

Republic of Seychelles



National Policy on Ageing

**Ministry of Health and Social Affairs
November 2016**

Foreword (DRAFT)

Seychelles is at a crucial juncture in its development. The country is ranked by the UNDP amongst countries with high human development and also graduated to high income status in 2015, as gross national income per capita climbed to US\$14,100. It is recognised however that despite economic growth, high levels of poverty and inequality exist.

It is in this context that this National Policy on Ageing is being proposed to address the challenges and opportunities posed by the current demographic transformation characterised by declining fertility and increasing longevity.

The situation is simple: the working age population is shrinking while the proportion of older persons is growing.

The goal is to maintain adequate living standards for people as they grow older, while recognizing and harnessing their skills and experience and encouraging harmonious intergenerational transfers.

The challenge is to provide for a population that will consist of more and more dependents relative to the number of active workers. This means addressing the needs of the elderly, improving labour productivity and competitiveness as well as ensuring the sustainability of the social protection system.

The opportunity lies in the untapped potential where the elderly participates and contributes more actively in development.

The measures proposed in this Policy are not a luxury. Coordinated, radical and innovative action will have to be taken for the next 40 years to ensure that the country can sustain the present level of development and guarantee that its elderly citizens continue to enjoy a dignified quality of life.

We all have to work together; civil society, including non-governmental organizations, the private sector, volunteers and voluntary organizations, older persons themselves and associations for and of older persons, as well as families and communities.

I am confident that together we shall rise to the new challenge. This Policy will provide guidance and clarity for the coming years. We have taken our inspiration from many sources and believe firmly that if we plan and adopt a balanced approach to the provision of social protection and economic goals; Seychelles can afford to grow old.

On behalf of Government, I extend my sincere gratitude to the organisations and individuals, notably the World Bank, for the technical guidance provided in the formulation of this Policy.

Minister for Health and Social Affairs

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The effects of an ageing Population

(Adapted from ‘Future of an Ageing Population’, 2016, Government Office for Science, UK Government)

As people live longer, chronic conditions and impairments will become more common. This will place increasing pressure on families to balance care with other responsibilities, like work. There are signs that families in Seychelles are already struggling with the realities of a modern society and are becoming increasingly reliant on Government to fulfill some of their basic ‘traditional’ functions.

In a situation where more people are in need of physical and financial support at a time when there are fewer people to fund public services and provide care, **it is crucial the health and care system is reviewed.**

An ageing population means an ageing workforce. The productivity and economic success of Seychelles will greatly depend on the quality of its older workers.

It is crucial therefore that **measures are taken to enable people to work for longer** since this will help society to support the growing numbers of dependents, while providing individuals with the financial and mental resources needed for increasingly long retirements.

Seychelles future economic well-being will depend on how well it supports fuller and longer working lives, how it effectively enables its workers to adapt to new technologies and other changes that will occur in the world of work.

It is recognised that **learning and training will become even more vital** as the population ages. Learning will facilitate participation in the labour market, build personal and mental resilience and bring health and wellbeing benefits. Lifelong learning brings benefits to individuals, employers and wider society that will be increasingly valuable in an ageing population.

Suitable housing can significantly improve life in older age, while unsuitable housing can be the source of multiple problems and costs. **Homes will be increasingly used as places of work and care.**

Appropriately designed housing, that can adapt to people’s changing needs as they age, has a number of benefits. These include reducing demand on health and care services, and enabling individuals to work more flexibly in later life.

The ageing population presents opportunities to individuals and society. However, as with any major demographic change, it also presents challenges and ignoring these could undermine the potential benefits of living longer.

1.0 Background

The formulation of this National Policy is the result of an on-going social policy review and reform process being spearheaded by the Ministry of Health and Social Affairs (previously the Ministry of Social Affairs, Community Development and sports.)

This process, originating from the Social Renaissance Programme initiated in 2011, has already seen the formulation of Seychelles first National Gender Policy as well as the country's first National Policy for the Family. The process is in recognition that Seychellois society and economy is changing and as such the relevant policies and programmes must be put in place to sustain progress made so far, address present and emerging challenges and continue to improve the quality of life of all citizens.

This National Policy on Ageing is also a first. It comes at a crucial time as Seychelles, like the rest of the world is facing up to the challenges and opportunities posed by an ageing population.

