

# Antigua and Barbuda

## National Policy on Ageing



Submitted by:  
Mary Guthrie, MBA, Consultant  
Pan American Health Organization OECC  
Contract #CP/CNT/1100053.001  
2/1/2012

## Table of Contents

|       |   |    |
|-------|---|----|
| I.    | Introduction.....   | 2  |
| II.   | Situational Analysis.....   | 4  |
|       | a. Population and Socio-Economic Status of Older Persons.....                                     | 4  |
|       | b. Health Care and Social Support for Older Persons.....  | 6  |
| III.  | Process.....  | 11 |
| IV.   | Policy.....   | 13 |
|       | a. Preamble.....  | 13 |
|       | b. The Core Principles.....   | 13 |
| V.    | Vision Statement.....   | 15 |
| VI.   | Priority Areas – Goals, Objectives and recommended Actions.....                                   | 16 |
|       | a. Ensuring that the Development Policy Addresses Older Persons.....                              | 16 |
|       | b. Adapting Health Systems to the Challenges Associated with the Ageing of the<br>Population..... | 18 |
|       | c. Creating Enabling and Supportive Environments.....   | 20 |
| VII.  | Administrative Structure for Implementation of the National Policy.....                           | 22 |
| VIII. | List of Appendices  |    |
|       | 1. Summary National Policy Goals and Objectives.....  | 25 |
|       | 2. List of References Used in Producing Document.....   | 29 |
|       | 3. Organizational Structure Ageing Secretariat (proposed).....                                    | 31 |

## I. INTRODUCTION

The government of Antigua and Barbuda supports the development of a National Policy on Ageing, recognizing that the older citizens of our country are a valuable resource. Healthy independent older persons contribute to the welfare of their household, community and our country's development. The ageing demographic creates an imperative for action – we must invest in systemic changes now to support “active ageing” for today's older persons as well as future generations. Active ageing is the process of optimizing opportunities for health, participation and security amongst older persons in order to enhance quality of life (WHO, 2001). Active refers to continuing participation in social, economic, cultural and civic affairs. A failure to respond with policy and planning may result in a “care” driven approach that is more costly to support and less satisfactory to the will of the nation.

The efforts to build the National Policy on Ageing will be built upon our shared vision. The United Nations Principles for Older Persons (independence, participation, care, self-fulfillment and dignity) shall serve as the guiding principles upon which the public policies on ageing and health will be measured. And, it is recognized that older persons need to be an integral component in the design and implementation of the National Policy.

We look to both the United Nations (UN) and the Inter-American systems for the protection of human rights for guidance on the legal instruments that can be used to protect the rights and liberties of older persons. Some have emerged from conventions or treaties and they are considered legally binding for States that have ratified them. There are other international human rights declarations and “standards” that are not legally binding, but are, nevertheless, considered to be an authoritative interpretation of international conventions requirements.

These documents provide both a mandate and a foundation for the National Policy on Ageing for Antigua and Barbuda. Within the United Nations Human Rights system, Antigua and Barbuda has ratified binding instruments that have implications for ageing policy:

*Convention on the Elimination of All Forms of Discrimination against Women (1979)*. Often described as the international bill of rights for women, Article 2 condemns discrimination against women in all forms. Article 12 requires States to take appropriate measures to eliminate discrimination against women in field of health care, specifically access to health care services. The provisions specific to women are germane since it is estimated that 60% of the older population in the Region are currently women, with the figure expected to reach 75% by 2025.

*Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)* is applicable in the context that provisions contained in the Convention protect older persons who are supposed to be under the protection of government officials. These provisions are important for the protection of the mental and physical health of older persons in public institutions, such as the Fiennes Institute in Antigua.

Within the Inter-American Human Right System, Antigua and Barbuda ratified the *Inter-American Convention on the Elimination of all Forms of Discrimination Against Persons with Disabilities (1999)*. The convention's purpose is to prevent and eliminate all forms of discrimination against persons with mental or physical disabilities and to promote their full integration within society. It is also an instrument to protect the human rights of older persons with disabilities, particularly those who live in long term care facilities.

Furthermore, Antigua's and Barbuda's close affiliation with the Pan American Health Organization brings into context PAHO's collaboration on these efforts. The Member States of PAHO have stressed that international human rights conventions and standards offer a unifying conceptual and legal framework for strategies to improve benefits to the most vulnerable populations, which older persons are, as well as measures to ensure accountability and clarify the responsibilities of the various stakeholders involved (PAHO, 2007). As is further discussed in the Process Section, Antigua and Barbuda has been participating with PAHO as it has been building a vision of health of older persons through resolutions, conventions, and plans of actions.

In addition to meeting the needs and concerns identified in Antigua and Barbuda during the consultative process, it is the intent that the *Plan of Action on the Health of Older Persons, Including Active and Healthy Ageing* (PAHO, 2009) will be a cornerstone of the objectives for action outlined in this document as it serves as a driving force for all countries of the Eastern Caribbean as they work to ensure human rights and health for older persons. Key strategic areas include: ensuring that every country has a policy, a legal framework and national plan on ageing and health; appropriate adaptations to health systems to meet the challenges of the ageing population; training of the human resources to meet the health needs of older persons; and, strengthening the capacity to generate the information necessary for rationale and informed decision making in such areas as policy, monitoring and evaluation.

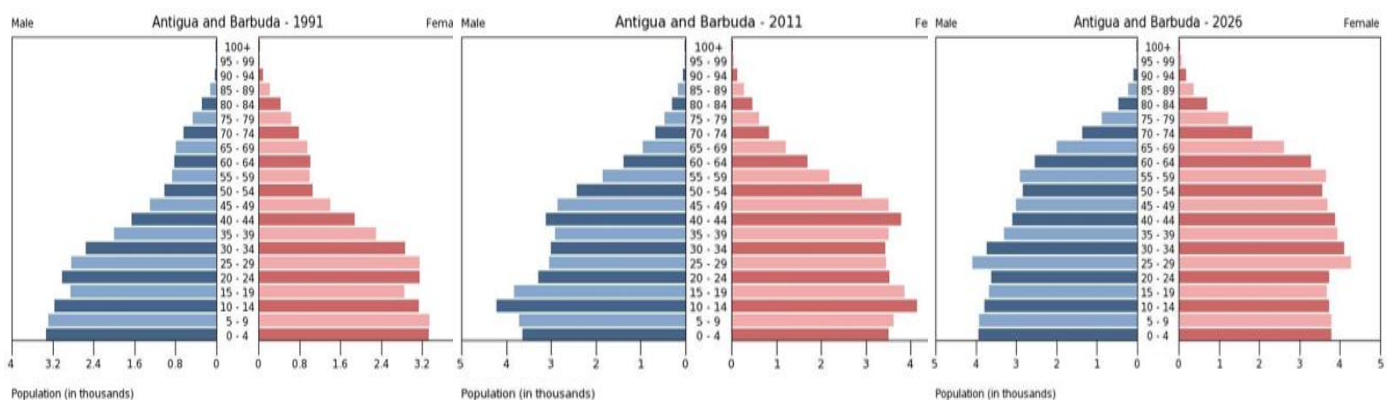
## II. SITUATIONAL ANALYSIS

### *Population and Socio-Economic Status of Older Persons*

It is important to place the issues currently confronting Antigua and Barbuda in the context of the global and regional phenomenon of ageing. The world population is ageing at a steady and significant pace. The total number of persons aged 60 years and above increased from 200 million in 1950 to 760 million in 2010 and by the end of the current decade, it is projected to reach over one billion. By 2050, it is expected that one in five persons will be over the age of 60 (Human Rights Council, 2011). While the growth of the older population is global, most of the increase is taking place in the developing world with 80% of the elderly projected to be living in the developing world by 2050 (WHO, 10 Facts on Ageing).

