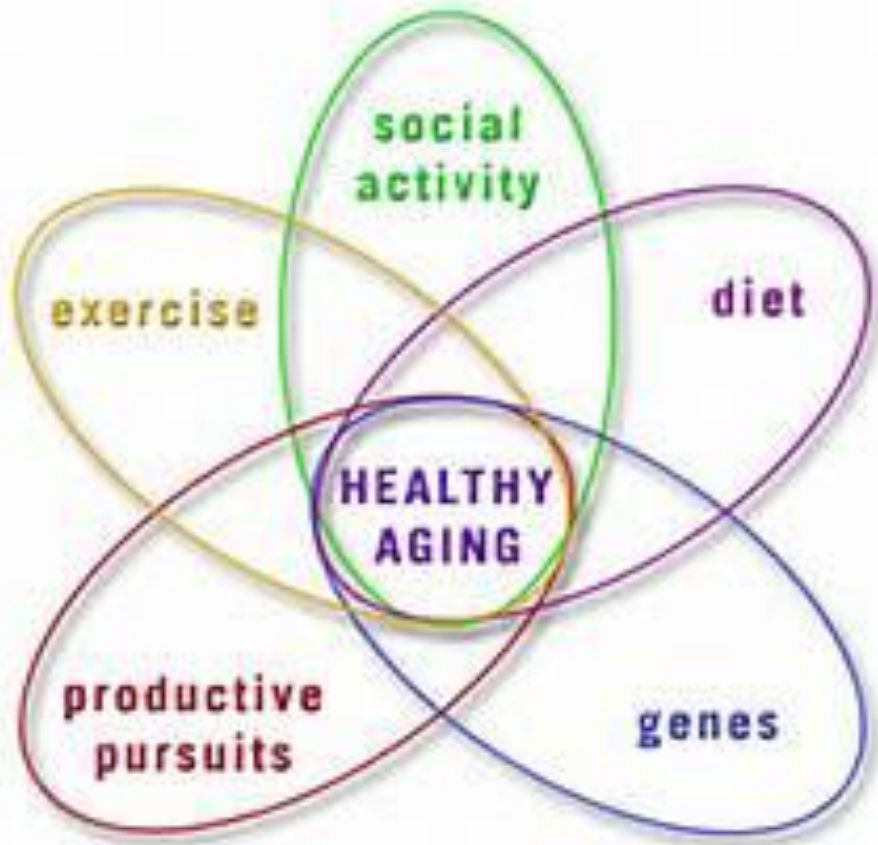




# **Antigua and Barbuda National Policy and Plan of Action on Healthy Ageing 2017- 2027**



**GOVERNMENT OF ANTIGUA AND BARBUDA**



# **L**iving Healthy **A**geing Well

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## 2. SITUATION ANALYSIS

### 2.0 GEOGRAPHY

The twin island state of Antigua and Barbuda lies in the eastern arc of the Leeward Islands of the Lesser Antilles, separating the Atlantic Ocean from the Caribbean Sea. Antigua is 650 km southeast of Puerto Rico and Barbuda lies 48 km due north of Antigua. Low-lying and volcanic in origin, they are part of the Leeward Islands group in the northeast Caribbean.

Antigua has an area of 108 sq miles and Barbuda 62 sq miles. The terrain is mostly low-lying limestone and coral islands, with some higher volcanic areas. The sandy soil on much of the islands has only scrub vegetation. Some parts of Antigua are more fertile—most notably the central plain—due to the volcanic ash in the soil. These areas support some tropical vegetation and agricultural uses

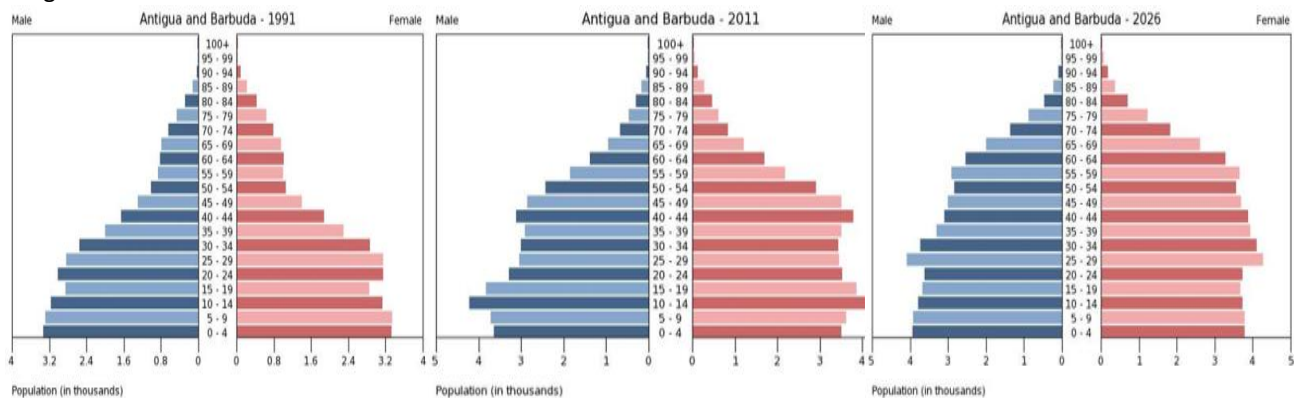
The climate is characterized as tropical maritime with little seasonal temperature variation.

Rainfall averages 990 mm (39 in) per year, with the amount varying widely from season to season. The islands generally experience low humidity and recurrent droughts.

### 2.1 DEMOGRAPHICS

The population of Antigua and Barbuda is living longer. In 2011, the life expectancy at birth in Antigua and Barbuda was 75.5 in aggregate with 73.5 for males and 77.6 for females (PAHO, 2011). The average number of children per household (1.3) is decidedly low by Caribbean standards, suggesting it is well within the demographic phase of declining birth rates (Kairi, 2007). This shift in population is illustrated in the population pyramids below. Utilizing these same population statistics, the percentage of individuals aged 60 and over is projected to be 17% by 2026.

Figure 1



The **life expectancy** at birth in 1991 was 72 years of age, is currently 77 years of age and is projected to reach 78 years of age by the year 2026. This is comparable with Dominica, higher than the rest of the eastern Caribbean countries including Barbados and

Trinidad, and surpassed only by St Lucia (78) and Cuba (79). At the same time, the crude birth rate has been dropping from 22/1,000 population in 1991 to 16/1,000 in 2011 and it is projected to reach 15/1,000 by 2026 (International Data Base US Census, 2011).

Year	Population	Numbers of persons>60years	%
2011	85,567	9,453	11%
2012	86,793	9,880	11.4%
2014	89391	10,591	11.8%

Source: Central Statistical Office

The data above represent the percentage of persons over 60 years of age in the state of Antigua & Barbuda. The percentage of older persons who are >75 years has remained at 3.3% during that period.

Antigua's gerontological transition was largely the result of a declining fertility rate, together with an increasing life expectancy in both men and women. Increasing longevity is an indicator of social and economic progress. However, it is also true that population ageing has significant and extensive repercussions for all aspects of public policy.

## 2.2 SOCIO-ECONOMIC PROFILE

The UN General Assembly Report, 2009 stated that 18.3% of Antiguan and Barbudans lived in poverty. Like the other Caribbean countries, Antigua has a high level of indebtedness. The Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition (2007), identified that by age 60 and above, there is a higher probability of being "indigent" (4.2%) than the population average (3.7%).

Several older persons who participated in the Poverty Assessment readily admitted to being poor and attributed it to factors including: their advancing age and inability to continue working; loss of the traditional family network; as well as acknowledgement that they had been trapped in poverty (associated with lack of education and opportunities throughout life).

Even though the existing social networks were said to be strong, it was acknowledged that the society was changing and was rapidly being denuded of the traditional networks of relatives and extended family, sometimes due to migration. Consequently, several elderly persons had ended up abandoned, living alone, or with no one to care for them. Elderly males were more likely to be abandoned by their children. Having relatives abroad did not guarantee support. Some felt that the investment made earlier in bringing up children and grandchildren had not "paid off": Social provisions such as old age pensions and transfers from relatives may be inadequate to meet their needs.

Retirement age in government service and many private institutions is set at 60 years of age. Retired government officers are given a gratuity and/or pension. According to the Antigua and Barbuda Pensioners' Association about 30% of the population receives some type of pension (2011 interview). According to *Health in the Americas*, in 2001 just slightly over 28% of the population aged 60 or older were gainfully employed (PAHO, 2007). In addition to pensions, subsidies for older persons may include a minimal non-contributory pension from Social Security, and, through the Board of Guardians, older persons may qualify for a stipend due to disability, mental state and or visual impairment in the range of EC\$217 - \$260.00. It is critical that the government ensures that the social security system maintains its integrity and financial security to pay further obligations and consider adjustments to ensure levels that are adequate to sustain recipients as it is critical to maintaining independence.

Within recent years some persons who had migrated to the United States or the United Kingdom have returned to spend their senior years. Some of these individuals do not have established social networks and may not be in a position to develop them. As they age and become more dependent, they could experience isolation and inability to self care. There is a marked difference in socio-economic status between returning nationals and locals

Government provides for older persons through various programs , however, there is a need for written information to be provided regarding the services available with the criteria for accessing such services stated. Services available include:

- Fiennes Institute- home for older persons
- Government Residential Assisted Care for the Elderly (GRACE) Program- seventy five (75) persons over 60 yrs are presently on this program)
- Board of Guardian – Eligible persons over 60years of age receive funeral grant of \$1,200.00
- PDV Caribe – Those persons > 60 years who have contributed to the Social Security Scheme receive monthly \$100.00 vouchers for utilities and indigent persons who qualify, receive monthly food vouchers valued at \$200.00 .
- Gender Affairs: Persons over 80 years living alone, who qualify, receive free electricity within a stipulated number of units.
  