The central principle running through the social policy reform process is that people should be at the centre of development. There is also explicit recognition that issues cannot be addressed in isolation.

It must be noted that initially, when the Ministry commissioned the development of this policy in 2014, it was to be called a National Policy for the Elderly. However, after consultations with various stakeholders, it became clear that a number of interconnected issues were at play which demanded policy co-ordination and action across all sectors of government and society.

Central amongst these issues was the changing demographic structure of the population, which necessitated a rethink about how the changes and impacts as well as challenges and opportunities of ageing are addressed.

All concerned stakeholders including the elderly themselves (through meetings and focused group discussions facilitated by the Department of Local Government and Sports and National Council for the Elderly) have participated in the development of the Policy.

The formulation of this policy would not have been possible without the technical assistance provided by the World Bank. This was through the production of an Extended Technical Note; **Strengthening the Policy Framework in Seychelles for the Delivery of Long Term Care to an Aging Population** and a Social Protection Policy Note: **Seychelles: Framing a More Strategic Social Protection System**. Both papers were produced in 2016 at the request of the Government and have been extensively referenced to inform the formulation of this Policy. Further technical guidance and support was also provided by Mr. Laurie Josua, the main author of the first paper.

The Policy was discussed and validated in a workshop with representatives of all Ministries and organisations in November 2016. It was approved by the Cabinet of Ministers in December 2016 and launched in 2017.

2.0 Guiding Framework

This Policy is founded on current and relevant articles of the Constitution and other legislations as well as the vision, goals and objectives of a number of policies and strategies which are directly or indirectly linked to the issue of ageing in Seychelles.

The Seychellois Charter of Fundamental Human Rights and Freedoms of the Constitution recognises in a number of articles, most notably Article 36, the right of the aged and disabled to special protection and undertakes to make reasonable provision for improving the quality of life and for the welfare and maintenance of the aged and disabled.

The Constitution additionally provides a framework for organizing the duties of the state and establishes the State's responsibility to "undertake and maintain a system of social security" and provide "the highest attainable standard of physical and mental health".

The Civil Code of Seychelles, as a subsidiary law to the Constitution, also establishes several rules which protect the family, especially through the obligations of its members. For example, it specifies that "children shall be bound to maintain their father and mother or other ascendants who are in need, and makes this obligation extensive to those who are relatives- in-law.

Service entitlements for the elderly population are fragmented across a number of policy documents – such as the National Family Policy, National Gender Policy, National Population Policy, National Health Policy, the Draft Strategy on Disability, and the Strategic Plan for the Agency for Social Protection - and in a number of legislative Acts, including: the Health Care Agency Act 2013, the Agency for Social Protection Act 2012, the Public Financial Management Act 2012, and accompanying regulations which introduced Program Performance Based Budgeting (PPBB), the Social Security Act 2010, the Protection of Human Rights Act 2009, the Mental Health Act 2006, the National Council for the Elderly Act 1997, and the National Council for Disabled Act 1994.

It is recognised however that co-ordination is fragmented, with no strategic direction on how issues to do with the elderly and ageing are addressed.

The Policy has also been informed, guided and inspired by the following international instruments:

- The Madrid International Plan of Action on Ageing, 2002
- Active Ageing: A Policy Framework, (WHO) 2002
- World Report on Ageing and Health, (WHO) 2015
- The Global strategy and Action Plan on Ageing and Health, (WHO) 2016

The Policy also responds to the recently endorsed Sustainable Development Goals, an integrated, indivisible set of global priorities for sustainable development. It must be noted that ageing is an issue that is directly relevant to 15 of the 17 SDGs.

3.0 Situational Analysis

3.1 Quality of Life

In an Elderly Needs Assessment in 2010;

