Jr., 2003). Existing research shows that the early life course conditions in which individuals are born, live and work exert significant influence on mid- and later - life health and well-being outcomes (McEniry, 2013).

Thus, adopting a life course perspective of population ageing can be conceived as the foundation upon which national development plans should be based. Social policies designed to invest in human development within the realms of education, employment, and health for younger cohorts not only enhances the potential for the healthy and successful ageing of future cohorts of older adults but also contribute to sustainable development (Bennett & Zaidi, 2016). This raises a critical question: how are Caribbean States performing with regard to public policies to create societies for all ages that consequently prepare their populations to age successfully?

The following review primarily draws upon analysis of country reports prepared by governments and non-governmental organizations throughout the sub-region in response to a survey conducted by the Economic Commission for Latin America and the Caribbean (ECLAC) Subregional Headquarters for the Caribbean to fulfill the 2017 regional review of the MIPAA. We present an overview of the implementation of the MIPAA within Caribbean countries as they pertain to the three overarching areas: 1) Older persons and Development, 2) Advancing health and well-being into old age, and 3) Enabling and Supportive Environments. The review concludes with a discussion of the implications of the current status of social policies and perspectives for future research and actions.

Older persons and development

The MIPAA was designed as a series of recommended actions to be taken by government and non-governmental actors to not only transform their societies to prepare for population ageing across the life span but also advocates for promoting and protecting the human rights of older persons, including the right to participate in their nation's development (United Nations, 2002).

Beginning with adoption of the *Regional Strategy for the Implementation of the Madrid International Plan of Action on Ageing* in 2003 to the *2012 San Jose Charter on the Rights of Older persons in Latin America and the Caribbean*, only 12 Caribbean countries have drafted and/or implemented national policies on ageing. Although governments and non-governmental organizations across Latin America and the Caribbean acknowledge the need to adopt human rights-based approach to population ageing (Montes de Oca et al., 2018), no Caribbean country nor overseas territory has explicitly adopted laws to protect the rights of older persons (Jones, 2016).

Income Security

Income security remains one of the most formidable challenges facing older persons in the Caribbean but pension coverage varies across countries. Based on the most recent available data, Guyana, the Bahamas and Barbados recorded the highest coverage at 80%, 74% and 69%, respectively. In Jamaica, Saint Vincent and the Grenadines, Belize, and Saint Lucia, coverage was much lower with 40%, 34%, 31%, and 22% of older persons of retirement age, respectively, receiving a contributory pension (Jones, 2016).

Most countries have, however, instituted non-contributory pension schemes in an effort to ensure older persons have some form of income security. As shown in Table 3, Barbados and Trinidad and Tobago have the oldest non-contributory pension schemes, established in 1937 and 1939, respectively. Non-contributory or social pensions can be 1) universal pensions that are offered to persons based on age, residence and citizenship (e.g. Guyana and Suriname), 2) offered to those who have no other pension (government, private or occupation based), although they may receive income from other sources, or 3) targeted to alleviate poverty through a means-test, which is the most common in the Caribbean.

Although available as a source of income for later life, contributory and non-contributory pensions may not be adequate to maintain a decent quality of life. Three countries, Barbados, the Bahamas, and Dominica index contributory pensions so that their value is protected against inflation (Jones, 2016).

There is also marked cross-national variation in the adequacy of social pensions whereby non-contributory pension benefits, as a percentage of the GDP per capita, range from 3% in Jamaica to 27% in Trinidad and Tobago (Table 3). To mitigate, to some extent, the economic insecurity of older persons, several countries have introduced policies to assist older persons with their monthly living expenses. Based on the recent review of the MIPAA, in Guyana the government subsidizes water bills for senior citizens and in Trinidad and Tobago, households headed by pensioners benefit from free electrical and plumbing services provided by the National Social Development Programme (NSDP) (Gény, 2017). While social pensions are critical to older persons' economic security, the sustainability of these systems presents another concern, especially in countries such as Trinidad and Tobago that provide substantial benefits, given the increasing shares and numbers of older persons along with extending life expectancy.

Ageing and the labour force

Given that income security through pension coverage, and its adequacy, remains a precarious aspect of later life, many older persons rely on employment as their main source of income.

Labour force participation rates among older persons reflect the extent of pension coverage in their countries. For instance, Jamaica, Belize, and Saint Lucia have higher labour force participation rates of older persons 65 years and over relative to Trinidad and Tobago, Suriname and Barbados. Moreover, gender inequality in labour force participation extends to later life such that men's labour force participation rates almost double that of women's in all countries for which data are available (Jones, 2016).

The MIPAA includes specific recommendations addressing older persons' continued engagement in work, should they so choose. Since the adoption of the MIPAA, however, the majority of Caribbean countries have not introduced programs for older persons to continue working beyond retirement age, nor have they trained older persons to enter or re-enter the labour market, or introduced programs to assist older persons in the informal economy.