In the context of the Region, men and women aged 60 or older living in Latin America and the Caribbean are the fastest growing population group in the world (UN, Human Rights Council, 2011). According to the United Nations, older persons in the Region will more than double between 2000 and 2050, rising from 8% to 14%. Their needs are rising and society may be ill-prepared to care for the numbers that require assistance.

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, 11/2011). The life expectancy at birth in 1991 was 72 years of age, is currently 75 years of age and is projected to reach 78 years of age by the year 2026. 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). Antigua's and Barbuda's 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. Utilizing these same population statistics, the percentage of individuals aged 60 and over is projected to be 17% by 2026.



According to statistics from the Antigua and Barbuda Census Bureau, in 2010, individuals aged 60 and over comprised 9.3% of the total population. Within this group, 33% are aged 75 and over, including almost 9% aged 85 and older. The percentage aged 85 and older is significant due the greater likelihood of their need for assistance. Utilizing a typology from UN Statistics, this would place Antigua and Barbuda in a “moderate to advanced” category (8 to 13.5% total population aged 60 or over) along with countries including: Trinidad and Tobago; Bahamas; Jamaica and Suriname (Eldemire-Shearer, 2011).

In 2009, it was reported that 18.3% of Antiguan and Barbudans lived in poverty (UN General Assembly Report, 2009). It has been one of the more seriously indebted countries in the Caribbean region. *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%). The report defines “indigent” as the population that lacks the wherewith all to meet the level of expenditure that would be necessary to afford the minimum nutrition required to maintain good bodily health. Elders who are unable to function in the labor market and who may lack the accumulated resources to sustain a living may be in this category. Social provisions such as old age pensions and transfers from relatives may be inadequate to meet their needs.

One hundred and ten older persons, from ten communities, participated in interview as part of the poverty assessment study (Kairi, 2007). Several 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).

However, in the grouping for “poor” and “vulnerable” the older person 60-64 and those 65 and older, rank lower than the general population. Hence, their overall ratings on “non-poor” are 79.4% in the 60-64 age group and 79.1% in those aged 65 and older. The “non-poor” rankings compare favorably with overall population percentile of 71.7%. Thus, there are some particularly vulnerable older persons. However in the aggregate, *all persons aged 60 and over*, are not the poorest segment of the country’s population.

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 fortnight stipend due to disability, mental state and/or visual impairment in the range of EC\$100-\$110. It is critical that the government ensure 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.

In Antigua and Barbuda women in society have the same rights as men under the law. According to a 2010 US Department of State Report, economic conditions in rural areas tend to limit women to home and family, although some women work as domestics, in agriculture, or in the large tourism sector. Despite these limitations, women were reported as well represented in the private and public sectors. There is no legislation requiring equal pay for equal work, but women faced no restrictions involving ownership of property. More women in the work force may enhance the availability of pensions in their retirement but there will remain some women who will be vulnerable to no earned pension or loss of a spouse's pension (due to their potentially longer life expectancy). Increased participation in the workforce by women may have the downstream effect of limiting options for care at home for older persons, since in Latin America and the Caribbean, it is families, and especially women (90%) who care for the elderly (PAHO *Plan of Action on the Health of Older Persons*, 2009).

These factors support the need for a clearly articulated policy on the safety net that will be available to older persons and how it will be administered in an equitable manner such as policies on pension reform for future recipients (age reform; contribution reform). It aligns with other findings in Latin America and the Caribbean that, factors such as transformation of the family, women's participation in the labor market, migration and urbanization, support the assertion that increasingly older persons will lack the type of care that has been available in the past (Vega, 2008), thus making reliance on a safety net more critical.

### *Health Care and Social Support System for Older Persons*

The current demographic of ageing is related to significant gains achieved in many areas such as improved housing and sanitation, advances in treating communicable diseases and eradication of others. However, it also raises challenges. The immediate consequence of longer life expectancy includes increases in the prevalence of chronic and non-communicable diseases and disabilities which can place significant burdens on the health system including primary care. Additionally, it puts pressure on the system for access to long term services and supports, both in the community and institutional settings.

Antigua's and Barbuda's per capita total expenditure on health care is well below other countries in the Region (WHO, 2011). In 2010 total health expenditures were 4.7% of total gross domestic production (GDP) with private expenditures accounting for 9.8% of the total health expenditure. Since 2006, the percentage of expenditure on pharmaceuticals within total health expenditures has exceeded 50% of the total (51-59.8%), (PAHO, statistics 2011).

The Government of Antigua and Barbuda considers that access to health care is a fundamental right. The health system is financed through public taxation, levies, private insurance and the Social Security Fund. In 2004 the government introduced a *Quality Health for All* agenda that resulted in reforms such as developmental plans for the new hospital, which was opened in 2009. Since the 1970's, all workers contribute to the National Medical Benefits Scheme and they can receive treatment free of charge for specified diseases (asthma, diabetes, glaucoma, hypertension, cardiovascular disease, heart disease, sickle-cell anemia, leprosy, cancer, arthritis and certified lunacy). Persons over 60 years of age are entitled to free treatment, irrespective of having

contributed. The primary health care system has universal reach across the country through nine main health centers and a number of clinics located in villages. There is a system in place that allows the Community Health Nurses and District Doctors to make home visits to the elderly.

*Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition* included as part of the poverty assessment, community forums in which the participants expressed needs in their community. Seven of the twelve communities requested upgrades to their clinics such as improved equipment; longer operating hours; resident physicians and nurses; and refurbished physical plant. In Barbuda, health care professionals expressed concern that older persons needed to travel to Antigua for much of their medical care due to lack of specialized care and laboratory services on the island.

According to WHO's *Non-Communicable Disease (NCD) Profile for Antigua and Barbuda 2004*, results for the total population were:

- 70.7% of mortality for men is attributable to NCDs with the top three causes: cardiovascular disease (33%); cancer (21%) with prostate representing over half; and, diabetes (9.2%).
- 85.3% of mortality for women is attributable to NCD with the top three causes similar to men: cardiovascular disease (41%); cancer (17.3%); and diabetes (13.3).