- 72% of respondents reported that they were **very happy**.
- Most of the elderly said they **enjoyed** listening to the radio (93%), praying (88%), watching television (87%), sleeping (86%) and talking to friends (59%)
- 99% of respondents reported having **3 meals a day** and a similarly high percentage (96%) felt that they had a balanced diet.
- However, 69% of the elderly sampled reported that their **income** was not sufficient to provide for their household's food needs.
- When asked to describe their **physical health**, 32% report they were in good health, 26% that they were in poor health and 43% that their physical health was average.
- 88% of respondents living at home with their relatives report that they feel **safe and cared** for at home.
- On the issue of **neglect**, 14% of respondents report feeling neglected by their family. It is especially those living in the institutions who most report feeling neglected-the figure is 33% compared to 8% of those living with relatives and 26% of those living alone.
- 9% of respondents report encountering incidents of **abuse** at their place of residence. In fact it is more men who report incidents of abuse-the figure is 12% of men compared to 7% of women. And the figure is again highest for residents in the institutions with 21% reporting they have encountered either verbal or emotional abuse.
- 72% of the elderly interviewed felt that they did not have enough **money** to live comfortably. With just 27% replying that it was enough. There is no great significant difference between the male (74%) and female (72%) results.

The findings of the Assessment support the view that on the whole, most elderly people in Seychelles enjoy a dignified quality of life. Most consider themselves happy and their overwhelming wish is to spend the last days of their lives in their homes and in the presence of their loved ones.

Yet the same survey revealed a number of problematic areas. A large majority of health and social work professionals working with and for the elderly felt that the present policies and programmes are inadequate to address the needs of the elderly population.

There is a lack of communication and overall co-ordination to ensure that all elderly persons benefit from existing programmes. Health Professionals pointed out that the Home Care system should be reviewed to ensure non-discrimination and abuse in the system.

Neglect, financial abuse, family responsibility and the mental health and well-being of the elderly were other prominent issues in need of attention. It was recommended that present laws be amended to ensure greater protection for the elderly.

The misuse of the retirement pensions by family members or care workers was seen as a growing problem leading to financial difficulties for a lot of elderly people.

There is need also for family members to play a more active role in the upkeep of their elderly relatives residing in the institutions. The issue of loneliness and lack of activities was another issue of concern raised because a lot number of the elderly are living in a state of isolation, boredom and depression. It was also highlighted that there is an increase in dementia-related illnesses in the elderly population and new programmes need to be developed to address this issue.

It was strongly felt that there should be more public education on ageing and sensitization programmes to prepare people for life after work.

Officials from the districts felt programmes and policies are inadequate proposing that more needs to be done to bring elderly people together at district and national level and ensure activities are organised in a manner that appeals to a wider segment of the elderly population.

On its side, the Council for the Elderly felt that the elderly are not aware of the programmes that exist and that there should be more co-ordination and less duplication amongst organisations. It was recommended that elderly people persons should play a greater role in the drafting of policies especially in areas directly concerning them.

3.2 Demographic Realities

The population of Seychelles is estimated at **94,677** persons as of June 2016. The elderly population in Seychelles is defined as persons of 63 years and above, which is the national retirement age. There is at the moment 13, 259 persons above 60 years of age, which represents 14% of the total population.

Mid 2016 Percentage Population Estimates

Age	2012	2013	2014	2015	2016
0-19	30.3	29.4	28.5	27.5	26.2
20-44	38.9	39.1	40.2	38.9	37.4
45-64	22.9	23.6	24.7	25.3	27.7
65+	7.9	7.9	8.2	8.3	8.8