- Mount Saint John's Medical Centre (MSJMC) - Free medical exams, laboratory investigations and in-patient care to persons over 60yrs under the Medical Benefits Scheme. Services may not be always available due to non-functioning equipment, lack of testing reagents or specialist staff. The cost of services at private facilities may be prohibitive.
- Antigua and Barbuda Association for senior citizens- this activity centre is privately managed with a subsidy provided by Government.

### **2.3 Faith based Organizations**

Some churches such as the Salvation Army, provide meals for older people twice weekly. The St Vincent De Paul Society operates a Day Care facility for older people which can accommodate up to 12 people. The cost of attending the Day Care Centre is \$300.00 per month unless the person can secure sponsorship. The clients go there largely for socializing: the elderly can play card games, listen to music, sing religious songs, and engage in art and craft work. There are no medical services on offer, but attendees receive breakfast, a snack and lunch five days per week. Their hygienic needs are also met. The staff receives a stipend, not a salary.

St Vincent De Paul also operates a 'Meals-on Wheels' Program, which serves hot meals to about 20 persons in the communities of Grace Farm, Villa and Point. The expansion of this service depends on the availability of volunteers. Government provides assistance in the form of a reduction in the utility bills. There is need for coordination among social services providers to maximise the use of available resources. Residential facilities for older persons are provided by the Moravian and Seventh-day-Adventist Churches. Together they can accommodate approximately 30 persons. Services are provided at a subsidized cost.

**2.4 The Age Dependency Ratio** for persons over 65 years in Antigua and Barbuda for 2015 was 45.7. Given the high life expectancy and falling fertility rates it is anticipated that the age dependency ratio will rise over the long term. This rising dependency ratio will contribute to increased public expenditure on health care, long term care and pensions. Policies and programmes are needed to enable people to continue to work according to their capacity and preferences as they grow older, and to prevent or delay disabilities and chronic diseases which are costly to individuals, families and the health care system.

### **2.5 HEALTH STATUS**

The current demographic of ageing is related to significant gains achieved in many areas also raises some challenges. The immediate consequence of longer life expectancy includes increases in the prevalence of chronic diseases and disabilities which can place significant burden on the health system. This includes increased access to long term services and supports at community level. The country has never conducted a survey on the health and wellbeing of its elders.

Antigua and Barbuda's total expenditure on health for 2015 is 2.7% of Gross Domestic Product (GDP).

### **2.6 Risk Factors**

Much of the burden of ill health among older persons in Antigua and Barbuda can be prevented or reduced by addressing specific risk factors such as poverty, development of NCD's including mental health disorders and injury.



- Development of NCD's – Risk factors identified include poor nutrition, physical inactivity, obesity and alcohol use
- Poverty- Health issues were a major preoccupation of the elderly participants in the Country Poverty Assessment (CPA), many of whom were not in good health. Both men and women were afflicted by the life style diseases – diabetes, hypertension, arthritis, and cancers, and eye problems. While there were complaints about the high cost of health care and about the difficulties of accessing health services, there was much praise for the services provided in the health clinics by health care professionals.
- **Mental Health** – Many older persons suffer from dementia and other forms of mental illness. A Mental Health Act is being developed to address the broader issues of mental health to include those of older persons
- There is anecdotal evidence to support the existence of elder maltreatment, particularly financial, physical, psychological abuse as well as neglect.

## 2.7 MOBILITY

Persons over 75 years have greater challenges with mobility. Sidewalks are inadequate and public transportation is limited with drop off and pick up points being too far from home. Residential homes are not built with ageing in mind. Villages and towns are not wheelchair friendly. Walking Aids are costly; the Red Cross and Service clubs donate some walking and mobility aids but these are grossly inadequate. Many public buildings lack ramps, and most of the existing ones are unsafe.

Transportation: Most older persons depend on public transportation, however, they are not suitable for the needs of older persons and are not always reliable.

### **Disability**

Some of the common forms of disability among older persons in the society include visual and hearing impairment, amputations and other mobility impairment associated with strokes. Trained personnel to attend to the disabled are insufficient, and most residential homes are not equipped to meet their needs.

## Lifestyles

As of August 2016, there were twenty (20 ) centenarians in Antigua and Barbuda, the oldest of whom is 103 years. Most older persons in Antigua are still very active, but the older old, lead sedentary lives.

## 2.8 Mortality

Like the rest of the Caribbean, NCD's are the main cause of mortality among persons 60 years and over in Antigua and Barbuda. As shown in Table 2 Diseases of the circulatory system rank number one, followed by Malignant Neoplasms, endocrine, nutritional and metabolic diseases, with diseases of the respiratory system in fourth place.

**Table 2: CAUSE OF DEATH in persons >60yrs 2014**

CAUSE OF DEATH	RANK
Disease of the Circulatory System	1
Neoplasms	2
Endocrine, nutritional and metabolic disease	3
Disease of the respiratory system	4
Certain infectious and parasitic disease	5
Disease of the digestive system	6
Disease of the skin	7
Disease of the nervous system	8
Disease of the genital- urinary system	9
Disease of the Blood and Muscular system and connective tissue	10

SOURCE: Health Information Division

## 2.9 Health needs of the population related to older persons

- *Timely access to health services:* There are no “specific” clinics for the elderly. Barriers to access include the high cost of oral, hearing and eye care. Include mental health services
- *Long –term care:* Demand exceeds supply in the public sector, but while there may be capacity in the private sector, the cost may be prohibitive.
- *Health Promotion and disease prevention:* Health promotion in later life requires a different focus than those at younger ages, with an emphasis on reducing age-associated morbidity and disability and the effects of cumulative disease co-morbidities. Health promotion activities targeting older persons is limited and much more needs to

be done given the rise of NCD's. Trained Health Educators and Nutritionists are limited in numbers

- *Rehabilitative services:* Limited rehabilitative services are available at the Government hospital MSJMC, however an array of services are available at private facilities.

### **3.0 Meeting the needs of the older Population**

The health needs of the elderly may be identified during health care planning but implementation is weak. There is need to think in a completely different way about this generation of older adults.

Mental health of older persons has not received much attention, consequently, there is under diagnosis of mental illness among older persons.

The National Disaster Plan addresses meeting the needs of older persons, before, during and after a disaster. However, there may be challenges with implementation.

#### **3.1 Physical Environment**

Age friendly environments can make the difference between independence and dependence for older adults. Some buildings have ramps and rails and adequate space for wheel chair movement within the building.

Outdoor recreational facilities for older persons are limited. In many areas there are no sidewalks and where they exist they are not always suitable for the needs of older persons. Most private homes are not designed to meet the mobility needs of older persons.

## **4. Public Health Sector**

### **4.0 Facilities**

#### **Clinics and Community Health Centers**

The World Health Organization (WHO) has recognized the critical role that primary health centres play in the health of older persons in all countries and the need for these centres to be accessible and adapted to the needs of older populations.

Consequently, all primary health care professionals should be well versed in the diagnosis and management of the chronic diseases and the so-called four giants of geriatrics: memory loss, urinary incontinence, depression and falls/immobility that often impact people as they age.<sup>i</sup>

#### **Residential Homes**

Over the past few years there has been a proliferation of residential homes for older persons in Antigua and Barbuda. Government subsidized institutional care for the elderly is available in Antigua at the Fiennes Institute in St. John's. It was originally established in 1929 to provide solely a "home" for older persons or the destitute in society. Today it provides care to 68 predominantly elderly residents. Upgrades to the facility allow for comprehensive health,

recreational and rehabilitative services to be provided. There is no established admissions criterion; consequently, this facility is sometimes misused by children/relatives of older persons, who make use of their pensions and other assets while placing them in the care of the government free of charge.

Some are abandoned by family who will not take them home after a hospital stay or leave them at the front gate. There is need to legislatively address the rights of older persons to be free from abuse, neglect and financial exploitation and to protect autonomy.

There are several faith-based and privately operated residential homes, varying in size and cost. All of these facilities are currently unregulated; consequently, quality of care is compromised. The professional qualification and experience of those operating the home and providing care are not checked.

PAHO is currently providing technical assistance to Antigua in the development of minimum standards of care and guidelines for nursing and residential homes. The legislation governing these facilities is currently under review.

### **Home based care**

Private provision of home-based care is available; however, the qualification of the caregiver and the standard of care provided are not guaranteed as some caregivers are informal and untrained.

Some home based care givers receive private or government operated training for their role. Government provided home based caregivers report to a supervisor but there is general concern about the lack of oversight of the care provided in the home. Within the current arrangement, the potential for neglect and abuse of the older person and misappropriation of their goods and funds is very probable. A system for monitoring the standard of home care needs to be established.

### **The GRACE Programme**

This provides home help aides to older persons in their home with hygienic needs, basic cooking, washing, cleaning and reminder to take medication (MOH brochure, 2010).

A similar programme operates in Barbuda under the direction of the Health and Social Welfare Committee. Health care workers interviewed in Barbuda report that their home care programme is able to meet the needs of older persons.

A critical missing component is support for informal caregivers, in the form of assistance from support groups and access to periodic respite care.

#### **4.4 Referral system**

Health and social workers, residential home owners and relatives are the key individuals involved in requesting and making referrals to appropriate service providers.

The main service providers to whom referrals are made include MSJMC, Fiennes Institute, Clare View Hospital, St. John Hospice, Clinics and Health Centers, Dietician and Social Security

There is a need for a clearly articulated and publicized referral policy and guidelines regarding the process for accessing some services.

## **5. Other Health Care Providers**

### **5.1. Private sector**

For those older persons who can afford to pay, a wide variety of private general health care providers exist, though not always specific to older persons.

### **5.2. Traditional sectors**

Some older persons use herbs and other remedies handed down from a former generation or advocated by others. Alternative health care approaches are available and usually focus on life style changes which they advocate could negate the need for some commonly used medication.

### **5.3 NGO sector**

A number of NGOs which such as the Red Cross, Salvation Army, St. John and Faith based organizations offer a range of services to older persons including home visits, meals, clothing, short term shelter, financial help.