Updated statistics for 2009 show the same rank order of NCDs for both males and females (PAHO, statistics 2011). The use of *premature mortality measures* is commonly used as mechanism for establishing public health priorities. The chart which follows shows Antigua and Barbuda in comparison to aggregate results for CARICOM countries.

| PREMATURE MORTALITY INDICATORS                        |             |             |        |
|---|-------------|-------------|--------|
| Mortality rate under the age of 70/100,000 pop        | Total       | Male        | Female |
| <b>Ischemic Heart Disease: Antigua &amp; Barbuda</b>  | 14.2        | 24.8        | 5.4    |
| Ischemic Heart Disease: CARICOM                       | 33.0        | 46.3        | 23.9   |
| <b>Cerebrovascular Disease: Antigua &amp; Barbuda</b> | <b>11.9</b> | <b>20.7</b> | 4.4    |
| Cerebrovascular Disease: CARICOM                      | 10.7        | 12.1        | 9.4    |
| <b>Diabetes Mellitus: Antigua &amp; Barbuda</b>       | 9.9         | 6.0         | 13.2   |
| Diabetes Mellitus: CARICOM                            | 38.7        | 57.7        | 35.1   |
| Cancer of the Colon & Rectum: A/B                     | 4.9         | <b>10.6</b> | 0.0    |
| Cancer of the Colon & Rectum: CARICOM                 | 5.4         | 6.6         | 4.3    |

Source: *Non-Communicable Diseases in the Americas – Basic Indicators 2011 Pamphlet* by Pan American Health Organization, Regional Office of the World Health Organization



In the same publication, Antigua and Barbuda did not report adult risk factors in a number of key areas including: risk factors indicators for tobacco use; alcohol intake; fruit and vegetable intake or low physical activity. Additionally, data was not presented on health service or the capacity to respond to NCD indicators such as: having a national strategy or action plan for NCDs; a national surveillance system in place; or targeted public health efforts.

The Pan American Health Organization has recognized the inadequacy of information about the health of older persons in the Region and their Plan of Action has goals that address the need for health systems to establish indicators to monitor and analyze the impact of health measures. In the interim, to gain more information about ageing in the Region, *The Survey on Health and Well-being of Elders (SABE)* was conducted by PAHO in 2002, as a multicenter survey on the health and wellbeing of older persons in seven urban centers in Latin America and the Caribbean. The original participating countries were: Argentina, Barbados, Brazil, Chile, Cuba, Mexico, and Uruguay. Dominica recently completed the study, in-country, under the direction of Primary Care Services.

Pertinent results from the SABE study that may have implications for Antigua and Barbuda:

- Less than 50% of older persons described their health as “good”.
- 20% reported limitations in basic functional capacity.
- 75% have limited physical activity on a regular basis.
- Only 40% of older persons with hypertension received a primary care consultation in the previous year.
- In the previous two years, just 27% of women had a mammogram.
- 60% did not have influenza vaccines.

Pertinent results from the Dominica study (2010):

- Only 16.4% of females and 25% of males aged 65 and older participated in cancer screening programmes; and only 46% were up-to-date on recommended immunizations.
- Results supported poor self-management of non-communicable diseases. Of 160 respondents reporting being a diabetic, only 7% had controlled blood sugar levels. Of 270 respondents reporting taking medication for hypertension, only 39% had controlled blood pressure.

An inference may be made that, were Antigua and Barbuda to conduct a SABE Survey, similar results might be found in many areas irrespective of public health efforts. It has been acknowledged generally that health systems need to re-model and adapt to prevent or manage the increasing number of chronic illnesses and to address the special needs of the elderly population. It is important to incorporate the use of evidence-based guidelines and establishment of minimum standards of health care for common chronic conditions and integrate their management into primary health care. Primary health needs to sensitize and educate the staff to the needs of the elderly, through mechanisms such as the tools developed by the World Health Organization, such as *Active Ageing: Toward Age-Friendly Primary Health Care*, a ready-to-use toolkit and manual.

Professionals in the field readily report that there is a need to train professionals in old-age care and to work to promote a career path in geriatrics/gerontology within the country's health system to attract and retain professional and paraprofessional staff. Specific concerns were raised about the lack of standards related to basic training needed for various levels of paraprofessionals, as well as, the lack of training. This was of particular concern related to care in the small group homes where professional supervision may not be as available.

In addition to primary and acute medical care, there are some long term care services and supports available to older persons who need assistance to stay at home and/or when they can no longer remain at home. For example, some faith-based organizations sponsor adult day care centers and meals-on-wheels and the private sector has been developing "homes for the aged". A compendium or resource guide should be promulgated to allow greater access to this information for older persons and the community at large and to serve as the basis of a gap analysis for future planning.

Based on discussions held with professionals in Antigua and Barbuda, a general statement could be made that the services and resources for older persons need to be incorporated into a system of care that can ensure availability, accessibility, affordability, be acceptable and be of good quality for older persons. It is critical to include a *continuum of care* that includes, but is not limited to such opportunities as: recreational activities, civic engagement, employment, wellness activities, and supports for informal caregivers, and, information for decision making. The continuum should support those electing to reside in the community or in residential care. This approach would involve delineation of responsibilities across all sectors involved including public, private, non-governmental, faith-based and civic organizations. For example, Government has an obligation to ensure the protection of the rights of all older persons, even those in private pay homes for the aged.

The prevalence of unusual weather patterns and the frequency and severity of hurricanes and other natural disasters in the Caribbean region has resulted in flash flooding, impassable roadways, destruction of property and loss of life and produce. Older persons are vulnerable to and often adversely affected by these emergencies which also include earthquakes, storms, and fires. Such emergencies which can present challenges to everyone and older persons in particular, require planning. A comprehensive plan for disaster preparedness is also a critical component of planning to protect the rights of older persons.

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. However, there is no established admissions criterion. Some residents, who could very well remain in the community, may reside at Fiennes Institute when they are abandoned by family who will not take them home after a hospital stay or abandon them at the front gate. Examples like this illustrate the need to legislatively address the rights of older persons to be free from abuse, neglect and financial exploitation and to protect autonomy.

Increasingly in Antigua there has been expansion of homes for the aged under the sponsorship of religious organizations and entrepreneurs. Currently these establishments are not registered with the government, a missed revenue opportunity, nor governed by regulations that stipulate the standards of care that must be delivered. Development and implementation of standards and regulations was overwhelmingly supported in interviews within government, civic society and professionals serving older persons.

In Antigua, the GRACE Programme provides home help aides to older persons in their home (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. There are a number of day center programmes; some home delivered meal programmes; and other supports for the elderly in and around St. John's. A critical missing component is support for informal caregivers – families and friends that may be maintaining an older person in the community, thus providing a valuable service. Support groups, access to periodic respite care (relief from caring giving), and minimal supports sometimes mean the difference in their retaining their ability to sustain care. In the SABE survey, 60% of caregivers said “it's too much” and over 80% reported having trouble covering the cost of care.

*Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition* included as part of the poverty assessment, community forums in which the participants expressed needs in their community. Seven of the twelve communities also made requests specific to their elders: “more help for the elderly” (3); transportation (1); home help aides (1); recreation (1); and a “facility for the elderly” (1). This supports that there are needs that have not been addressed. Lack of a systematic approach leads to inequities that may mean that communities and/or individuals most in need, most vulnerable, may not be the recipients of the limited resources. Additionally, failure to appropriately plan and create a system of community options and supports will result in reliance on the choice of last resort – institutional care. Institutional care, is more costly, not the place where older persons want to end their years, and more difficult to manage to ensure older persons rights, autonomy and quality of life.