The exceptions include Anguilla, Bermuda, and Trinidad and Tobago. In those countries where programs have been introduced, however, they are often limited to the formal labour market, and within the public sector such as the recall of retired teachers, nurses, dentists or senior civil servants on short term government contracts (Gény, 2017).

The challenge of job creation and employment also extends to younger cohorts in the region. Several countries have experienced increasing unemployment particularly among youth (aged 15-19) and young adults (20-24), which has been explained by the vulnerability of

Caribbean labour markets to external economic shocks and limited job creation during periods of economic growth (Kandil, et al., 2014). Even among the employed working-age population, social protection remains elusive in some countries.

Analyses of contributions to pensions systems among the working age population (15-64) in Caribbean countries with available data, indicate that the percentage of workers contributing to a pension scheme ranges from 30% and 60% in Jamaica and Trinidad and Tobago, respectively, to 80% and above in Barbados and the Bahamas (Bosch, Melguizo, & Pagés, 2013). Moreover, gender inequalities in labour force participation rates and earnings persist such that women remain disadvantaged relative to their male counterparts (Bellony, Hoyos, & Ñopo, 2010). This affects women's abilities to accumulate financial capital for later life.

Table 3: Social pension programmes in Caribbean Countries, 2017

Country	Year Established	Age of eligibility	Targeting	Number of recipients	% population 60+ covered	% of population over eligibility covered	Benefit Level			Total cost (% of GDP)
							US $	PPP $**	% of GDP per capita*	
Antigua and Barbuda	1993	85	Means-tested	152	2	10	94	151	8.3	1.637%
Bahamas	no data	65	Means-tested	1847	4	6	237	240	11.3	0.065%
Barbados	1937	66	Means-tested	8791	16	24	299	309	**22.6**	0.710%
Belize	2003	67 (men) and 65 (women)	Means-tested	3396	16	28	50	87	13.0	0.120%
Bermuda	no data	65	Pensions-tested	no data	no data	no data	451	∞	∞	no data
Guyana	1944 (first scheme introduced), 1993 (scheme became universal)	65	Universal	42397	67	110	84	144	**24.0**	1.269%
Jamaica	2001	60	Means-tested	51846	18	18	8	17	2.4	0.040%
Saint Vincent and the Grenadines	2009	67 (in 2009 - the time of implementation)	Means-tested	1203	11	23	60	95	10.4	0.113%
Suriname	1973	60	Universal	42818	92	92	152	253	19.8	1.563%
Trinidad and Tobago	1939 (first scheme introduced), 2010 (entitlement to a pension legislated)	65	Means-tested	79942	45	68	470	750	**27.6**	1.614%

Source: Adapted from HelpAge International Social Pensions Database.

Emergency Situations

The Caribbean sub-region, due to its geographical location, is acutely vulnerable to disasters such as hurricanes, flooding and landslides, and earthquakes. Disasters, however, disproportionately affect some countries and population sub-groups within countries. As a heterogeneous group, older persons can be particularly vulnerable to the challenges posed by disasters if they are unhealthy, experience functional impairments or are economically insecure but they can also be extremely resourceful if they are not experiencing such health and income challenges. Some Caribbean countries have improved their efforts to address this component of the MIPAA. As examples, Anguilla and Barbados, as part of their national disaster preparedness plans, have established registers of older persons at risk. In Guyana, the government conducts disaster preparedness workshops with older persons and supplies emergency kits to homes for older persons (Gény, 2017).

Advancing health and well-being in older ages

Older persons in the Caribbean can live an average of 21 years beyond age 60 (PAHO, 2017). As observed globally, women in all countries, however, have a survival advantage relative to their male counterparts (Table 4). Whilst in most countries the male-female gap in life expectancy is about 4 years, Haiti records the smallest gap with a one-year difference. Increasing longevity is not exempt of disease, disability or functional impairments that reduce one's quality of life. This is particularly relevant to older women who have higher exposure to life course social and economic disadvantages that lead to poorer health outcomes in later life, relative to men (Zunzunegui et al, 2009; Pandey & Ladusingh, 2015).