There is a need for NGOs to better articulate and publicize the services provided and the criteria for accessing them. Information could be centralized for ease of access to the public. There is a general reduction in volunteerism relative to the past. This could reduce the services provided by some NGOs

### **5.4 Social participation**

Social participation of older adults in Antigua is largely associated with socio economic positions and factors such as functional health status, whether they live with a partner or remain in their own residential setting. Many venues for events and social activities are not always conveniently located, poorly lit and not easily reached by public transportation. The variety of activities offered is very limited and does not appeal to a diverse population of older people. In addition, most events are held at times that are not convenient to older people.

Elders now are better educated and maintain personal relationships with family and community. Some can navigate the social networks making it easier to keep in touch with friends and family overseas. Some continue to develop themselves and thus find fulfillment in engaging in activities which enhance their lives. A few remain employed or become entrepreneurs in new fields. However, older persons are subject to exclusion, marginalization and discrimination. Opportunities for volunteering and transferring of skills and values need to be expanded.

Realizing a society for all ages would ensure full integration and participation of older persons in political and economic life and improve their access to transportation and age appropriate activities. There is need to reduce ageism and destigmatize old age.

## 5.5 Summary of Key Health Problems and Conclusion

- Availability, accessibility, affordability and good quality of primary health care services, long term care, and community based facilities and goods;
- Lack of comprehensive health policies to preserve the health of older persons in a manner consistent with international human rights instruments, including prevention, rehabilitation and care of the terminally ill;
- Few national plans and strategies on healthy and active ageing that guarantee basic shelter, essential food, sanitation, potable water and essential medicines;
- Lack of legal frameworks and implementation to monitor the right to health and other related human rights of older persons;
- Lack of national programs to train relevant workers on issues related to ageing
- Need for champions on the human rights of older persons at the highest level including parliament and judiciary;
- Lack of laws and policies to regulate the delivery of care in facilities for older persons.

# 6. NATIONAL POLICY FOR OLDER PERSONS

## 6.1 Introduction

Current public-health approaches to population ageing have clearly been ineffective. The health of older people is not keeping up with increasing longevity; marked health inequities are apparent in the health status of older people; current health systems are poorly aligned to the care that older populations require; long-term care models are both inadequate and unsustainable; and physical and social environments present multiple barriers and disincentives to both health and participation.

As increasing numbers of Antiguan are living longer and are more active throughout the adult years, archaic views of old age are quickly being replaced by newer views that convey successful aging, active aging, productive aging, healthy aging, and aging well. These contemporary ideas are aimed at replacing past images of old people as burdens on society with views that focus on positive aging.

Ageing well is a dynamic process. People age differently within their personal life contexts

according to individual characteristics and histories that they bring to older adulthood. A new framework for national action which will encompass the diversity of older populations and address the inequities that lie beneath it, is required. It must drive the development of new systems for health care and long-term care that are more in tune with the needs of older people, and it must ensure that all sectors focus on common goals so that action can be coordinated and balanced. Above all, it will need to transcend outdated ways of thinking about ageing, foster a major shift in how we understand ageing and health, and inspire the development of transformative approaches.

This new framework should look to strengthen the ability of older people to thrive in the turbulent environment they are likely to live in. Most adults want to live long, in good health, and with an overall sense of wellbeing. Aging well, as opposed to a difficult old age, is the outcome of personal lifestyle choices and behaviors in interaction with supportive physical, social, and cultural environments. Aging well results from exercising the choices that create a successful, healthy, and productive life. It is a dynamic process which is affected by the resiliency and adaptability of the aging individual.

Older people contribute to society in many ways – whether it be within their family, to their local community or to society more broadly. However, the extent of these human and social resources, and the opportunities available to each of us as we age, will be heavily dependent on one key characteristic: our health. If people are experiencing these extra years in good health, their ability to do the things they value will have few limits. If these added years are dominated by declines in physical and mental capacities, the implications for older people and for society may be much more negative.

Poor health does not have to be the dominant and limiting feature of older populations. Most of the health problems of older age are the result of chronic diseases. Many of these can be prevented or delayed by engaging in healthy behaviours. Indeed, even in very advanced years, physical activity and good nutrition can have powerful benefits for health and wellbeing.

Other health problems can be effectively managed, particularly if they are detected early enough. Even for people experiencing declines in capacity, supportive environments can ensure that they can still get where they need to go and do what they need to do. Long-term care and support can ensure that they live dignified lives with opportunities for continued personal growth. The ageing of populations thus demands a comprehensive public-health response.

## **6.2 Methodology**

The process was spearheaded by the Ministry of Health and the Environment in collaboration with the Ministry of Social Transformation and Human Resource Development. Technical assistance including the services of a consultant was provided by the Pan American Health

Organization (PAHO). The process started with the development of a situation analysis, in order to identify the issues facing older persons in Antigua and Barbuda. The existing policy document 2013-2017 was reviewed in order to identify gaps. The initial work took place during a week-long workshop attended by various stakeholders.

A technical working group comprised of seven (7) persons:

- Alton Forde, Fiennes Institute
- Clarissa Christopher, Fiennes Institute
- Margaret Smith, Ministry of Health
- Laverne Browne, Social Transformation
- Olive Gardner, Senior Citizens Association
- Sylvia Ham-Ying , Private Nursing Home
- Eddie Hunte (Died)

The technical committee met regularly to review work done and provide the consultant with any information requested. The draft document was presented to stakeholders at a consultation for their review and comments.

The National Policy and Plan of Action on Healthy Ageing have a very wide focus on older people, therefore, it was considered important that the views and opinions of people in all sectors of society should inform its development. Public, private, community and voluntary, institutions, agencies and representative groups as well as those of individual older people were invited to participate in its development. (See appendix 1)

Development of the document was informed by a review of the strategies on ageing from other jurisdictions which included:

National Ageing Strategy- Ireland (2013)

National Strategic Policy for Ageing- Malta (2014-2020)

National Strategy for an Ageing Australia (2003)

Action Plan on an age-friendly Portland (2013)

OECD Health Working Papers No. 42 Policies for Healthy Ageing: An Overview

Strategy and Action Plan for Healthy Ageing in Europe, (2012–2020)

St. Kitts and Nevis National Policy on Ageing: (2010- 2020)

Provincial Healthy Aging Policy Framework- Newfoundland Labrador (2007)

NSW –Australia- Ageing Strategy (2012)



ACT Strategic Plan for Positive Ageing 2010-14 includes

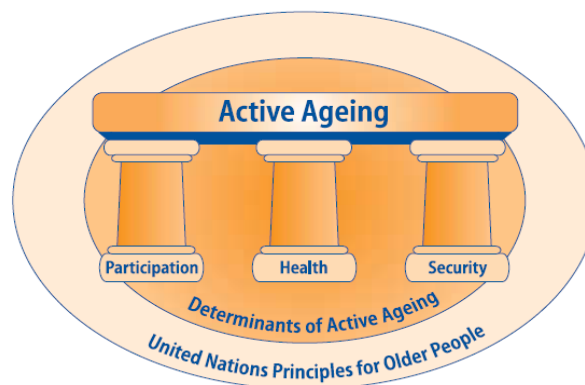
### 6.3 Theoretical Framework - Active Ageing – A Policy Framework (WHO, 2002)

The National Policy on Healthy Ageing is consistent with the international developments in relation to ageing and grounded in the WHO's Active Ageing – A Policy Framework (2002) which calls on policy-makers, governments, and the non-governmental sector to optimize opportunities for health, participation and security in order to enhance the quality of life of people as they age. (Appendix 4). The Policy Framework:

- provides a roadmap for designing multi-sectoral active ageing policies, which will enhance health and participation among ageing populations while ensuring that older people have adequate security, protection and care when they require assistance
- aims to encourage policy makers to recognise and address factors or 'determinants' that affect how people and populations age
- encourages policy makers to adopt a life-course perspective and to promote intergenerational solidarity in developing policies to respond to population ageing
- emphasises the need for a balance between the roles of both individuals and Government in facilitating active ageing.

The WHO Active Ageing Framework calls for action on three fronts by defining active ageing as a process of optimising opportunities for participation, health and security. It addresses specific areas under each of the following three 'pillars' for action:

- Participation
- Health
- Security



### Participation

When labour market, employment, education and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to make a productive contribution to society in both paid and unpaid activities as they age (WHO).

### Health

When the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services. For those who do need care, they should have access to the entire range of health and social services that addresses the needs of women and men as they age (WHO).

### Security

When policies and programmes address the social, financial and physical security needs of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves, and families and communities are supported in efforts to care for their older members (WHO).

## 6.4 Vision

***Older persons enjoy optimum quality of life, are respected, valued members of the community and actively participate in the development of Antigua and Barbuda***

## 6.5 Policy Goal

To allow more people to live longer in good health, to remain active for longer, and to counteract growing inequalities in old age

### 6.6 Specific Objectives

- Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.
- Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.
- Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.
- Support and use research about people as they age to better inform policy responses to population ageing in Antigua and Barbuda

## 6.7 Guiding Principles

**Dignity** – being treated with respect regardless of the situation and having a sense of self-esteem.

**Independence/Self-Determination** – being in control of one’s life, being able to do as much for oneself as possible and making one’s own choices.

**Participation** – remaining integrated in society, getting involved, staying active, taking part in the community and being consulted and having one’s views considered.

**Fairness** – having one’s real needs, in all their diversity, considered equally to those of other people regardless of age, gender, racial or ethnic background, disability, economic or other status.

**Safety and Security** – having adequate income as one ages and having access to a safe and supportive living environment, including freedom from fear and exploitation.

**Self-Fulfilment** – being able to pursue opportunities for the full development of one’s potential with access to the educational, cultural, spiritual and recreational resources of society.