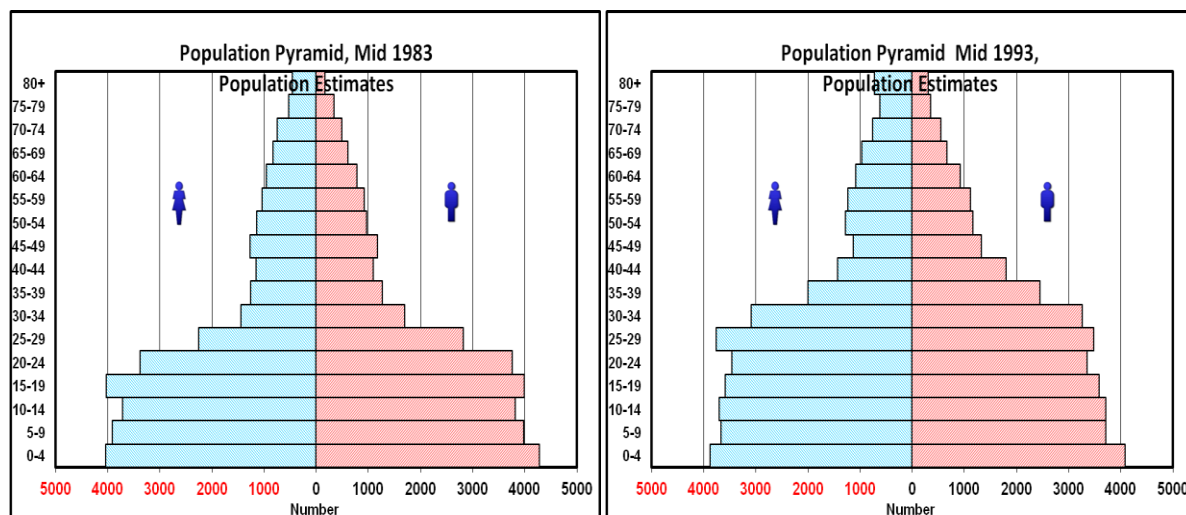
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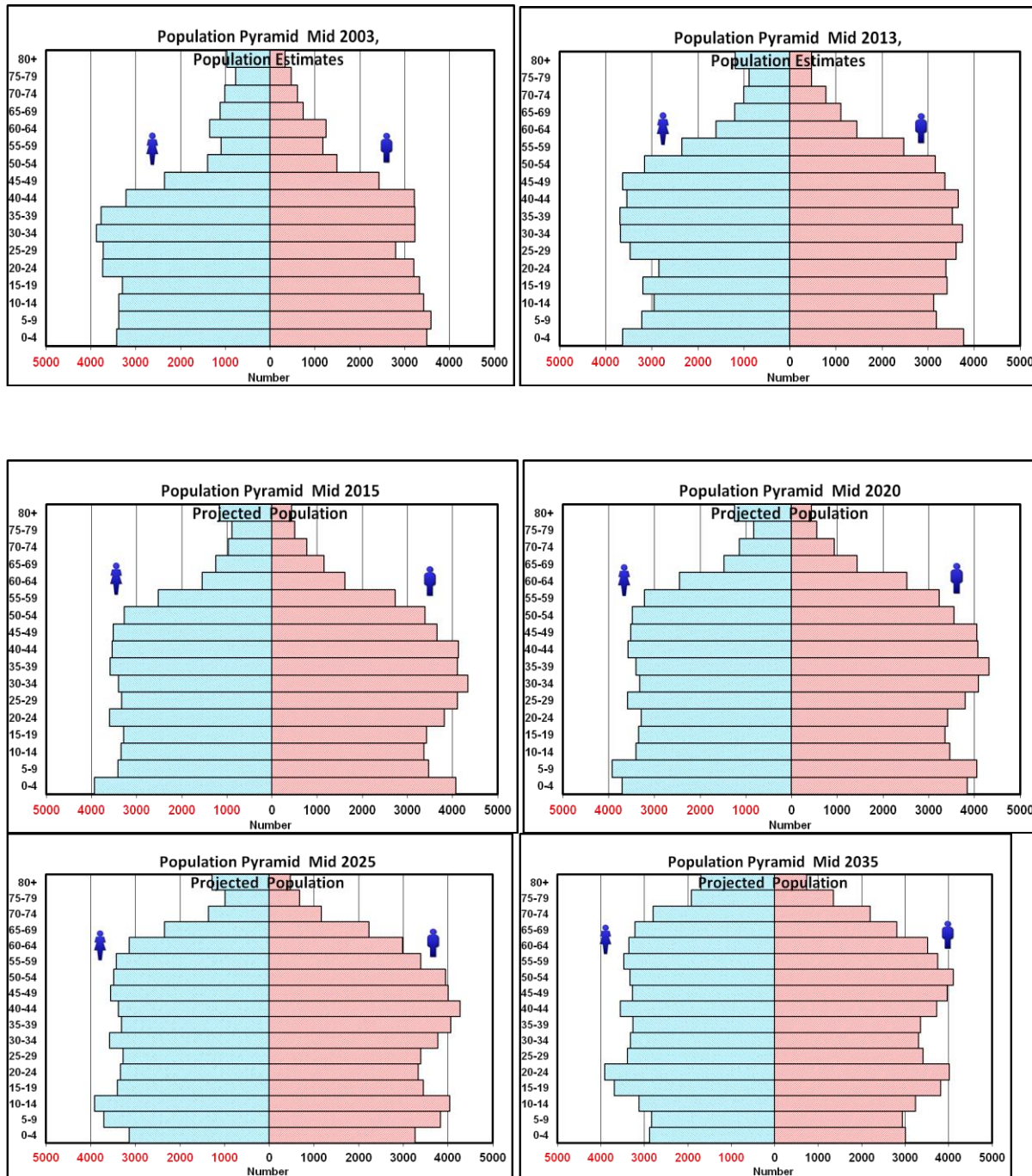
Mid 2016 Population Estimates above 60 years of age