Table 4: Life expectancy and health life expectancy at age 60 for Caribbean Countries

		Life Exp. at age 60*		Health Life Exp. at age 60**	
Stage of Demographic Transition	**Region/Country**	**2015-2020**		**2015**	
		Males	**Females**	**Males**	**Females**
	Latin America and the Caribbean	20.6	23.2	na***	na
	Caribbean	20.8	23.7	na	na
Very Advanced	**Barbados**	18.2	21.6	14.3	16.6
	Cuba	22.3	25.1	16.6	18.3
Advanced	**Antigua and Barbuda**	20.4	23.3	15.5	17.5
	Aruba	18.3	22.0	na	na
	Bahamas	20.9	24.2	15.9	18
	Curaçao	21.4	24.6	na	na
	Grenada	17.9	20.4	13.8	15.4
	Guadeloupe	23.0	27.2	na	na
	Martinique	23.2	27.5	na	na
	Puerto Rico	21.8	26.5	na	na
	Saint Lucia	19.8	23.5	15	17.5
	Saint Vincent and the Grenadines	19.2	21.2	14.8	15.9
	Trinidad and Tobago	16.2	20.5	12.8	15.6
	United States Virgin Islands	20.8	24.8	na	na

Table 4: Life expectancy and health life expectancy at age 60 for Caribbean Countries (contd.)

		Life Exp. at age 60*		Health Life Exp. at age 60**	
Stage of Demographic Transition	**Region/Country**	**2015-2020**		**2015**	
		Males	**Females**	**Males**	**Females**
Full	**Belize**	15.9	18.8	12.5	13.9
	Dominican Republic	20.8	23.6	15.9	17.7
	French Guyana	20.7	25.7	na	Na
	Guyana	15.5	16.7	12.4	12.9
	Jamaica	21.3	23.8	16.7	18
	Suriname	16.9	20.4	13.7	15.7
Moderate	**Haiti**	17.0	18.8	12.7	13.5

* United Nations, (2017)

** World Health Organization. Global Health Observatory Data Repository;

*** data not available

As shown in Table 4, among countries with available data in 2015, the healthy life expectancy of older men and women was approximately 5 to 6 years less than their total estimated life expectancy.

The rapid ageing of Caribbean nations is accompanied by shifts in their health profiles due to the epidemiological transition whereby communicable or infectious diseases are increasingly replaced by lifestyle related non-communicable diseases (NCDs) as the primary causes of mortality (Santosa et al., 2014).

NCDs, particularly cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, are the leading causes of death globally, and approximately 85% of preventable deaths due to NCDs occur in low and middle income countries (World Health Organization, 2014). This process is not gender-neutral as women are more likely than men to experience non-fatal chronic conditions such as arthritis or depression, and disability, while there is a higher prevalence of cardiovascular diseases among men (Crimmins, Kim, & Solé-Auró, 2010). Although the Pan American Health Organization has identified that the Caribbean sub-region has the highest prevalence of NCDs within the Americas, persistent and emerging communicable and infectious diseases such as HIV-AIDS, dengue, and Zika, present a double health burden to many countries (PAHO, 2009; 2017).

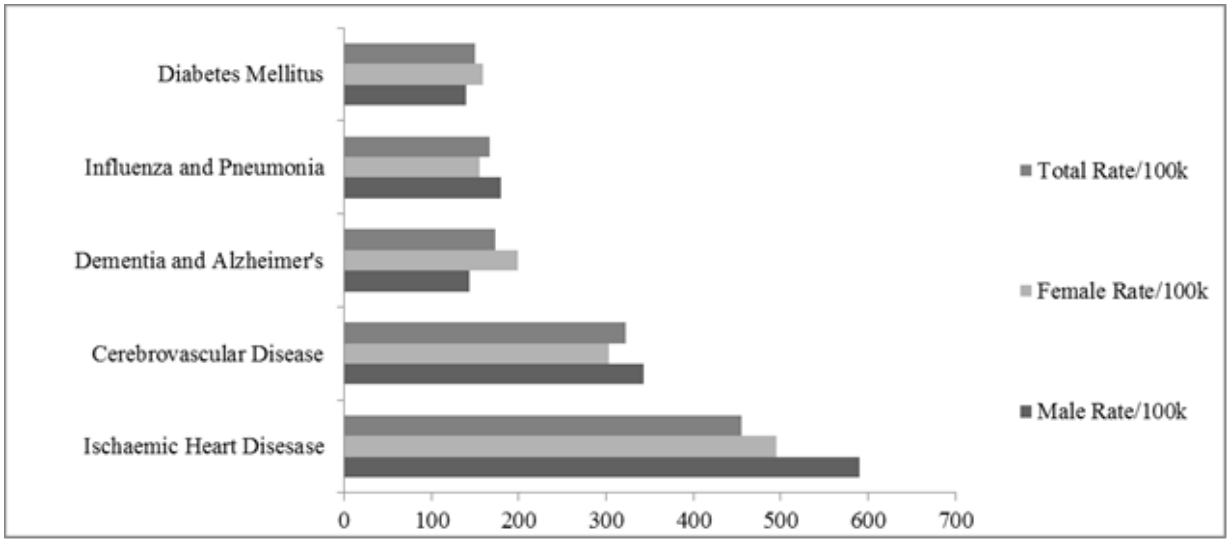
Nevertheless, as shown in Table 5 based on the most recent available data, regardless of the level of economic development, NCDs account for the majority of all deaths in Caribbean countries. Furthermore, the probability of premature mortality, which is dying between ages 30 and 70, due to the four main NCDs, was highest in Guyana (37%), Trinidad and Tobago (26%), and Haiti (24%). Likewise, Figures 1 and 2 show that among older adults 60 years and over, NCDs accounted for the five leading causes of mortality among both English and Latin Caribbean countries in 2012 (PAHO, 2018). On average, despite variation in the rates of specific causes of mortality among countries in the region, ischaemic heart diseases, cerebrovascular diseases and diabetes were among the five leading causes of death.