### III. Process

This process has been spear-headed by the Ministry of Health, Social Transformation and Consumer Affairs with inter-sectorial collaboration and support of partners in the non-governmental and civil society sectors. Antigua and Barbuda was represented by the Director of the Fiennes Institute, at a regional meeting organized by PAHO OECC in Barbados in March of 2009. Issues related to Health of Older Persons and Human Rights were discussed and the Regional Director for PAHO introduced the *Plan of Action for Healthy and Active Ageing*.

As a follow-up to that meeting, a National Consultation of the Elderly was convened April 30 to May 1, 2009, in St. John's, Antigua. The main facilitator was Dr. Alfonso Ayala, Ministry of Health Belize, who was instrumental in promotion of Belize's adoption of their National Policy for Older Persons. Participants in the consultation represented the: Ministry of Health (many divisions); Ministry of Social Transformation; private homes for the aged; the Pensioners' Association and other community-based organizations working with the elderly; and, the Citizens Welfare Division. A key recommendation from the meeting was formation of an inter-sectorial, multi-disciplinary work group to continue efforts towards formulation of a national policy.

In October 2009, Antigua and Barbuda was represented by the Director of the Fiennes Institute, at a national consultation for the Ministry of Health and Social Development of St. Kitts and Nevis, in which their draft National Policy on Ageing was reviewed and commented on by in-country representatives as well as invited participants. In addition, PAHO's Human Rights Advisor thoroughly reviewed the *Human Rights and Health for Older Persons* doctrine. At the request of Antigua and Barbuda, one of the PAHO Consultants visited Antigua on October 15-16, 2009 to provide requested technical assistance.

As follow-up to the work initiated in March, the aim was to create a core group of trained professionals on strategies to implement community based care, strategies to improve the quality of long-term care, and the development of standards of care. Twenty attendees represented: Fiennes Institute; Ministry of Health; Mt. St. John's Medical Center; private homes for the aged; Hanna Thomas Hospital; Citizens Welfare Division; and, Antigua Council for the Welfare of Senior Citizens. In addition to presentation of didactic instructions there were opportunities for discussion. There was strong support for a National Policy on Ageing, including recommendations for content to be addressed, as well as strong support for development of policy and standards for long term care facilities and "homes for the aged".

In 2011 the Ministry of Health, Social Transformation and Consumer Affairs received support from the Pan American Health Organization OECC. This included a consultant to work with the Ministry in order to prepare a draft *National Policy on Ageing for Antigua and Barbuda* based on consultations with key stakeholders and the citizens of Antigua and Barbuda. The first step in this process was a series of in-person key stakeholder interviews. These were conducted in St. John's, Antigua, on September 15 and 17, 2011, and in Codrington, Barbuda, on September 16, 2011.

A total of ten interviews were completed but they included input from a total of twenty-two individuals. Representation included: various government Ministries; Barbuda Health and Social Welfare Committee; civil society and faith-based organizations. Interviewees expressed a high level of support for the process and a commitment to the next steps, in addition to valuable recommendations for concrete objectives and strategies for inclusion in the National Policy.

The first draft of the National Policy on Ageing was prepared and submitted in November 2011. The draft provided the basis for presentations during a series of consultations that were held in Antigua and Barbuda November 21-25, 2011. This included one-on-one meetings with four additional key stakeholders and a presentation on the process to the Prime Minister. Evening Town Hall Meetings were publicized and held in Codrington, Barbuda, and St. John's, Antigua. An all day workshop for 30 stakeholders was held specifically to elicit comments on the draft National Policy. Participants represented primarily government affiliations and there were some NGOs represented. Participants gave specific recommendations for changes to the National Policy and developed the long term visions statement that is included in this document. A meeting was held with the Steering Committee for this initiative and feedback was obtained on the document and discussion focused on the consultants findings during the process. Key messages were relatively consistent across stakeholders and included:

- High level of support for the process and commitment to a National Policy on Ageing.
- Support for infrastructure that provides some basic level of sustenance (economic & services & care).
- Support for older persons to be treated with dignity & supported in their efforts for self-determination.
- Recognition that more infrastructure implies more oversight e.g. standards and regulations.
- Recognition that societal pressures and changes in family structure have increased the vulnerability of older persons to abuse, neglect and exploitation.
- Agreement that most prominent challenge being faced relates to financial capability – the inability of older persons to adequately provide for themselves and the ability of government to adequately fund programmes & services to meet all of the needs.
- Support for a *continuum of care* in the community without reliance on institutional care.
- Recognition that close collaboration and multi-sectorial approach is required.

## IV. Policy

### *Preamble*

The Government of Antigua and Barbuda recognizes that:

- Government has the duty to promote policies, programmes, plans and legislation for older person that are consistent with human right treaties and standards and that will allow older persons to enjoy better health and quality of life.
- The issues of ageing must be incorporated into the development process as a whole and into public policies with reallocation of resources among the generations.
- With the steady increase in life expectancy, unless disability declines and living conditions improve for older persons, there will be a growing demand for health care and long term care services, both in the home and institutions.
- Success of the National Policy on Ageing is contingent upon close collaboration and a multi-sectoral approach

### *The Core Principles*

Principles used to guide development of this policy will be United Nations *Principles for Older Persons, 1991*. Appreciating the contribution that older person make to their societies they should have:

**Independence:** access to adequate daily sustenance and health care through the provision of income, family and community support and self-help; opportunities for work or other income generating activities; the ability to determine when to withdraw from the labor force; access to education/training opportunities; the ability to live in safe and adaptable environments; and should be able to reside at home for as long as possible.

**Participation:** the ability to actively contribute to the formulation and implementation of policies that directly affect their well-being; the ability to share their knowledge and skills with younger generations; access to opportunities to serve the community as volunteers; and should have the ability to form movements or associations of older persons.

**Care:** the benefit of family and community care and protection in accordance with cultural values; access to health care to maintain their optimal level of physical, mental and emotional well-being to prevent or delay the onset of illness; access to social and legal services to enhance their autonomy, protection and care; enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility including respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and quality of life.

**Self-fulfillment:** opportunities to develop their full potential and access to the educational, cultural, spiritual and recreational resources of society.