**Recognition** – achieving intergenerational recognition and respect for contribution of older persons.

## 7. POLICY STATEMENTS

The policy response for Healthy and Active Ageing in Antigua and Barbuda, combines conceptual frameworks from the *Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing (2003)* and the *Plan of Action on the Health of Older Persons, Including Active and Healthy Ageing*. It is organized according to the three basic pillars outlined by the WHO, and includes a section on general organization and management.

### 7.1 General Organizational and Management Policies

**7.1.1 GOAL:** By 2018, Antigua and Barbuda will have in place a management structure, legal framework, national policy and plan on ageing and health

### 7.1.2 Objective

To strengthen national capacity, leadership, governance regarding issues of ageing and older persons

### 7.1.3 Leadership

**Specific Objective: To establish appropriate management and leadership structure for the coordination, implementation and monitoring of issues related to ageing and older persons**

Recognizing the importance of strong leadership, effective governance and accountability in the provision of services to the public, Government shall:

- Appoint a lead Ministry/agent in matters relating to older persons
- Establish a National Council on Ageing to serve as an umbrella organization, to make representation on issues of ageing and older persons
- Develop policies and plans governing the organization and management of issues related to ageing.

### 7.1.4 Legislation and Regulation

**Specific Objective:** Formulate and implement policies, laws regulations, and programs consistent with international human rights instruments, for the protection of the rights of vulnerable older persons.

In an effort to promote the human rights of older persons, Government commits to:

- Update existing laws and other instruments incorporating the rights of older persons
- Adopt the National Policy and Action Plan on Healthy Ageing.
- Formulate and adopt legal frameworks and their implementation mechanisms to ensure protection of the human rights of older persons who use long-term care services.
- Develop and implement an inter-sectoral system to enforce the regulations governing the supervision of long-term care services and allocate an adequate budget and personnel for oversight activities.
- Review policies related to pensions and consider reforms of allocations when individuals are being cared for in government institutions (payment would revert to institution to cover cost of care).
- Require all services for older persons to be run in accordance with relevant legislation, Acts, Regulations and Standards
- Enforce laws and regulations that protect health, security and ensure safety of older persons
- Enforce laws protecting the property of older persons
- Ensure all providers of services for older persons, plan, construct, operate and maintain all their activities in accordance with generally accepted technical and professional standards.

#### **7.1.5. Financing**

Objective: To ensure sustainability of services and programmes that promote healthy and active ageing

In order to establish sustainable financing for services for older persons Government shall:

- Provide a monthly subvention to the Antigua and Barbuda Council on Ageing
- Provide incentives to businesses that hire older persons
- Expand the coverage of both contributory and non- contributory pension schemes
- Empower citizens to take responsibility for management of personal financial resources through education, savings, investment and other options to support a favourable standard of living following retirement.

### **7.1.6. Human Resources**

**Objective: To develop an adequate cadre of persons with requisite skills and competencies for providing services to older persons**

In order to strengthen quality of care given to older persons, Government shall:

- Implement strategies aimed at ensuring an adequate supply of human resources to meet the needs of the growing older population
- Establish policies and guidelines governing the competencies of formal care workers
- Support training and accreditation
- Provide opportunities for continuing education
- Provide support to informal, non-paid caregivers.
- Improve working conditions and staff retention for those providing services to older people;

### **7.1.7. Inter-sectoral collaboration**

**Objective: To harness existing resources for greater efficiency and effectiveness of services promoting healthy ageing**

Recognizing the need for partnership in the provision of high quality services to and for older persons, Government pledges to:

- Foster the creation of support networks for family caregivers in order to make it feasible for older persons to continue living at home while preventing the physical and emotional exhaustion of the caregiver.
- Mobilize community partnerships to identify and solve issues related to ageing and older persons
- Interact with all stakeholders as partners through the appropriate Ministry and develop the modality of collaboration to ensure that issues of ageing are considered and taken on board by specific stakeholders and communities

## **7.2 Participation**

**Goal:** To empower older persons to remain fully integrated in society and to live in dignity, independent of their health or dependency status

### **7.2.1. Income Security and Poverty reduction**

#### **Objective: To safeguard against poverty in old age through income security**

In order to ensure adequate and sustainable income for older persons, the Government of Antigua and Barbuda shall:

- I. Guard against poverty and material deprivation among older persons
- II. Maintain the equitable value of retirement pensions, with adjustments made in line with movement in the cost of living
- III. Reform the current contributory system and pension schemes to allow for more flexible retirement options.
- IV. Provide access to education and learning opportunities throughout the life course.
- V. Recognize and enable the active participation of people in economic development activities, formal and informal work as they age.
- VI. Expand the basic package of support for home care and informal caregivers

### **7.2.2. Continuing Education**

**Objective:** To enhance knowledge and skills of older persons in order to make them more employable and adaptable to a changing environment.

Recognizing the value of education and learning throughout the life course, Government will:

- VII. Provide education and learning opportunities throughout the life course
- VIII. Develop and implement national programmes to involve older people as volunteers, particularly targeting those at risk of social exclusion.
- IX. Establish learning sessions that target older adults and address specifically the insecurities, troubles and difficulties commonly faced by this cohort of learners.
- X. Support Local Councils, NGO's and private sector in taking a leading role in the provision and coordination of late-life learning initiatives in their community
- XI. Provide, support and coordinate training for informal carers of older persons.

### **7.2.3 Social exclusion**

**Objective:** To promote an inclusive society that respects and values the contribution of older persons

As part of its strategy for creating a society for all ages, the Government will

- XII. Establish initiatives to reduce social exclusion and strengthen the voice of vulnerable groups
- XIII. Develop and implement national programmes to involve older people as volunteers, particularly targeting those at risk of social exclusion.
- XIV. Promote a positive image of ageing.

### **7.2.4 Ageing in Place**

**Objective:** To enable older persons to remain in their home/communities as long as possible.



In the promotion of Age- friendly communities, the Government of Antigua and Barbuda will:

- XV. Provide policies, programmes and services that enable people to remain in their communities and homes as they age according to their circumstances and preferences
- XVI. Implement residential and community based respite services for older persons, including the possibility of providing respite care in the home setting.
- XVII. Support families that include older persons who need care in their households
- XVIII. Explore the possibility of introducing innovative financial support models for personal care services at home.
- XIX. Formulate inter-sectoral guidelines to create age-friendly communities through the appropriate development of accessible public spaces, housing and methods of transportation sensitive to the needs and responsive to the input of older adults.
- XX. Create the necessary structure for communities to integrate their social services and voluntary organizations through home services, day centres and intergenerational initiatives that serve the social and security needs of older adults and caregivers living in that community.
- XXI. Support organizations representing older people.

### **7.3. Health**

**Goal** Equitable, timely, affordable and accessible health services for older people

**Specific Objective:** Adaptation of the health system to the challenges associated with the aging of the population and the health needs of older persons

#### **7.3.1 Promoting health and preventing disease**

**Objective:** To reduce modifiable risk factors for non -communicable diseases among older persons through creation of health promoting environments

In the achievement of Universal Health Coverage, Government will:

- i. Enact policies and programmes that address the economic factors that contribute to the onset of disease and disabilities in later life (i.e., poverty, income inequities, low literacy levels, lack of education).
- ii. Give priority to improving the health status of poor and marginalized population groups.
- iii. Reduce risk factors associated with major diseases and increase factors that protect health throughout the life course.
- iv. Make Primary health care services elder friendly
- v. Strengthen community health services to allow a seamless transition between hospital-based and community services.
- vi. Integrate acute geriatric care and rehabilitation within the acute public hospital system so as to address the more complex needs of older persons.
- vii. Support local government and other community groups in creating motivating environments and infrastructure for physical activity for all ages

### 7.3.2 Mental Health

**Objective:** To promote positive mental health throughout the life course by providing information and challenging stereotypical beliefs about mental health problems and mental illness

In an effort to preserve the mental wellbeing in older adults, Government will:

- i. Promote active and healthy ageing
- ii. Increase health literacy and decrease stigma on mental health and well-being in older adults, through education strategies targeting both the general public and health care providers.
- iii. Integrate mental health services within our acute public hospital system, so as to address the complex needs of older persons and to contribute to the decrease of stigma associated with mental illness.
- iv. Provide social support to older persons and their caregivers
- v. Adopt a national strategy to address the growing prevalence of dementia in Antigua and Barbuda.

### 7.3.3 Information Systems

**Objective:** To strengthen the Health Information System to provide current relevant information in a timely manner

Recognizing the importance of information for decision making, Government will:

- Improve reporting systems on issues related to older persons.
- Establish a database with information on services available to older persons including establishments offering long term care, social and legal services
- Disseminate information regarding imminent dangers and appropriate security measures and resources in order to reach older persons effectively, in particular, those with sensory, cognitive and mobility impairments.

### 7.3.4 Evidence base and Research

**Objective:** To strengthen the technical capacity to provide information on issues of ageing for decision making.

The Government of Antigua and Barbuda will:

- vi. invest in longitudinal data surveys to monitor trends in the health and functional status of the ageing population;
- vii. compile national reports at regular intervals on the situation of older people and their health and well-being that are based on latest administrative data and research findings;
- viii. document the contribution of older persons to development
- ix. Strengthen the capacity to **monitor and evaluate** health and functional status of older persons

## 7.4 Security

### Goal : A safe and secure environment for older persons

**Specific Objective:** Guarantee the protection, safety and dignity of older people by addressing the social, financial and physical security rights and needs of people as they age.