Table 5: Mortality due to non-communicable diseases for Caribbean countries, 2012

Country	Income Group (2012)	Total Population, 000 (2012)	Proportion (%) of population aged 30-70 years (2012)	Proportion (%) of mortality (all deaths, both sexes, all ages) due to NCDs (2012)	Probability (%) of dying between ages 30 and 70 due to the 4 main NCDs (2012)
The Bahamas	High	372	48	72	14
Barbados	High	283	52.4	84	14
Belize	Upper-middle	324	34.1	65	15
Cuba	Upper-middle	11, 271	54	86	17
Dominican Republic	Upper-middle	10,277	38.4	70	15
Guyana	Lower-middle	795	35.8	67	37
Haiti	Low	10,174	32.2	48	24
Jamaica	Upper-middle	2,769	40.8	79	17
Suriname	Upper-middle	555	42.6	68	13
Trinidad and Tobago	High	1,337	49.5	80	26

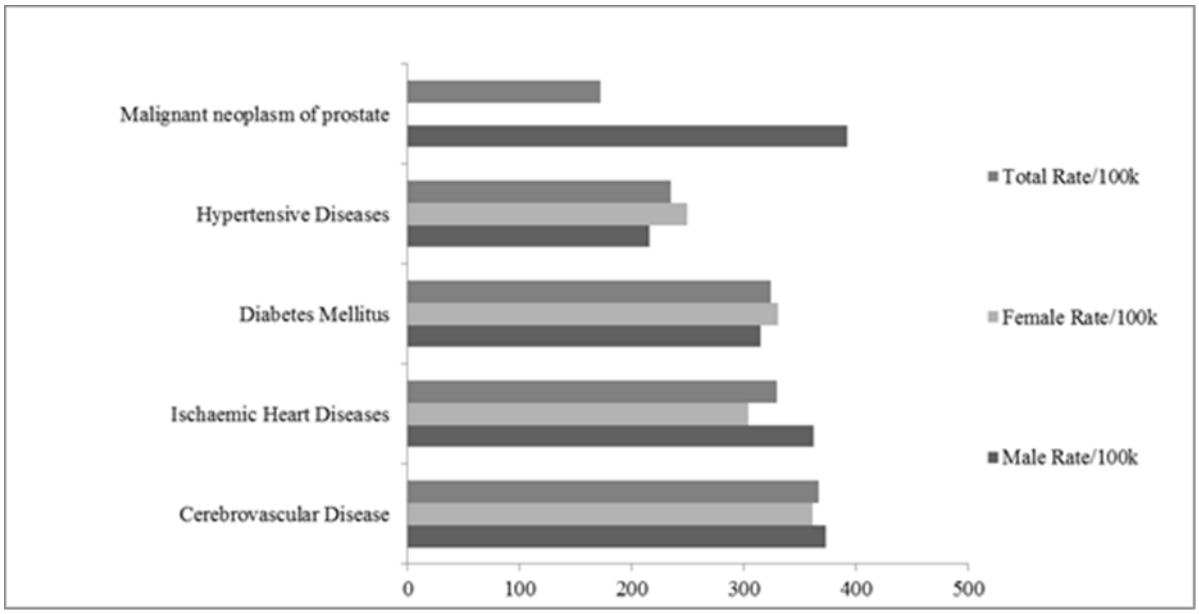
Source: World Health Organization, (2014).

Figure 1: Five leading causes of mortality among older adults 60 years and over in Latin Caribbean* countries, 2012



* Latin Caribbean countries include: Cuba, Dominican Republic, Puerto Rico, Guadeloupe, and Martinique
Source: Pan American Health Organization. (2018, April 10).

Figure 2: Five leading causes of mortality among older adults 60 years and over in English Caribbean* countries, 2012



* English Caribbean countries include: Anguilla, Antigua and Barbuda, Aruba, The Bahamas, Barbados, Bermuda, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and the United States (US) Virgin Islands.

Source: Pan American Health Organization. (2018, April 10).