**Dignity:** the ability to live in dignity and security and be free of exploitation and physical or mental abuse; equal treatment regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

| Independence   | Participation  | Care  | Self-Fulfillment  | Dignity  |
|--|--|---|---|--|
| <ul style="list-style-type: none"> <li>•access to adequate daily sustenance and health care through the provision of income, family and community support and self-help</li> <li>•opportunities for work</li> <li>•ability to determine when to withdrawal from the labour force</li> <li>•access to education/training</li> <li>•ability to live in safe and adaptable environments</li> <li>•able to reside at home for as long as possible</li> </ul> | <ul style="list-style-type: none"> <li>•actively contribute to the formulation and implementation of policies</li> <li>•ability to share their knowledge and skills with younger generations</li> <li>•opportunities to serve the community as volunteers</li> <li>•ability to form movements or associations of older persons.</li> </ul> | <ul style="list-style-type: none"> <li>•benefit of family and community care and protection in accordance with cultural values</li> <li>•access to health care to maintain their optimal level of physical, mental and emotional well-being</li> <li>•access to social and legal services to enhance their autonomy</li> <li>•human rights and fundamental freedoms when residing in any shelter, care or treatment facility including respect for their dignity, beliefs, needs and privacy</li> </ul> | <ul style="list-style-type: none"> <li>•opportunities to develop full potential</li> <li>•access to the educational, cultural, spiritual and recreational resources of society</li> </ul> | <ul style="list-style-type: none"> <li>•ability to live in dignity and security and be free of exploitation and physical or mental abuse</li> <li>•equal treatment regardless of age, gender, racial or ethnic background, disability or other status</li> </ul> |

## V. Vision Statement

During the all day workshop with key stakeholders convened in St. John's in November 2011, the representatives in attendance drafted and approved the following statement:

**THE NATIONAL POLICY ON AGEING WILL SUPPORT ACTIVE AND DIGNIFIED AGEING FOR OLDER PERSONS IN ANTIGUA AND BARBUDA. IT WILL DEVELOP AND SUSTAIN NATIONAL AWARENESS AND POLICIES AND SYSTEMS FOCUSSED ON FACILITATION OF CONTINUED PARTICIPATION OF OLDER PERSONS IN SOCIAL, ECONOMIC, CULTURAL AND CIVIC AFFAIRS.**



## VI. Priority Areas – Goals, Objectives and Recommended Actions

The Priority Areas identified for the National Policy on Ageing combine 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*). Goals and objectives from these plans have been modified based on the situational analysis of Antigua and Barbuda and the consensus of key stakeholders and civic society as to the priorities and activities that have a likelihood of support and success as the Plan moves forward for recognition in Antigua and Barbuda. Areas to be addressed include:

- Ensuring that Development Policy Addresses Older Persons
- Adapting Health Systems to the Challenges Associated with the Ageing of the Population
- Creating Enabling and Supportive Environments

### *Ensuring that Development Policy Addresses Older Persons*

**Overall Goal:** Protection of the human rights of older persons and creation of conditions of economic security, social participation and education that promote the satisfaction of older persons' basic needs and their full inclusion in society and development.

**Objective 1.1:** Promote the human rights of older persons

#### **Recommended Actions:**

- Explicitly incorporate the rights of older persons at the level of policy, legislation and regulations.
- Adopt a National Policy on Ageing, a legal framework and a national plan on ageing and health.
- Put mechanisms in place to ensure the participation of older persons in the design and evaluation of policies, plans and strategies.

**Objective 1.2:** Expansion and improvement of the coverage of both contributory and non - contributory pension schemes.

#### **Recommended Actions:**

- Analyze current policies that are age-specific (e.g. mandatory retirement, pension eligibility) and consider the implications of longevity (for example, retirement is age 60 but current life expectancy is aged 72).
- Analyze the coverage and amount of non-contributory pensions to ensure that they provide adequate guaranteed benefits for the most vulnerable older persons (poor, frail and severely disabled) to ensure a "safety net".
- Reform the current contributory system with respect to planning for future retirees. Build-in education programmes to encourage retirement saving, accepting personal responsibility and other approaches.

- Continue to address the problems of the older population in comprehensive poverty reduction strategies and establish specific goals.
- Review Government and Private Sector concessions/discounts that benefit older persons for their equity and adequacy (i.e. electricity discounts and the inability to transfer benefit when living with others).

**Objective 1.3:** Promote access to employment, continuing training and credit for individual or community undertakings

**Recommended Actions:**

- Conduct public campaigns to raise awareness and promote the productive potential of older persons.
- Offer programmes to develop the skills of older persons (e.g. literacy training, vocational training, information technology) to help them stay relevant.
- Promote standards that make it possible for older persons to continue in the workforce and/or to re-enter the labour market even after they retire.
- Promote credit opportunities (such as micro-enterprise) to encourage small business development by older persons.
- Generate incentives for the participation of older persons in paid and unpaid (volunteer) work.

**Objective 1.4:** Create opportunities for older persons' full involvement in society to promote their empowerment and strengthen their active citizenship.

**Recommended Actions:**

- Incorporate older persons as voting members in consultative or advisory councils in institutions responsible for older persons' affairs at the national and community level.
- Support older persons' organizations to facilitate their operation and self-management.

**Objective 1.5:** Promote opportunities and access to lifelong education and educate new generations to issues in ageing.

**Recommended Actions:**

- Develop incentives and flexible systems for enabling older persons to complete their education (e.g. primary, secondary and higher education).
- Promote older persons' role in transmitting local culture and history to new generations, thus helping to preserve the traditions and cultural roots of local communities.
- Create and foster activities for retired older persons, whose occupations and professional experience may serve as effective and useful support for groups in younger generations. Examples of models that exist include: one-on-one mentoring programmes; "foster" grand parenting models; and "stipend" employment such as teachers' aides.
- Incorporate information on ageing and the value of older persons into primary and secondary school curricula, as well as development of specialized courses on ageing in post-

secondary curricula. Incorporate the life stage approach to further the concept that “a healthy youngster” becomes a “healthy older person”.

**Objective 1.6:** Promote positive ageing through public awareness campaigns and enlist all forms of media (TV, radio, internet) to support such efforts.

- Establish a public information, education and communication programme on ageing to promote positive images of ageing, relate information on planning for retirement and old age, and recognition for older persons.
- Sponsor community forums and other activities in which education about topics important to ageing are featured (e.g. understanding benefits, planning for retirement, promoting healthy lifestyles).
- Develop collaborative efforts to support these approaches.
- Sensitize the communications and advertising media so that they will project a positive image of older persons and the ageing process.

### *Adapting Health Systems to the Challenges Associated with the Ageing of the Population*

**Overall Goal:** Older persons should have access to comprehensive health-care services which are suited to their needs and which guarantee a better quality of life and the preservation of their autonomy and ability to function.

**Objective 2.1:** Promote universal coverage for older persons to health-care service through inclusion of ageing as an essential component of national legislation and policies on health.

#### **Recommended Actions**

- Execute a National Plan on Health & Ageing (in collaboration with PAHO efforts).
- Develop strategies to optimize services for older adults in primary health care (PHC).
- Implement evidence-based guidelines and establish minimum standards of health care for common chronic conditions and integrate their management into primary health care.
- Execute and adapt self-care programmes for older adults and set-up support systems with informal and formal caregivers.
- Formulate strategies for equal access by older persons to services, diagnostic technologies, drugs and prosthetics (e.g. overcoming geographic and financial barriers).
- Develop mechanisms for making information that supports healthful habits accessible.
- Enlist multi-sectoral collaboration at the local level for the implementation of health promotion activities for older persons (e.g. walking clubs; falls prevention training).
- Strengthen the capacity of the government authorities to monitor and evaluate health care for older persons including mechanisms such as: indicators of access and quality of care; functional and disability indicators; and, outcome measures.
- Allow the chronically and terminally ill to die with dignity and avoid pain and suffering by implementing hospice and palliative care programmes.