#### 7.4.1 Protection from abuse

**Objective:** To ensure that older persons enjoy secure and dignified lives.

In an effort to ensure the safety and security of its older adults, Government will:

- x. Raise the recognition of elder abuse and neglect as a social reality and promote the prosecution of offenders.
- xi. Develop and implement a strategy that empowers older adults to report abuse and provides the necessary procedures and resources for a comprehensive response.
- xii. Create the necessary legal amendments to protect older adults from abuse and neglect

#### 7.4.2 Disaster

**Objective:** Strengthen the existing emergency response capacities to deliver services to older persons emergency and recovery situations

As part of its emergency preparedness and response, Government will:

- xiii. Encourage participation of older persons in all activities related to community planning, response and recovery in the event of an emergency
- xiv. Include management of chronic illness to maintain and restore functional capacity in age-responsive emergency policies.
- xv. Mainstream older persons in emergency management from an active ageing approach
- xvi. Assure physical, social and financial protection and care for all persons prior to, during and after emergencies in accordance with their basic human rights and individual needs.
- xvii. Coordinate activities of agencies responsible for health care and services for older persons with those from agencies responsible for emergency preparedness
- xviii. Recruit, train and engage older, retired professional practitioners and volunteers in all areas of emergency health care and social support operations where their skills are appropriate

#### 7.4.3 Transportation and Road Safety

**Objective:** To increase the accessibility and affordability of public transportation services in rural and urban areas so that older people (especially those with compromised mobility) can participate fully in family and community life.

Government will:

- xix. Develop and implement initiatives to improve road safety for older persons
- xx. Provide affordable and accessible transport options for older persons

#### 7.4.4 Physical Environment

**Objective:** To increase accessibility to physical facilities and services by older persons

Government will:

- xxi. Adopt of the OECS building code to improve access to buildings.
- xxii. Promote the autonomy of older adults in their decision-making process to enter a long- term care facility.
- xxiii. Implement measureable national minimal standards for long-term care and creating the necessary legislative structure for their regulation.
- xxiv. Improve rehabilitation services

#### **7.4.5 Social Security**

Government will:

- xv Support the provision of a social safety net for those who are poor and alone
- xvi Promote social security initiatives that provide a steady stream of income during old age
- xvii Encourage young adults to prepare for old age in their health, social and financial practices

## **APPENDIX 1 – UN Principles for Older Persons**

### **Independence**

1. Older persons should have access to adequate food, water, shelter, clothing and healthcare through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

### **Participation**

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.
8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.

### **Care**

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

**11.** Older persons should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.

**12.** Older persons should have access to social and legal services to enhance their autonomy, protection and care.

**13.** Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

**14.** Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

**Self-fulfilment**

**15.** Older persons should be able to pursue opportunities for the full development of their potential.



## Action Plan for Healthy and Active Ageing



## PRIORITY AREA: 1 Organization and Management

**GOAL:** By 2018, Antigua and Barbuda will have in place a management structure, legal framework, national policy and plan on ageing and health

**Specific Objective:** To strengthen national capacity, leadership, governance regarding issues of ageing and older person

Objectives	Performance Indicators	Activities	Lead Responsibility	Time Frame											Budget	
				17	18	19	20	21	22	23	24	25	26			
<b>Leadership</b> To establish appropriate management structure for coordination, implementation and monitoring of issues related to ageing	Council on Ageing established by end of 2018, with clear terms of reference	Organize a meeting of stakeholders to inform on the policy and solicit volunteers for the setting up of the Council  Conduct follow up meeting with volunteers to explain terms of reference and select Steering committee  Provide support for development of constitution  Hold elections	Health Planner ???	X												Office space, equipment and supplies  Salary for staff  Operational costs
	By 2017, the Ministry of Health will be responsible for all issues related to ageing	Submit policy document for Cabinet approval  Key individual at MoH identified to coordinate the establishment of the process  Identify human and other resources  Establish lines of reporting  Inform relevant stakeholders of existence and role of Unit	PS/Minister of Health  Health Planner ???	X  X  X  X	X  X  X											
<b>Legislation</b> To formulate and implement policies, laws regulations, and programs consistent with	Legal and regulatory framework based on human rights governing the care of older persons	Formulate and adapt national policies, laws, and regulatory frameworks to the international and regional	CMO	X	X	X	X									Legal consultant  Advertisement

international human rights instruments, for the protection of the rights of vulnerable older persons.	in long term care adopted by 2020	<p>instruments</p> <p>Develop guidelines and protocols to support the activities to license, regulate and monitor institutions that provide care to the older persons.</p> <p>Require a mandatory up-to-date register of establishments offering care and other services to older persons.</p> <p>Develop and implement a complaint Procedure</p> <p>Formulate and adopt a legal framework and policy for dealing with abuse of older persons</p> <p>Advocate for the formulation and adoption of a legal framework to address issues in relation to mental competence and decision making in older persons.</p> <p>Implement mechanisms in place to ensure the participation of older persons in the design and evaluation of policies, plans, and strategies.</p>	<p>CMO</p> <p>CMO</p> <p>?? Health Planner</p> <p>CMO</p> <p>CMO</p> <p>Council on Ageing</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>								<p>Information, Education, Communication (IEC)</p> <p><b>Printing</b></p>
<p><b>Financing</b></p> <p>To ensure sustainability of services and programmes that promote healthy and active ageing</p>	<p>% of older persons living above the poverty line</p> <p>% increase in the</p>	<p>Execute a duly-budgeted national plan based on the needs of older persons which includes guaranteed benefits for the most vulnerable older persons (poor, uninsured, frail, and severely disabled people; the residents of rural areas; etc.).</p> <p>Conduct advocacy and</p>	<p>Health Planner</p> <p>Council on Ageing</p>	<p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>								<p>Advertisement</p> <p>\$\$\$\$</p> <p>Facilitator, stationery, printing, venue, transportation</p>	



	number of persons >65 yrs of age obtaining loans for small businesses by 2024	<p>lobbying consultative meetings with financial institutions for better financial services to older persons.</p> <p>Train older persons' in entrepreneurship skills development</p> <p>Improve access to benefits available to older persons</p> <p>Conduct pre-retirement training</p>	<p>Council on Ageing</p> <p>Council on Ageing</p>			X	X	X	X	X	X	X	X	X	
<p><b>Human Resources</b> To develop an adequate cadre of persons with requisite skills and competencies for providing services to older persons</p>	% increase in number of health and community workers with knowledge in geriatrics and gerontology increased by 50% by 2023	<p>Define the basic competencies required in geriatrics and gerontology for professionals and health workers to meet country needs.</p> <p>Ensure care workers have skills and knowledge commensurate with their roles</p> <p>Promote inclusion of the topic of aging in the undergraduate and graduate programs of all health professionals and professionals in the related sciences.</p> <p>Attract men as caregivers</p> <p>Train the personnel in charge of oversight on human rights standards.</p> <p>Formulate and execute strategies for ongoing training on health and ageing for professionals and health workers at the various levels</p>	<p>PNO</p> <p>PNO</p> <p>PNO</p> <p>PNO</p> <p>PNO</p> <p>PNO</p> <p>PNO/CMO</p> <p>PNO</p>	X	X	X									<p>Meetings</p> <p>Transportation</p> <p>Printing</p> <p>Facilitators</p> <p>Workshops</p> <p>-Supplies</p> <p>-equipment</p> <p>Fellowships</p> <p>Attachments</p>

		<p>of care, including long-term care services.</p> <p>Formulate and execute a plan to evaluate competencies in health care for older persons and their impact on the health of the population.</p> <p>Re-orient health and community development workers on geriatrics and gerontology</p>												
	Percentage of health workers utilising the guidelines	Develop and disseminate healthcare guidelines for providing services to older persons	Health Planner			X	X	X						Meetings Facilitator Printing
	By 2021, Antigua has an approved training program in health geared to older persons and their caregivers.	<p>Provide information to service providers on the legal frameworks and the mechanisms for applying them to the protection of human rights.</p> <p>Adapt and apply tools that strengthen the competencies of community workers and other social workers in areas related to active aging.</p> <p>Train carers in provision of palliative care and respite care for people with dementia</p> <p>Include the topic of ageing in the training programs of other sectors linked to the health sector.</p> <p>Formulate and adapt self-care management training programs.</p> <p>Formulate and adapt training</p>	<p>Grace Programme Manager</p> <p>PNO</p> <p>PNO</p> <p>PNO</p> <p>NCD focal point</p> <p>Grace Programme Manager</p>		X	X	X	X	X	X	X	X	X	<p>Workshops</p> <p>-Venue</p> <p>-refreshment</p> <p>-Stationery</p> <p>- supplies</p> <p>Transportation</p> <p>Facilitators</p>

		programs for formal and informal caregivers.													
<b>Intersectoral collaboration</b> To harness existing resources for greater efficiency and effectiveness of services promoting healthy ageing	By 2020, the MoH will have at least one committed partner for executing the National Plan on Healthy ageing	Identify potential partners and other actors for intersectoral partnerships connected with the National Plan on Ageing.  Design and execute a work program aimed at forging and nurturing partnerships.	Health Planner		X	X	X	X	X	X	X	X	X	X	Facilitator Meetings

## Priority Area 2: Participation

**Goal: To empower older persons to remain fully integrated in society and to live in dignity, independent of their health or dependency status**

**Specific Objective: To safeguard against poverty in old age through income security**

Objectives	Performance Indicators	Activities	Lead Responsibility	Time Frame											Budget
				17	18	19	20	21	22	23	24	25	26		
<b>Income Security &amp; Poverty</b> To safeguard against poverty in old age through income security	% persons over 65 years of age living above the poverty line by 2025  % increase in number of persons over 65 years of age in formal and informal employment	Implement human resources policies in the public sector that support employment of older workers such as flexible and reduced hours of work	<b>MoH, PS, CMO</b>					X	X	X	X			Survey IEC Meetings Consultants	
		Educate the community on the benefits of building one's personal financial resources through savings, investment and other options supporting a favourable standard of living following retirement.		X	X	X	X	X	X	X	X	X	X		X
		Maintain the equitable value of retirement pensions, with adjustments made in line with movement in the cost of living.					X	X	X					Contractors Building supplies	
		Address cultural barriers to accepting public assistance ("handouts" or "welfare") among some older persons that prevent them from accessing resources to which they are entitled.			X	X	X	X	X	X	X	X	X		
		Provide housing assistance for older people (paying special attention to the circumstances of those who live alone) through rent subsidies, support for housing renovation, etc				X	X	X	X	X	X	X	X		
<b>Continuing Education</b>  To enhance knowledge and skills of older persons in order to make them more employable and	No of older persons participating in non- formal educational programs	Improve accessibility to functional Adult literacy for older persons	<b>PNO, CMO</b>		X	X	X	X	X	X	X	X	X	Facilitators Workshops Supplies printing Transportation Venue Advertisements	
		Collaborate with key stakeholders to promote digital competence in later life			X	X	X	X	X	X	X	X	X		
		Provide continuous learning opportunities to older persons to prevent them from social exclusion.			X	X	X	X	X	X	X	X	X		