NCDs also present significant economic burden to Caribbean nations. The annual estimated cost of the burden of diabetes, for instance, ranges from 0.5% of GDP in the Bahamas to 5.2% of GDP in Trinidad and Tobago (Abdulkadri, Cunningham-Myrie, & Forrester, 2009). Given the magnitude of the health burden, addressing NCDs is critical to the post-2015 sustainable development of low and middle-income countries (Alleyne, et al., 2013). This calls attention to examine the Caribbean's response by establishing preventive measures to address the NCD risk factors and to develop their health systems to advance health and well-being across the life course.

Health promotion and well-being throughout life

Caribbean States have identified chronic diseases as a regional challenge (Eldemire-Shearer, et al., 2011). In an effort to promote the healthy ageing of their populations, several countries in the region have prioritized the reduction of chronic NCDsthrough the adoption and implementation of national strategic plans (see Table 6). In addressing health behaviors and promoting healthy lifestyles, a few Caribbean countries such as Anguilla, Barbados, Sint Maarten, and Jamaica have introduced programs to promote "Active Ageing" with physical activity being a core component of these programs (Gény, 2017).

Table 6: National non-communicable disease programmes in Caribbean Countries

Country	**National NCD program**
Anguilla	Non-Communicable Diseases Action Plan 2016-2025
Antigua and Barbuda	2015 Cabinet approved National Policy on the Prevention and Control of NCDS Medical Benefits Scheme- NCD prevention activities aimed at younger cohorts
Aruba	National Plan 2009-2018 aimed to address overweight, obesity, and other health problems
Bahamas	The Healthy Bahamas Coalition 2017
Cayman Islands	No mention in PAHO report
Guyana	2013 "Guyana Health Vision 2020"
Montserrat	2016-2019 Strategic Plan focus on reducing communicable and non-communicable diseases
Puerto Rico	Chronic Disease Action Plan 2014-2020 2016 Obesity Prevention Plan 2016 Alzheimer's Action Plan 2016 Strategic Asthma Plan 2016 Tobacco Control Plan
Trinidad and Tobago	National Strategic Plan for the Prevention and Control of NCDs 2017-2021
Turks and Caicos	National Plan of Action for Prevention and Control of NCDs 2016-2020

Source: Pan American Health Organization, (2017).

These initiatives, however, focus on the sub-group of older persons rather than adopting a life course perspective. Intergenerational programmes are also crucial to promote active ageing. Trinidad and Tobago, for instance, has conducted, through the Health Promotion and Health Education Units, annual outreach intergenerational programmes, which include walking/running, promoting health and active ageing. In Belize, the National Council on Ageing is piloting the 'Adopt-A-Grandparent' programme aimed at connecting older persons living on their own with young people (Gény, 2017).

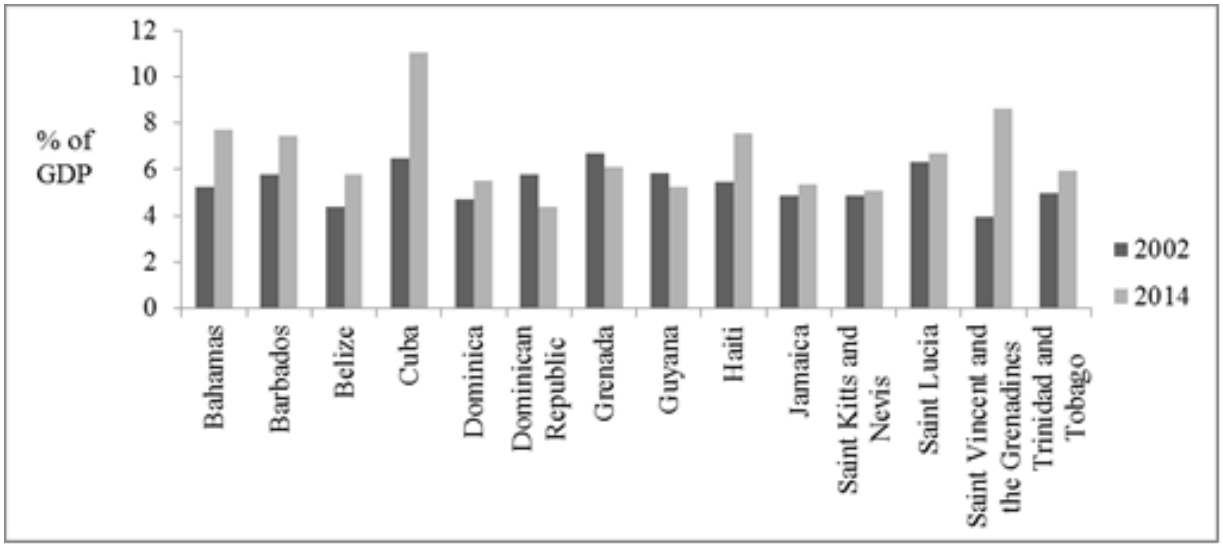
Healthy ageing is a lifelong process. Therefore, social policies and programs that address the four main lifestyle risk factors for chronic NCDs, such as tobacco use, alcohol consumption, unhealthy diets, and physical inactivity, need to involve the wider population, especially among younger cohorts (World Health Organization, 2011). Recent assessments of the prevalence of NCD risk factors within LAC indicate that several Caribbean countries are already at a high risk for three of the four risk factors, namely alcohol use, physical inactivity and unhealthy diets (overweight or obesity) among youth ages 10 to 24 years (Baldwin, Kaneda, Amato, & Nolan, 2013).