**Objective 2.2:** Create legal frameworks and suitable mechanisms for the protection of the rights of older persons who use long-term care services and/or who are otherwise vulnerable.

**Recommended Actions**

- 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 guidelines and protocols to support the activities to license, regulate and monitor institutions that provide residential long-term care (governmental, private, and non-profit).
- 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.
- Prepare and regularly update a registry of establishments offering long-term care with accurate information available to consumers. Include information such as: location, size, number/type of staff, ownership, cost of care, additional costs not included.
- Train the personnel in charge of oversight on human rights standards. Include in the oversight process a mechanism for complaints from those being served and their families.
- Formulate and adopt legal framework defining “abuse” of older persons (physical, psychological, emotional, sexual or financial abuse or neglect (self/family/institutional). Develop mechanisms to support reporting, follow-up and legal action of violations of older persons’ rights.
- Formulate and adopt legal framework defining “competency”. This is critical for decision-making for medical treatment, end-of-life care, decisions about wills, and for defining the appropriate mechanisms should protection be needed (such as guardianship or surrogate decision-makers).
- Review policies related to pensions and consider reforms of allocations when individuals are being cared for in government institution (payment would revert to institution to cover cost of care).

**Objective 2.3:** Create a *continuum of care* to provide services and supports to older persons in the community, in their homes and institutional settings that is accessible, equitable, efficient and quality driven.

**Recommended Actions:**

- Establish an appropriate mechanism for collaboration among the various public and private organizations (NGO, CBO, FBO ) that provide long term services and supports for older persons.
- Prepare and regularly update a registry of the organization offering long-term services and supports with accurate information available to consumers.
- Conduct a gap analysis based on the current system upon which to base further planning.
- Identify areas for further development of standards and regulations, beyond institutional care, in order to ensure quality of care and appropriate training of staff.

- For government subsidized services, ensure equity and appropriate utilization of limited resources by adopting an appropriate coordination mechanism. The infrastructure should include: a process of information, screening and referral to services; defined eligibility/admissions criteria; baseline comprehensive assessment and identification of needed assistance (plan of care that can be monitored); and evaluation. A sliding fee schedule should be considered for long term sustainability.
- An information and referral process (such as a central phone number or application) could be utilized for access to all programs (NGO, FBO) based on the eligibility for those services. For example, an older persons place of residence may make them “eligible” for a church’s home delivered meal program.
- 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.

**Objective 2.4:** Promote the development of human resources necessary for meeting the needs of older persons.

**Recommended Actions:**

- Define the basic competencies and content required in geriatrics and gerontology for professionals and health workers to meet the requirements of their job.
- Formulate and execute strategies for ongoing training on health and ageing for professionals and health workers at the various levels of care, including long-term care services.
- Formulate and adapt self-care training programs.
- Formulate and adapt training for informal, non-paid caregivers.

*Creating Enabling and Supportive Environments*

**Overall Goal:** Older persons will enjoy physical, social and cultural environments that enhance their development and are conducive to their exercising their right and duties.

**Objective 3.1:** Adaptation of the physical environment to facilitate the independence of older persons in the community.

**Recommended Actions:**

- Promote initiatives that allow older adults to adapt their own housing to the new needs in terms of livability and safety; or, facilitate financing to acquire housing to meet the need.
- Introduce into national housing construction standards to meet the needs of older persons and the disabled related to accessibility and safety.
- Adapt the public means of transport to the needs of older persons. Sensitize personnel through training to better understand implications of ageing (i.e. easier falls; how to assist).
- In public places, create age-friendly and safe spaces free from barriers. This approach is not only critical for the well-being of our older persons but will contribute positively to the experience of tourists to Antigua and Barbuda. For example, easy access by those using wheelchairs and benches available for resting.

- Ensure that public buildings and health facilities are age-friendly and free from barriers that limit access (must accommodate wheelchairs).

**Objective 3.2:** Create a comprehensive national disaster preparedness plan.

**Recommended actions:**

- Create disaster and emergency plans in collaboration with National Office of Disaster Services (NODS) and relevant agencies to treat older persons with equal importance during evacuation and recovery operations.
- Develop a tracking system in collaboration with the statistics office, NODS and the essential services to facilitate evacuation and rescue operations by identifying and registering vulnerable populations which include home-bound and live-alone older persons.
- Provide information compiled by NODS to those requiring assistance on the location of public shelters, services/equipment provided at special needs shelters and responsibilities of caregivers.
- Provide accessible shelters with medical supplies and drinking water in close proximity to disaster areas and special needs shelters that are equipped to accommodate the physically and mentally challenged.
- Provide accessible transportation for the frail and home bound older persons to public shelters, special needs units and medical facilities.
- Coordinate the delivery and provision of trained personnel and support services for older persons by NODS, ABDF, Coast Guard, Fire Services, relevant Government Ministries and agencies and civil society (NGO, FBO, CBO).
- Educate civil society, in particular older persons and caregivers, on the importance of disaster preparedness to ensure life-sustaining strategies for before, during and after emergency situations.

## VII. Administrative Structure for Implementation of the National Policy on Ageing

If the intent of the National Policy on Ageing is to be fully realized it is critical that all stakeholders cooperate in the policy implementation – government, civil society and all segments of the private sector. Moreover, it is particularly important that although the responsibility for coordination, implementation and monitoring will reside in the Ministry of Health, Social Transformation and Consumer Affairs, they will not be solely responsible. Due to the multidimensional nature of the Policy, multiple Ministries will be relied upon to contribute human and financial resources to the overall implementation. Therefore, it is essential that the responsibility across Ministries and sectors is acknowledged.

### **Dedicated Secretariat within the Ministry of Health, Social Transformation & Consumer Affairs**

Similar to the structure utilized in other areas such as HIV/AIDS, implement an Ageing Secretariat within the Ministry of Health, Social Transformation and Consumer Affairs. The overall goal of the Secretariat is to serve as a decision-making and coordination body for the implementation, monitoring and evaluation of the National Policy on Ageing as well as the short and long term Plans of Action developed for implementation of the Policy. The Secretariat would be budgeted to obtain a Programme Manager/Director and adequate support staff.

The Ageing Secretariat will:

- Advocate at a national level on issues related to ageing or likely to impact ageing.
- Facilitate and advocate for the development of programmes and initiatives to fulfill the mandates contained in the National Policy on Ageing.
- Secure adequate funding, from multiple sources, in order to implement initiatives.
- Monitor and evaluate through pre-determined indicators the progress on implementation of the National Policy.
- Serve as the “face and voice” within government of issues impacting older persons.
- Work within the government system to promote legislative actions necessary to carryout implementation of components of the Policy including review and approval of draft Act, legislation and regulatory initiatives related to ageing.
- Work closely with international and regional organizations that are critical to providing resources and technical assistance to further the National Policy.
- Develop communication strategies that ensure collaboration and coordination within and between Ministries, civil society, private sector and other stakeholders working to enhance the well-being of older persons.
- Report no less than twice per year on the status of the Unit’s work through public forums.
- Develop a mechanism to inform, update and engage civic society in the discourse of the Council (website; newsletter; talk show).