<p>adaptable to a changing environment.</p> <p>Promote participation of older persons in planning, designing and implementing educational programs on issues of aging</p>	<p>No. of programs implemented as planned</p>	<p>Employ a wide participation agenda in older adult learning through outreach strategies that attract older adults who would not generally be motivated to participate in traditional educational provision.</p> <p>Mainstream older person's issues in sectoral programs to pass on knowledge and values of old age to the young generation</p> <p>Manage a database that matches retirees with volunteer opportunities,</p> <p>Involve older persons in sharing experiences of aging in academic programs</p> <p>Review school curricula at all academic levels to include issues on aging.</p> <p>Collaborate with private and public educational institutions to support older persons to benefit from educational services in their communities</p> <p>Develop guidelines to facilitate the implementation, monitoring and evaluation, policies and programmes for older persons</p>	<p><b>CMO, Health Planner, Director of Fiennes</b></p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	
<p><b>Social Exclusion and Vulnerable groups</b> To promote gender equality and social inclusion for older women and men</p>	<p>System for measuring social exclusion among older persons adapted for use by 2020</p> <p>Government</p>	<p>Create awareness about gender equality and social inclusion at all levels</p> <p>Provide legal services to older women and men</p> <p>Promote active aging among older persons through participation in active ageing association</p> <p>Manage an online platform that matches retirees with volunteer opportunities, enabling organisations to communicate with potential helpers and providing information on how to get involved with</p>	<p><b>Gender Affairs, Director of Social Transformation,</b></p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Legal experts</p> <p>IEC</p> <p>Community projects and programmes</p> <p>Social programmes</p>

	spending on social protection increased by ≥ 20% by 2026	community and voluntary organisations.  Support initiatives that strengthen the voice of vulnerable groups, enabling them to express their views on their needs, priorities and realities.		X	X	X	X	X	X	X	X	X	X	
<b>Ageing in Place</b> To enable older persons to remain in their home/communities as long as possible.	Number of communities with necessary structures to integrate their social and voluntary services by 2021  Number of families caring for older persons that receive support by 2020	Develop/Strengthen community based services for older persons  Develop policy options that facilitate ageing in place  Promote and implement safety awareness programmes for older people  Provide information about provisions and services that enable people to age in place	<b>Director Social Transformation, Director of Fiennes, Health Planner</b>		X	X	X	X	X	X	X	X	X	Meetings IEC Programme implementation

### Priority Area 3: Health of Older Persons

**Goal:** Equitable, timely, affordable and accessible health services for older people

**Specific Objective:** To adapt the health system to the challenges associated with the aging of the population and the health needs of older persons by 2025

Objectives	Performance Indicators	Activities	Lead Responsibility	Time Frame	Budget
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				17	18	19	20	21	22	23	24	25	26		
<p><b>Promoting Health and preventing disease</b></p> <p>To reduce modifiable risk factors for non - communicable diseases as people age through creation of health promoting environments</p>	<p>% decrease in incidence of NCDs among persons &gt;65years by 2024</p>	Implement programs for strengthening primary health care capacity to address healthy ageing utilizing life cycle approach			X	X	X	X	X	X	X	X	X	Workshops Attachments Project implementation	
		Adopt an intersectoral approach to promote active aging.			X	X	X	X	X	X	X	X	X	X	Transportation Venue Materials
		Include specific goals in national health promotion plans to reduce disabilities in older persons.					X	X	X	X	X	X	X	X	Supplies Facilitators
		Execute community projects with their respective budgets to promote and protect the health older persons.			X		X		X		X			X	
		Execute and adapt self-care programs for older adults and set up support systems with informal and formal caregivers.						X	X	X	X	X	X	X	Drugs Prosthetics
	<p>At least 50% of older persons receive health services according to established standards by 2022</p>	Facilitate the creation of physical and social environments that promote active aging, within the framework of the international instruments					X	X	X	X	X	X	X	X	
		Establish special outreach health programmes for older persons					X	X	X	X	X	X	X	X	Ophthalmologists Technicians Glasses
		Include drugs for treatment of old age diseases on the essential drugs list to be purchased and distributed at all levels of health care services						X	X	X	X	X	X	X	
		Formulate strategies to improve access by older persons to services, diagnostic technologies, drugs, and													
		Meet WHO target to reduce avoidable blindness by 2020					X	X	X	X	X	X	X	X	

		<p>prosthetics.</p> <p>Make effective, cost-efficient treatments that reduce disabilities (such as cataract removal and hip replacements) more accessible to older people with low incomes.</p> <p>Provide appropriate eye care services for people with age related visual and hearing disabilities</p> <p>Provide education on how to prevent falls</p>				X	X	X	X	X	X	X	X	X	
To improve the prevention and management of chronic diseases and other health problems of older persons.	<p>By 2021, at least 75% of programs for the prevention and management NCD's meet specific evidence-based requirements suited to characteristics of older persons.</p> <p>At least 75% health facilities meet PAHO elder friendly standards by 2025</p>	<p>Consider the special needs of older persons when designing programs and services for NCD management.</p> <p>Develop and implement policies and procedures in health care facilities concerning end-of-life issues, including, but not restricted to, artificial feeding and resuscitation, on admission to the facility</p> <p>Develop/strengthen comprehensive programs and protocols geared to the prevention and management of chronic degenerative diseases and geriatric problems.</p> <p>Adapt and use protocols for periodic health check-ups, timely detection of risks and threats, and the treatment of health problems.</p>		X	X	X	X	X	X	X	X	X	X	X	<p>Printing and dissemination</p> <p>IEC</p> <p>Workshops</p>



		<p>Improve the training opportunities in end-of-life and palliative care for persons working in the social and health care sectors including caregivers.</p> <p>Promote physical activity through activities of daily living, including through “active transport” as well as through recreation, leisure and sport.</p>			X	X	X	X	X	X	X	X	X	X	Physical trainer
<p><b>Food Security and Nutrition</b> To improve nutritional status of older persons</p>	<p>By 2020, National Food and Nutrition Policy addresses nutritional needs of older persons</p> <p>*Repeat SABE study in 2025 reveals ≥ 75% of older persons with are well nourished.</p>	<p>Ensure that the National Nutrition Policy and Action Plan recognize older persons as a potentially vulnerable group.</p> <p>Implement special measures to prevent malnutrition and ensure food security and safety as people age</p> <p>Develop culturally appropriate, population-based guidelines for healthy eating for men and women as they age</p> <p>Support improved diets and healthy weights in older age through the provision of health information that enable women, men and families to make healthy food choices.</p> <p>Promote oral health among older people and encourage women and men to retain their natural teeth for as long as possible.</p>			X										<p>Workshops</p> <p>Dietician/Nutritionist</p> <p>Dentist/Dental Therapist</p>
<p><b>6.4 HIV and AIDS</b> To prevent and mitigate the impacts of HIV and AIDS among older persons</p>	<p>Reduced % in infection rates of HIV among older persons by 2021.</p>	<p>Create awareness about HIV/AIDS among Older Persons through health education</p> <p>Train older persons as peer</p>			X	X	X	X	X	X	X	X	X	X	<p>Workshops</p> <p>IEC Health Educators</p>

		educators in HIV and AIDS counselling and guidance												
<p><b>Mental health</b> To promote positive mental health throughout the life course by providing information and challenging stereotypical beliefs about mental health problems and mental illness</p>	<p>Programme aimed at prompt recognition and treatment of mental, neurological and substance abuse disorders in older adults launched by geriatric mental health services in 2020</p>	<p>Promote active and healthy ageing through health promotion</p> <p>Improve early diagnosis in order to promote optimal management</p> <p>Implement health and social programmes targeted at vulnerable groups such as those who live alone and rural populations or who suffer from a chronic or relapsing mental or physical illness;</p> <p>Develop age friendly services and settings</p> <ul style="list-style-type: none"> <li>Strengthen the current geriatric mental health services and expand them to meet the needs of older persons in the community.</li> </ul> <p>Develop and implement training programmes in dementia care for people working in the health and social service sectors including care givers</p> <p>Provide quality care for older people with dementia and other neurological and cognitive problems in their homes and residential facilities when appropriate</p>		X	X	X	X	X	X	X	X	X	X	IEC
					X	X	X	X	X	X	X	X	X	Psychiatrists
						X	X	X	X	X	X	X	X	Mental Health Nurses
							X	X	X	X	X	X	X	Physical development
						X	X	X						Workshops materials
						X		X		X		X		
							X	X	X	X	X	X	X	

<p><b>Information Systems</b> To strengthen the Health Information System to provide current relevant information in a timely manner</p>	<p>Data on health issues for older persons available in health sector reports by 2020</p>	<p>Improve the technical capacity of the health authority to monitor and evaluate health care for the older population.</p> <p>Include indicators related to older persons in the Health Information System (HIS) and make reporting mandatory for both public and private providers</p> <p>Prepare and regularly update a registry of establishments offering long-term care with accurate information available to consumers</p>				X	X								<p>Software Technicians Training</p>
<p><b>Evidence base and Research</b> To strengthen the technical capacity to provide information on issues of ageing for decision making</p>	<p>*SABE study conducted by 2020 and findings utilized in planning programmes for older persons.</p>	<p>Conduct a survey on Health, Well –being and Ageing (SABE) to determine the health status of older persons in Antigua and Barbuda</p> <p>Lobby and advocate for Inclusion of issues of older persons in periodic national surveys and censuses</p> <p>Implement programmes for the prevention and management of chronic diseases that meet specific evidence-based requirements suited to the characteristics of older people.</p> <p>Conduct research to capture and document the knowledge, skills, traditions and customs of older persons</p>				X	X	X							<p>Enumerators</p> <p>Analysis of questionnaires</p> <p>Printing</p> <p>Meetings Workshops</p> <p>IEC</p>

\*SABE is a Spanish acronym for Health, Well Being and Ageing.