Some Caribbean countries have developed policies and established programs to curb NCD risk factors. These include, but are not limited to, health promotion and education programs in schools as instituted by the Cuban government; developing recreational fitness programs for all age groups in Saint Lucia; and country level controls on the sale of tobacco products in Bermuda's 'Tobacco Control Act 2015' as well as the Jamaican government's introduction of taxes on tobacco products and designating smoke-free environments (PAHO, 2017).

Universal and equal access to healthcare services

In light of the increasing health burdens that are associated with the demographic and epidemiological transitions, there will not only be an increased demand for all levels of health care but also high quality care. This requires States to increase their investment in health care. Drawing on data provided by the World Health Organization's Global Health Observatory repository, Figure 3 shows total health expenditure (public and private) for Caribbean countries, for 2002 and 2014. Regardless of the level of economic development, health expenditure for most Caribbean countries represented between 4 to 7% of their total gross domestic product (GDP) in both 2002 and 2014. Among all countries, Cuba and Saint Vincent and the Grenadines showed the most marked increases in total health expenditure as a proportion of their GDP.

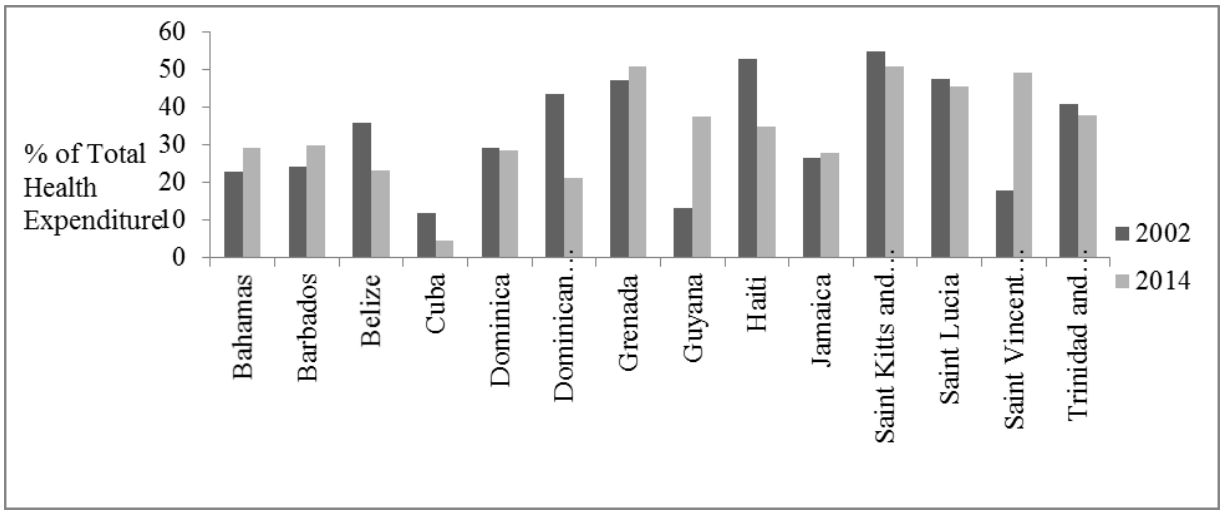
Figure 3: Total health expenditure as a percentage of gross domestic product for Caribbean countries, 2002 and 2014



Source: World Health Organization. Health Expenditure Ratios by Country, 1995-2014. Global Health Observatory Data Repository.

Health care systems in the Caribbean are designed as a mix of public and private systems. Generally, public spending accounts for 60% of total health expenditure and private systems 40% but private expenditure is predominantly out of pocket expenditure (Jones, 2016). High levels of out-of-pocket expenditure are characteristic of Latin American and Caribbean countries (Cavangero et al., 2015). There is variation across countries, however, such that higher levels of out-of-pocket payments are more prevalent in higher income Caribbean countries such as Barbados and Trinidad and Tobago (Jones, 2016). Figure 4 shows that out-of-pocket expenditure account for approximately 30-40% of total health expenditure in most countries. Grenada, Saint Kitts and Nevis, and Saint Lucia record the highest share, near 50% in both 2002 and 2014.