Recognizing that there will be a considerable need for intra-departmental collaboration during the implementation of the new National Policy, an **Intra-governmental Steering Committee** comprised of representatives from key government areas critical to success of the National Policy and development of the National Plan of Action will be established to serve at least until the Plan of Action has been adopted. Key areas should include: Gender Affairs, Social Security, Finance, Social Welfare, Fiennes Institute, Barbuda Health Council, Public Health, at a minimum. Appointees to the Ageing Steering Committee will be designated by the Minister of Health. Whenever possible, designees will have some professional background or expressed interest in ageing issues and adequate knowledge of their Departments obligations to serve older persons.

The Steering Committee Members will:

- Provide subject matter expertise and guidance to the Programme Manager in the development and implementation of the National Policy on Ageing and the Plan of Action.
- Sserve as Chairs of appropriate Subcommittees that may be established to have oversight of specific sections of the Plan of Action related to their areas of responsibility within government.
- Provide support, through their governmental resources for development of white papers, data analyses, evaluations or other products to enhance the decision-making capability on matter related to older persons.
- Attend Steering Committee meetings and officiate, upon request, at workshops, professional meetings and public meetings to support the work of the Ageing Secretariat in garnering support for the Policy and Plan of Action.
- Provide support to the Programme Manager and his/her staff in carrying out the responsibilities of the Secretariat.

**Establish a National Advisory Council on Ageing to represent the concerns of older persons and the organizations serving older persons.**

Recognizing that it important to involve older persons and a broad range of key stakeholders in decision making, the Ageing Secretariat will support the development of a National Advisory Council on Ageing. The Advisory Council will represent the views and concerns of older persons and organizations involved in service to older persons and will advocate for positive changes to the quality of life of older persons. Additionally, it will be the responsibility of the Council to encourage collaboration and coordination between non-governmental and private sector organizations providing service to older persons. The Advisory Council shall be comprised of twelve to fifteen members, who qualify to fill pre-determined “types” of seats on the Council. Examples include: pensioners association, private sector home for aged, religious organization providing direct service, hospital/clinic, etc. The types of seats on the Council will be determined by the Steering Committee and short application accepted from individuals interested volunteering to serve on the Council. The Advisory Council will meet no less than three times annually and make



recommendations to the Ageing Secretariat and provide input on the National Plan on Action. The Programme Manager/Director of the Secretariat serves as liaison with the Council.

**APPENDIX 1**  
**SUMMARY NATIONAL POLICY GOALS AND OBJECTIVES**

**Ensuring that Development Policy Addresses Older Persons**

**Goal:** Protection of the human rights of older persons and creation of conditions of economic security, social participation and education that promote the satisfaction of older persons' basic needs and their full inclusion in society and development.

**Objective 1.1: Promote the human rights of older persons**

- (a) Incorporate the rights of older persons at the level of policy, legislation and regulations.
- (b) Adopt a National Policy on Ageing, a legal framework and a national plan.
- (c) Ensure the participation of older persons in the design and evaluation.

**Objective 1.2: Expansion and improvement of the coverage of both contributory and non-contributory pension schemes.**

- (a) Analyze current policies that are age-specific & consider the implications of longevity.
- (b) Analyze the coverage and amount of non-contributory pensions to ensure that they provide adequate guaranteed benefits for the most vulnerable older persons.
- (c) Reform the current contributory system with respect to planning for future retirees.
- (d) Address the problems of the older population in comprehensive poverty reduction.
- (e) Review Government and Private Sector concessions/discounts that benefit older persons for their equity and adequacy.

**Objective 1.3: Promote access to employment, continuing training and credit for individual or community undertakings**

- (a) Conduct public campaigns to raise awareness and promote the productive potential of older persons.
- (b) Offer programs to develop the skills of older persons.
- (c) Promote standards that make it possible for older persons to continue in the workforce and/or to re-enter the labour market even after they retire.
- (d) Promote credit opportunities to encourage small business development by older persons.
- (e) Generate incentives for the participation of older persons in paid and unpaid work.

**Objective 1.4: Create opportunities for older persons' full involvement in society to promote their empowerment and strengthen their active citizenship.**

- (a) Incorporate older persons as voting members in consultative or advisory councils.
- (b) Support older persons' organizations to facilitate their operation and self-management.

**Objective 1.5: Promote opportunities and access to lifelong education and educate new generations to issues in ageing.**

- (a) Develop incentives & flexible systems so older persons complete their education.
- (b) Promote older person' role in transmitting local culture and history to new generations.
- (c) Create and foster activities for retired older persons, whose occupations and professional experience may serve as effective and useful support for groups in younger generations.
- (d) Incorporate information on ageing and the value of older persons into primary and secondary school curricula, as well as development of specialized courses on ageing in post-secondary curricula. Incorporate the life stage approach to further the concept that "a healthy youngster" becomes a "healthy older person".

**Objective 1.6:** Promote positive ageing through public awareness campaigns and enlist all forms of media (TV, radio, internet) to support such efforts.

- (a) Establish a public information, education and communication programme on ageing to promote positive images of ageing, relate information on planning for retirement and old age, and recognition for older persons.
- (b) Sponsor community forums and other activities in which education about topics important to ageing are featured.
- (c) Develop collaborative efforts to support these approaches.
- (d) Sensitize the communications and advertising media so that they will project a positive image of older persons and the ageing process.

### **Adapting Health Systems to the Challenges Associated with the Ageing of the Population**

**Goal:** Older persons should have access to comprehensive health-care services which are suited to their needs and which guarantee a better quality of life and the preservation of their autonomy and ability to function.

**Objective 2.1:** Promote universal coverage for older persons to health-care service through inclusion of ageing as an essential component of national legislation and policies on health.

- (a) Execute a National Plan on Health & Ageing (in collaboration with PAHO efforts).
- (b) Develop strategies to optimize services for older adults in primary health care (PHC).
- (c) Implement evidence-based guidelines and establish minimum standards of health care.
- (d) Execute and adapt self-care programs for older adults and set-up support systems with informal and formal caregivers.
- (e) Formulate strategies for equal access by older persons to all services.
- (f) Develop mechanisms for making information that supports healthful habits accessible.
- (g) Enlist multisectoral collaboration for health promotion activities for older persons.
- (h) Strengthen the capacity of the government authorities to monitor and evaluate health care for older persons.
- (i) Allow the chronically and terminally ill to die with dignity by implementing hospice and palliative care programs.

**Objective 2.2:** Create legal frameworks and suitable mechanisms for the protection of the rights of older persons who use long-term care services and/or who are otherwise vulnerable.