## Priority Area 4: Security

**Goal Specific Objective: A safe and secure environment for older persons**

**Specific Objective:** Guarantee the protection, safety and dignity of older people by addressing the social, financial and physical security rights and needs of people as they age.

Objectives	Performance Indicators	Activities	Lead Responsibility	Time Frame											Budget
				17	18	19	20	21	22	23	24	25	26		
<p><b>Protection from abuse</b> To ensure that older persons enjoy secure and dignified lives.</p>	<p>Survey conducted in 2025 shows ≥ 60% older persons report feeling secure in their communities.</p>	<p>Increase awareness of the injustice of elder abuse through public information and awareness campaigns Train older persons in precautionary measures and personal security alertness</p> <p>Create the necessary legal amendments to protect older adults from abuse and neglect, including a duty to report suspected abuse on behalf of social and health care professionals. Train law enforcement officers, health and social service providers, spiritual leaders, advocacy organizations and groups of older people to recognize and deal with elder abuse.</p> <p>Provide legal assistance</p>			X	X	X	X	X	X	X	X	X	X	IEC
						X	X	X		X		X			Workshop Facilitators Transportation
							X	X	X		X		X		Legal Aid
						X	X	X	X	X	X	X	X		

		to older persons												
<b>Emergencies and Disasters</b> Strengthen the existing emergency response capacities to deliver services to older persons emergency and recovery situations.	A disaster preparedness and response plan addressing gender, disability and cross cutting issues	<p>Coordinate agencies responsible for public security, emergency management and social services to ensure inclusion of older persons in public safety and evacuation</p> <p>Maintain an up-to-date registry of long-term care facilities, group dwellings and private households with persons who are likely to be vulnerable in an emergency.</p> <p>Design evacuation plans, modes of transportation and barrier-free shelters to accommodate older persons with special medical or functional needs, and equip and staff the shelters accordingly.</p> <p>Ensure that older persons living in disadvantaged areas with less than adequate</p>			X	X	X	X	X	X	X	X	X	<p>Upgrading of shelters</p> <p>Training IEC</p> <p>Equipment for shelters</p> <p>Data entry clerk</p>
					X	X	X	X	X	X	X	X	X	
					X	X	X	X	X	X	X	X	X	
							X	X		X	X			
						X	X	X	X	X	X	X	X	
						X	X	X	X	X	X	X	X	
					X	X	X	X	X	X	X	X	X	

		<p>infrastructure and housing, as well as those with low levels of education and literacy, are appropriately informed of emergency risks and resources and receive targeted aid appropriate to the additional risks they face.</p> <p>Recruit, train and engage older, retired professional practitioners and volunteers in all areas of emergency health care and social support operations where their skills are appropriate.</p> <p>Provide accommodation, facilities and service workers that respect the privacy requirements of women and men.</p> <p>Provide public education and resources to assist older persons take appropriate measures to protect themselves in emergencies.</p> <p>In public communication about the emergency, explicitly counter assumptions held by some older persons that unwisely minimize risks.</p> <p>Include older persons as full participants in economic recovery</p>				X	X	X	X	X	X	X	X	X	
						X	X	X	X	X	X	X	X	X	
						X	X	X	X	X	X	X	X	X	
						X	X	X	X	X	X	X	X	X	

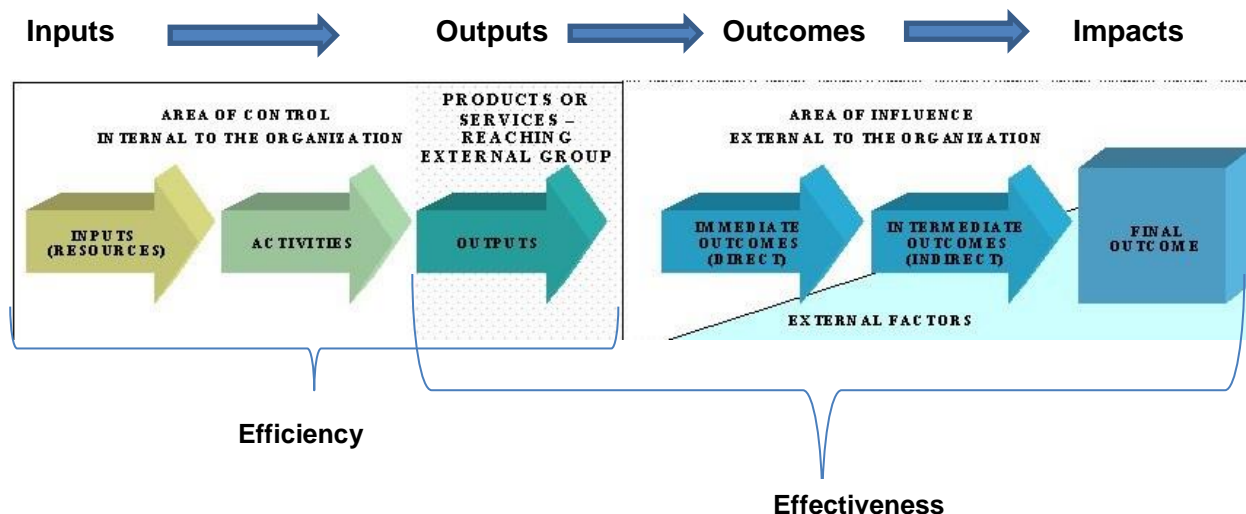
		activities to benefit the community and themselves.														
<b>Transportation and Road Safety</b> To increase the accessibility and affordability of public transportation services in rural and urban areas so that older people (especially those with compromised mobility) can participate fully in family and community life.	Affordable and accessible transport options to older persons by 2022	Review public transport options so that they are user- friendly in terms of routes, timetables and affordability , and they are safe for all ages Review driver re-licensing provisions to ensure they are based on ability , not age Ensure lack of transportation is not a barrier to accessing health services Prevent injuries by protecting older adults in traffic, and making walking safe				X	X									Elder friendly public vehicles  Drivers  Road and sidewalk maintenance
<b>Physical Environment</b> To increase accessibility to physical facilities and services by older persons	Number of businesses adopting accessibility standards	Develop and disseminate accessibility standards and orient service providers on their use  Provide functional rehabilitation and assistive devices for older persons				X	X		X		X		X			Workshop Printing  Assistive devices

Republic of Uganda: **NATIONAL PLAN OF ACTION FOR OLDER PERSONS 2012/13-2016/17**

## Monitoring and Evaluation

Successful implementation of the Plan for Healthy and Active Ageing depends on the effectiveness of the monitoring and evaluation system. The Plan will be measured on all six dimensions of performance namely, access, equity, quality, effectiveness, efficiency and sustainability.

Figure : The Results Chain



The Ministry of Health and the Environment will be the focal point for monitoring and evaluation of the Plan and will be responsible for the collation, analysis and dissemination of information. A database will be developed into which data for all indicators as articulated in the Indicator Framework will be entered, cleaned and managed. They will work closely with the Health Information Unit and Council on Ageing to undertake their function.

Annual reports based on indicator data should be generated by the Ageing Secretariat and submitted to the Permanent Secretary

A Monitoring Committee will be identified by the Ministry of Health and the Environment to oversee implementation of the Plan. As such, the Committee will:

- Contribute to the development and completion of the M&E Framework;
- Provide guidance and technical advice as it relates to systems for collecting data for monitoring;
- Assess progress toward meeting the goals and objectives articulated in the Plan; and,
- Make recommendations to the Ministry of Health.



## **Composition**

The Monitoring Committee will comprise the following core members:

- Health Planner
- Person in charge of Information System for Health
- Central Statistical Office
- Director of Fiennes Institute and Matron of Fiennes institute
- Director of Social Transformation or representative

Other Committee Members may be drafted as appropriate. A multi sectoral approach will be utilized to ensure collaboration and coordination

A comprehensive Indicator Framework has been developed detailing the objectives (as written in the Plan), a corresponding indicator, the unit responsible for data collection, and the targets for each indicator and reporting frequency.

Reports based on the indicators will be compiled by 10 of the Month

## **Monitoring**

Routine monitoring is the responsibility of the Aging Secretariat Regular reports will be generated at the various levels of the health system as agreed.

The annual work plan will be used for routine monitoring of activities and targets. Financial, human resources and material inputs, service coverage, morbidity, mortality and health facility utilization pattern will be routinely tracked through routine HIS activities.

Effective monitoring is critical to the achievement of health targets expressed in terms of mission, goals, objectives, impacts, outcomes, outputs, process and inputs. Data will be collected at various levels including facility, health district and national level

## **Evaluation**

A review led by the Monitoring Committee, shall be conducted on the progress made on the implementation of the National Plan on Healthy Ageing, every 2 years. This evaluation will reflect the achievements to date and identify areas for improvement. An end of Plan evaluation shall be conducted towards the end of the implementation to draw out lessons learned from implementation of the Plan with a view to informing the development of the next Plan.

Implementation of the Plan will require conducting of special studies.