Figure 4: Out of pocket expenditure as a percentage of total health expenditure for Caribbean countries, 2002 and 2014



Source: World Health Organization. Health Expenditure Ratios by Country, 1995-2014. Global Health Observatory Data Repository

Cuba had the lowest levels of out of pocket payments in both 2002 and 2014 as well as a decline in the share between both periods. Saint Vincent and the Grenadines showed the sharpest increase in out of pocket payments, near 30 percentage points, between 2002 and 2014.

The relatively high financing of health care through private out-of-pocket expenditure is not only indicative of deficiencies in public health care services or market based health security but also presents an indicator of inequality in access to quality care. Individuals or households with higher incomes or insurance coverage will likely pursue and be able to afford better quality care (Scott & Theodore, 2013). Since the adoption of the regional strategy for the implementation of the MIPAA in 2003, Caribbean countries have made noteworthy strides toward universal health care coverage thereby reducing the income barriers to accessing health care. This is especially evident in the elimination of user fees for health care services at public health facilities and/or the provision of free medication for older adults (Jones, 2016). Some exemplary country strategies include Saint Kitts and Nevis where medical care is available at all levels of care, for all residents of Saint Kitts and Nevis who cannot afford the cost, regardless of their citizenship status (PAHO, 2017).

Few States have implemented or adopted strategies to provide national health insurance. The Turks and Caicos Islands, in 2010, implemented a National Insurance Plan which is based on social insurance and provides a basic package of care free of charge at the point of care to all residents. Furthermore, the health insurance system includes a provision to cover the cost of medical care received overseas if such care cannot be provided domestically and coverage includes travel and subsistence expenses (PAHO, 2017). According to the latest

review of the MIPAA, the recent health plans adopted by the Bermudan government, 'Bermuda Health Strategy 2014-2019' and the 'Future Care Benefits' programme are aimed at ensuring access to basic health insurance for all residents of Bermuda (Gény, 2017).

Many countries have, however, introduced tangible measures directly related to addressing the health care needs of persons with chronicNCDs. These run the gamut of free screenings to providing free medication and medical services for those with chronic conditions (Gény, 2017). Importantly, these initiatives address high out-of-pocket expenditure for health conditions that account for the highest burden of disease. Although older persons account for the majority of the beneficiaries of these programs, there is no explicit age discrimination for the programs designated for those with chronicNCDs.

Disabilities and mental health

Regarding formal support systems for disabilities, several countries including the Bahamas, Barbados, Bermuda, the Cayman Islands, Dominica, Sint Maarten, and Trinidad and Tobago have adopted programs to meet the demands of later life physical disabilities. These include financial assistance, material assistance through the provision of assistive devices such as wheelchairs, as well as instrumental support through home care or rehabilitation services. Yet, other countries such as Anguilla, Grenada, and Belize have severely limited or no state support available for persons with disabilities (Gény, 2017).

Mental health services remain underdeveloped but some countries are building support systems. The Cayman Islands is in the process of adopting a Mental Health Policy and constructing a mental health facility to serve older persons. Montserrat, in 2015, adopted a National Mental Health Policy and Plan and in the same year implemented mental health services within the primary health care system. Sint Maarten's government, in 2014, launched the National Mental Health Plan 2014-2018. Bermuda has state managed centres to provide homes and support for persons with cognitive disabilities and is investing in the education of nursing professionals to provide dementia care and fall prevention (Gény, 2017; PAHO, 2017).

Challenges

Despite these advances, several challenges remain that impose limits upon individuals' access to quality and affordable health care. For instance, health care inequalities and inefficiencies within the health care systems such as the frequent unavailability of medications at public health facilities; the need to improve the quality of service at public health facilities; shortages of medical professionals particularly critical in primary care facilities within the public sector and even more limited for specialized secondary and tertiary care. A few countries have, however, begun to incorporate geriatric and gerontological training for health professionals and informal care providers. Anguilla and Barbados provide examples of good practice as geriatric and gerontology courses have been introduced into the Anguilla and Barbados Community College, respectively (Gény, 2017). According to the most recent PAHO report, Cuba expanded its geriatric services to 36

facilities in 2014, and in Sint Maarten, state funded agencies such as the White and Yellow Cross provide geriatric care for older persons (PAHO, 2017).

Ensuring supportive and enabling environments

Housing and the living environment

Accessibility to housing, and the quality thereof, is a fundamental aspect of older adults' physical and social environments that influence their health and well-being (Oswald, Jopp, Rott, & Wahl, 2011). Governments in LAC recognize the importance of providing or improving quality housing that meets the needs of the older adult population (Montes de Oca et al. 2018). As such, several of the higher income Caribbean countries such as Barbados, Trinidad and Tobago, Bermuda, the Bahamas, and the Cayman Islands have introduced state-funded initiatives to increase the accessibility as well as improvements in the physical condition of housing for older persons.