- (a) 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.
- (b) Develop guidelines and protocols to support the activities to license, regulate and monitor institutions that provide residential long-term care.
- (c) Develop and implement an inter-sectoral system to enforce the regulations.
- (d) Prepare and regularly update a registry of establishments offering long-term care with accurate information available to consumers.
- (e) Train the personnel in charge of oversight on human rights standards.
- (f) Formulate and adopt legal framework defining “abuse” of older persons (physical, psychological, emotional, sexual or financial abuse or neglect (self/family/institutional).
- (g) Formulate and adopt legal framework defining “competency”.
- (h) Review policies related to pensions and consider reforms of allocations when individuals are being cared for in government institution.

**Objective 2.3:** Create a “continuum of care” to provide services & supports to older persons in the community, in their homes and institutional settings that is accessible, equitable, efficient & quality driven.

- (a) Establish an appropriate mechanism for collaboration among the various public and private (NGO, CBO, FBO etc) that provide long term services and supports.
- (b) Prepare and regularly update a registry of the organization offering long-term services. .
- (c) Conduct a gap analysis based on the current system upon which to base further planning.
- (d) Identify areas for further development of standards and regulations.
- (e) For government subsidized services, ensure equity and appropriate utilization of limited resources by adopting an appropriate coordination mechanism.
- (f) An information and referral process (such as a central phone number or application) could be utilized for access to all programs (NGO, FBO) based on the eligibility.
- (g) Foster the creation of support networks for family caregivers.

**Objective 2.4:** Promote the development of human resources necessary for meeting the needs of older persons.

- (a) Define the basic competencies and content required in geriatrics and gerontology for professional and health workers to meet the requirements of their job.
- (b) Formulate and execute strategies for ongoing training on health and ageing.
- (c) Formulate and adapt self-care training programs.
- (d) Formulate and adapt training for informal, non-paid caregivers.

### **Creating Enabling and Supportive Environments**

**Goal:** Older persons will enjoy physical, social and cultural environments that enhance their development and are conducive to their exercising their right and duties.

**Objective 3.1:** Adaptation of the physical environment to facilitate the independence of older persons in the community.

- (a) Promote initiatives that allow older adults to adapt their own housing to the new needs in terms of livability and safety; or, facilitate financing to acquire housing to meet the need.
- (b) Introduce into national housing construction standards to meet the needs of older persons and the disabled related to accessibility and safety.
- (c) Adapt the public means of transport to the needs of older persons. Sensitize personnel through training to better understand implications of ageing (i.e. easier falls; how to assist).
- (d) In public places, create age-friendly and safe spaces free from barriers. This approach is not only critical for the well-being of our older persons but will contribute positively to the experience of tourists to Antigua and Barbuda. For example, easy access by those using wheelchairs and benches available
- (e) Ensure that public buildings and health facilities are age-friendly and free from barriers that limit access (must accommodate wheelchairs).

**Objective 3.2:** Create a comprehensive national disaster preparedness plan.

- (a) Create disaster and emergency plans in collaboration with National Office of Disaster Services (NODS).
- (b) Develop a tracking system in collaboration with the statistics office.

- (c) Provide information compiled by NODS to those requiring assistance on the location of public shelters, services/equipments provided at special needs shelters and responsibilities of caregivers.
- (d) Provide accessible shelters with medical supplies and drinking water in close proximity to disaster area.
- (e) Provide accessible transportation for the frail and home bound older persons to public shelters, special needs units and medical facilities.
- (f) Coordinate the delivery and provision of trained personnel and support services for older persons.
- (g) Educate civil society, in particular older persons and caregivers, on the importance of disaster preparedness.

## APPENDIX 2

### Reference Documents Utilized in Preparation of the National Policy on Ageing

Antigua and Barbuda, Bureau of the Census, reported statistics, November 2011.

Antigua and Barbuda, Ministry of Health, Social Transformation & Consumer Affairs (brochure), 2010.

Antigua and Barbuda Pensioners' Association (ABPA), *Synopsis of Proceedings of the A.B.P.A.' S Retreat*, January 22, 2006.

Antigua and Barbuda Pensioners' Association, *Coming Together to Achieve*, Annual Report 2008.

Economic Commission for Latin America and the Caribbean, *Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing*, November, 2003.

Eldemire-Shearer, Presentation to Caribbean Meeting on Health of Older Persons, September 2011, Mona Ageing & Wellness Centre, Department of Community Health & Psychiatry UWI.

Henry Joan. *Study of Ageing and Health Dominican Elders 2010* prepared for the Ministry of Health Dominica.

Kairi Consultants Limited, *Living Conditional in Antigua and Barbuda: Poverty in a Services Economy in Transition*, Volume I – Main Report, August 2007.

Ministry of Human Development, Women and Children and Civil Society of Belize, *National Policy for Older Persons*, approved June 2002.

Ministry of Social Development, Community Affairs and Gender St. Kitts and Nevis, *St. Kitts and Nevis National Policy on Ageing 2009-2019*, October 2009.

Palloni Alberto, Pelaez, Martha, *Survey on Health and Well-being of Elders (SABE)*, Pan American Health Organization, 2002.

Pan American Health Organization, *Health in the Americas, 2007 Edition*, Volume II – Countries, Antigua and Barbuda pages 17-25.

Pan American Health Organization, Regional Office of the World Health Organization *Non-Communicable Diseases in the Americas – Basic Indicators 2011* (pamphlet).

Pan American Health Organization, *Plan of Action on the Health of Older Persons, Including Active and Healthy Ageing*, 49<sup>th</sup> Directing Council, October 2009.

Pan American Health Organization, *Strategic Plan 2008-2012* for PASB, Strategic Objective 7, 27<sup>th</sup> Pan American Sanitary Conference, Washington, D.D. 1-5 October 2007, pages 70-74.

United Nations *Principles for Older Persons*, Adopted by General Assembly Resolution 46/91 of 16 December 1991. On OHCHR website.

UN General Assembly, Human Rights Council, Report from the Special Rapporteur on *The Right to Health of Older Persons*, HRC/18/37; GE.11-14361, July 2011.

UN General Assembly Special Session on HIV and AIDS. *Country Progress Report Antigua and Barbuda*. Reporting period: January 2008-December 2009.

UN Human Rights Council, *Promotion and Protection of all Human rights, civil, political, economic, social and cultural rights, including the right to develop*, GA/HRC/1j8/37, July 2011.

US Bureau of Census, International Data Base, found at <http://www.census.gov/population/international/data/idb/country.php>

US Department of State, Country Reports on Human Rights 2006, <http://www.state.gov>.

U.S. Department of State, Country Reports 2010, *Antigua & Barbuda Respect for Human Rights*.

Vega Enrique. *Salud y Envejecimiento en Latinoamerica y el Caribe en la Salud y el Envejecimiento Global*. Ed: Mary Robinson, 2008.

WHO Global Infobase. *Antigua and Barbuda: Health Profile*. Available at <http://infobase.who.int>.

WHO *10 Facts on Ageing and the Life Course*, WHO Fact File, available: <http://www.who.int/features/factfiles/agaeing/en/index.html>.

WHO *Active Ageing: Toward Age-Friendly Primary Health Care* (toolkit & manual). <http://www.who.int/ageing/publications/en/index/html>.