**Table: Special Studies**

Title of Survey	Date
SABE	
Survey of Living Conditions	
Step Survey	
Chronic Disease Survey	

## INDICATORS FRAMEWORK

ORGANIZATION AND MANAGEMENT						
GOAL: : By 2018, Antigua and Barbuda will have in place a management structure, legal framework, national policy and plan on ageing and health						
Objective	Indicator	Responsible person	Data Collection Tool	Reporting Frequency	Targets	Remarks
To establish appropriate management structure for coordination, implementation and monitoring of issues related to ageing	Council on Ageing established by end of 2018, with clear terms of reference	Permanent Secretary				
	By 2017, the Ministry of Health will be responsible for all issues related to ageing	Permanent Secretary				
	Legal and regulatory framework based on human rights governing the care of older persons in long term care adopted by 2020	Permanent Secretary and MoH				
To ensure sustainability of services and programmes that promote healthy and active ageing	% of older persons living above the poverty line	Social Transformation				
	% increase in the number of persons >65 yrs of age obtaining loans for small businesses by 2024	MoH, PNO				
To develop an adequate cadre of persons with requisite skills and competencies for providing	% increase in number of health and community workers with knowledge in geriatrics and gerontology increased	SPHN, CMO, PS, PNO				

services to older persons	by 50% by 2023					
	Percentage of health workers utilising the guidelines					
	By 2021, Antigua has an approved training program in health geared to older persons and their caregivers.	Ageing secretariat				

**PARTICIPATION**

**GOAL: To empower older persons to remain fully integrated in society and to live in dignity, independent of their health or dependency status**

Objective	Indicator	Responsible Person	Data Collection Tool	Reporting Frequency	Targets	Remarks
To safeguard against poverty in old age through income security	% persons over 65 years of age living above the poverty line by 2025	Director of Social trans. Director of Fiennes,				
	% increase in number of persons over 65 years of age in formal and informal employment	Permanent Secretaries of MOH, and social transformation				
To enhance knowledge and skills of older persons in order to make them more employable and adaptable to a changing environment	No of older persons participating in non- formal educational programs	Fiennes, Director of Social transformation				
Promote participation of older persons in planning, designing and implementing educational programs on issues of aging	No. of programs implemented as planned	Director of Social transformation, Director of Fiennes				

**ORGANIZATION AND MANAGEMENT**

**GOAL: : By 2018, Antigua and Barbuda will have in place a management structure, legal framework, national policy and plan on ageing and health**

Objective	Indicator	Responsible person	Data Collection Tool	Reporting Frequency	Targets	Remarks
	By 2021, Antigua has an approved training program in health geared to older persons and their caregivers.	PS, Director of Fiennes				
To harness existing resources for greater efficiency and effectiveness of services promoting healthy ageing	By 2020, the MoH will have at least one committed partner for executing the National Plan on Healthy ageing	Health Planner				

**HEALTH OF OLDER PERSONS**

**GOAL:**

Objective	Indicator	Responsible person	Data Collection Tool	Reporting Frequency	Targets	Remarks
To reduce modifiable risk factors for non - communicable diseases as people age through creation of health promoting environments	% decrease in incidence of NCDs among persons >65years by 2024  At least 50% of older persons receive health services according to established standards by 2022  Meet WHO target to reduce avoidable blindness by 2020	CMO, HID				
To improve the prevention and management of chronic diseases and other health problems of older persons.	By 2021, at least 75% of programs for the prevention and management NCD's meet specific evidence-based requirements suited to characteristics of older persons.  At least 75% health facilities meet PAHO elder friendly standards by 2025	NCD coordinator, CMO, SPHN				
To improve nutritional status of older persons	By 2020, National Food and Nutrition Policy addresses nutritional needs of older persons  *Repeat SABE study in 2025 reveals $\geq 75\%$ of older persons with are well nourished.	CNO, CMO				
To prevent and mitigate the impacts of HIV and AIDS among older persons	Reduced % in infection rates of HIV among older persons by 2021.	AIDS secretariat, CMO				

HEALTH OF OLDER PERSONS						
GOAL:						
Objective	Indicator	Responsible Person	Data Collection Tool	Reporting Frequency	Targets	Remarks
To promote positive mental health throughout the life course by providing information and challenging stereotypical beliefs about mental health problems and mental illness.	Programme aimed at prompt recognition and treatment of mental, neurological and substance abuse disorders in older adults launched by geriatric mental health services in 2020	Clarevue psychiatry, CMO, HID				
To strengthen the Health Information System to provide current relevant information in a timely manner	Data on health issues for older persons available in health sector reports by 2020	HID, Clarevue psychiatry				
To strengthen the technical capacity to provide information on issues of ageing for decision making	*SABE study conducted by 2020 and findings utilized in planning programmes for older persons.	CMO, Health Planner				



SECURITY						
GOAL:						
Objective	Indicator	Responsible person	Data Collection Tool	Reporting Frequency	Targets	Remarks
To ensure that older persons enjoy secure and dignified lives.	Survey conducted in 2025 shows ≥ 60% older persons report feeling secure in their communities.	Social Transformation, MOH				
Strengthen the existing emergency response capacities to deliver services to older persons emergency and recovery situations.	A disaster preparedness and response plan addressing gender, disability and cross cutting issues	NODS, MOH,				
To increase the accessibility and affordability of public transportation services in rural and urban areas so that older people (especially those with compromised mobility) can participate fully in family and community life.	Affordable and accessible transport options to older persons by 2022	Social transformation, Health Planner, MOH				
To increase accessibility to physical facilities and services by older persons	Number of businesses adopting accessibility standards					

## Costing of the NSPH

The following approaches will be considered:

- Costing of an essential package of care
- Costing by programmatic area that constitute the health care package
- Costing the package according to the Pillars


## REFERENCES

1. Caribbean Community (CARICOM). 1999. "The Caribbean Charter on Health and Ageing Launched". Retrieved (June 1, 2017) <http://caricom.org/media-center/communications/press-releases/caribbean-charter-on-health-and-ageing-launched>
2. Cepal, Nu. 2004. "Regional strategy for the implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing."
3. Cotlear, Daniel. 2011. Population aging: is Latin America ready? The World Bank, Washington, DC, US.
4. Cronin, Ann, and R. Simmons. 1999. Assessing older people's health and social needs: Qualitative research investigating health beliefs and social factors relevant to older people's health. Health Education Authority.
5. Dalziel, Lianne. 2001. The New Zealand positive ageing strategy: Towards a society for all ages. Ministry of Social Policy.
6. Formosa, Marvin. 2013. "National strategic policy for active ageing: Malta 2014-2020."
7. Government of the Commonwealth of Dominica (GCD) 2010. An Analytical Report: Study of Ageing and Health in Dominican Elders.
8. Government of Ireland. 2013. Positive Aging – Starts Now: The National Positive Ageing Strategy. Department of Health; Dublin, Ireland.
9. Government of Australia. 2009. ACT Strategic Plan for Positive Ageing- Action Plan 2012-2014. ACT Government Community Services; Canberra, Australia.
10. Government of Newfoundland and Labrador. Provincial Healthy Aging: Policy Framework. Aging and Seniors Division. St. John, NL.
11. Government of St. Kitts and Nevis. N/A. 2010. Towards a society for all ages: National Policy on Ageing 2010-2020.
12. Government of Republic of Uganda. 2012. National Plan of Action for Older Persons 2012/2013- 2016/2017.
13. Huber, Bob. 2005. "Implementing the Madrid plan of action on ageing." United Nations Department of Economic and Social Affairs: 1.

14. Pan American Health Organization (PAHO). 2002. Health and Ageing: Resolution CSP 26. R20. P150th Session of the Executive Committee; 18-22 June 2012. PAHO; Washington, D.C, USA. (Retrieved May 14, 2017)  
[http://www2.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=17668&itemid=270&lang=en](http://www2.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17668&itemid=270&lang=en)
15. Plan of Action on the health of older persons, including Active and Healthy Ageing: Resolution CE144.R13. 144th Session of the Executive Committee. 18-22 June 2012. PAHO; Washington, D.C, USA 2009. (Retrieved May 14, 2017)  
<http://iris.paho.org/xmlui/bitstream/handle/123456789/5210/CE144.R13%20%28Eng.%29.pdf?sequence=1&isAllowed=y>
16. 2010 Health and Human Rights: concept paper, Technical document CD50/12. PAHO Directing Council; Washington, D.C.
17. PAHO/WHO. Family Health Strategy for the Caribbean Community: Life Course Approach 2015- 2025
18. The Economic Commission for Latin America and the Caribbean (ECLAC). 2015. Caribbean Conference on Ageing, Elder abuse and the Rights of Older Persons. Casilla, Santiago de Chile.
19. United Nations (UN). 2017. United Nations Principles for Older Persons: a General Assembly resolution 46/91 of 16 December 1991. (Retrieved May 22, 2017)  
<http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>
20. Political Declaration and Madrid International Plan of Action on Ageing: Second world assembly on ageing, Madrid, Spain 8-12 2002. New York, USA 2002.
21. United States Department of Health and Human Services. 2001. "Older adults and mental health: Issues and opportunities." US Department of Health and Human Services, Administration on Aging.
22. World Health Organization (WHO). Ageing and Health Programme: Growing Older-Staying Well; Ageing and physical activity in everyday life. Geneva, Switzerland 1998.
23. "Active ageing: A policy framework." *The Aging Male* 5, no. 1: 1-37. 2002
24. "Towards age-friendly primary health care". World Health Organization. Geneva, Switzerland 2004.
25. . "Strategy and action plan for healthy ageing in Europe, 2012–2020." World Health Organization Regional Office for Europe: Copenhagen, Denmark 2012.

26. World report on ageing and health. World Health Organization. Geneva, Switzerland 2015.
  27. The Global strategy and action plan on ageing and health; Multi sectoral action for a life course approach to healthy ageing. Sixty –ninth World Health Assembly; Copenhagen, Denmark 2016.
  28. WHO (Europe). Healthy Aging; Risk factors of ill health among older people. Copenhagen, Denmark. (Retrieved May 28, 2017) <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/data-and-statistics/risk-factors-of-ill-health-among-older-people>
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