Many of these programs include financial assistance for home repairs. The governments of Bermuda and the Bahamas also have programs to offer affordable rentals to older persons. In other countries, such as Belize and Grenada, the housing needs and demands of older persons are not prioritized. Increasing attention has also been given to improving older persons' accessibility to public transportation either through reduced fares, fare exemptions or specialized services. Despite this, many of the public transportation services are generally not designed to accommodate older persons with disabilities (Gény, 2017).

Care and support for caregivers

Many States have established programs to provide care and instrumental support to older persons within their homes. These services include personal care, nursing, emotional support or companionship. Notably, Bermuda, the Cayman Islands and Grenada have adopted programs to address the psychological health of caregivers of older persons as well. Bermuda's government is exceptional in offering additional health security through a subsidy for health insurance for those in need of long-term care in their homes (Gény, 2017). These States' directed measures of support do facilitate the option for older adults to age well within their usual place of residence. This is critical given that long-term care residential facilities are not well-established in many countries of the Caribbean.

Neglect, abuse and violence

The World Health Organization has identified that elder abuse, as a violation of human rights, can be categorized as physical, verbal, sexual, emotional, financial, psychological or neglect (World Health Organization, 2008). Elder abuse is a risk factor for morbidity and mortality (Dong X., et al., 2009), and especially among those with lower psychosocial resources (Dong X. , et al., 2011).

Caribbean countries have been more attentive to the need to increase public awareness of elder abuse through public campaigns. A few countries such as Anguilla and Bermuda have established specific Acts to prevent elder abuse. Furthermore, Bermuda's Senior Abuse Register Act of 2008 covers financial exploitation as punishable by law. Other countries such as Guyana provide direct assistance in the form of shelters for older adults who are victims of abuse. Other countries are in the process of developing systems to prevent elder abuse, but more should be done to effectively eliminate all forms of violence and abuse against older persons in the sub-region, by conducting research, surveys, studies and data collection, in order to give visibility to this problem (Gény, 2017).

Conclusion

Whilst there has been notable progress in the implementation of the MIPAA within Caribbean countries over the past 15 years, this has been quite uneven across countries and thematic areas of the MIPAA. Caribbean countries have given the most attention to advancing health and well-being into later life but there has been less attention to the wider spectrum of human rights, for example, those relating to decision-making and legal capacity; access to justice and rights to work and culture.

High-income countries such as Barbados, Bermuda, the Bahamas, and Trinidad and Tobago have made significant progress with social policies in all three key priority areas of the MIPAA. In upper-middle income countries such as Belize and Guyana, fewer resources are devoted to social programmes and initiatives have tended to be on a smaller scale or dependent on non-governmental organizations.

Regardless of the level of economic development or stage of demographic transition, Caribbean governments have been unable to fulfill a substantial number of the recommended actions within the three priority areas. In particular, there has been limited investment in lifelong learning, encouraging older adults' employment, and a relative lack of attention to older persons with mental and physical disabilities.

Declining fertility coupled with longer life expectancy reduces the availability of kin-based support networks in later life and the proportion of the working age population to support pension systems in their current design. Systems of income security need to be reviewed, contributory pension systems strengthened and funding for non-contributory pensions increased.

Caribbean nations can consider adopting and implementing strategies from other rapidly ageing developing countries, such as Thailand, where taxes on alcohol and tobacco products are used to fund health promotion and education programs and, recently approved, to provide pension income for older persons (Thai Health Promotion Foundation, 2017; The Bangkok Post, 2017). This would help to reduce the prevalence and incidence of risk factors for non-communicable diseases while also improving income security for later life.

This review highlights the urgency for greater investment in research to collect data, disaggregated by sex and age, to understand later life health and well-being, along with program evaluation to assess the efficacy of implemented policies for improving older persons' quality of life. Whilst research on population ageing that incorporates academic networks, research centres and political organizations is more established in Latin American countries (Montes de Oca et al. 2018), few examples of such institutionalization exist in the Caribbean sub-region (Eldemire-Shearer, 2012). Thus, Caribbean States need regular data collection to guide policy development across national and sub-national contexts.

In sum, Caribbean countries face multiple challenges that threaten the implementation of the MIPAA including, but not limited to, global economic shocks, climate change and disasters, and limited capacity within public administration systems. Thus far, policies and programmes do not fully encompass a human rights-based approach, are not explicitly sensitive to the gendered dimensions of ageing, and do not account for other dimensions of structural equality such as ethnicity, sexual orientations and gender identities, place of residence, or nativity/citizenship status.

Last but not least, the ageing discourse surrounding the implementation of the MIPAA within the Caribbean ought to adopt a life course perspective in education, employment, and care to ensure healthy older populations that can sustain and contribute to the development of their nations.

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