Age	Male	Female	Total
60-64	2500	2341	4841
65-69	1558	1613	3171
70-74	956	1039	1995
75-79	515	910	1425
80-84	288	663	951
85-89	139	406	545
90+	39	192	231
Total	5995	7164	13159

NBS

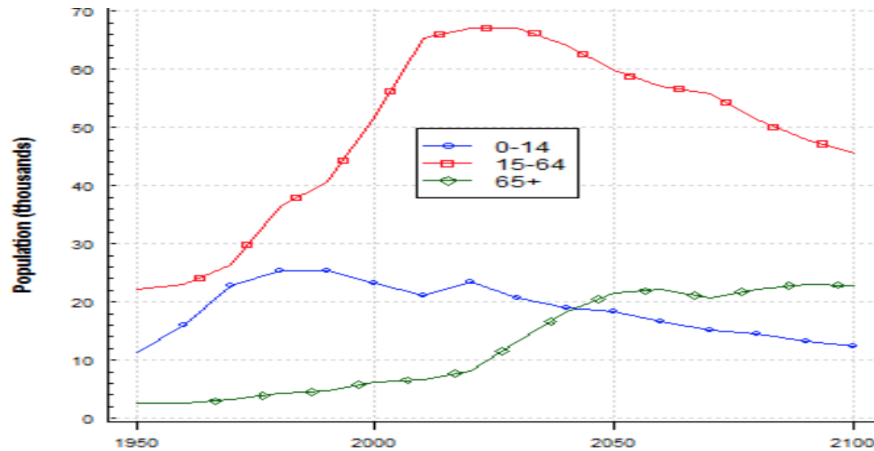
The graph and tables show the increasing proportion of older persons in the Seychelles population.





The demographic transition is well advanced in Seychelles. The combined effects of declining fertility (with the rate of 2.2 in 2016) and increasing life expectancy have resulted in the ageing of the population, and this trend will continue. Population ageing refers to the process whereby older persons comprise an increasingly larger share of the total population.

Population Distribution by Age Groups 1950-2050



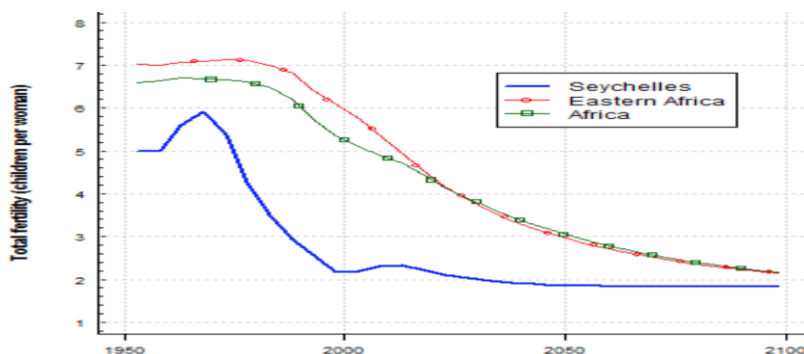
Source: United Nations (2015a) World Population Prospects: The 2015 Revision

The aging of Seychelles population is projected to accelerate further over the next few decades. The number of people aged 65 and older has more than tripled from just over 2000 at the time of Seychelles 1960 census to over 10,000 at the time of the 2010 census

Fertility

Total fertility rates indicate a trend where the Total Fertility Rate (TFR) peaked at 6.9 percent per woman in 1970 and declined to 2.0 in 2001. The long term declining trend is expected to continue until reaching a minimum level of around 1.7 children per woman by 2030, and then start recovering towards a level closer to replacement rates by 2080.

Seychelles Total Fertility Rate



Source: United Nations (2015a) World Population Prospects: The 2015 Revision

It is projected that demographic trends in Seychelles over the next half-century will be very different from those in the past and will have an accentuated gender dimension. The main features will entail rapid aging of the population and a shrinking of the working-age population.

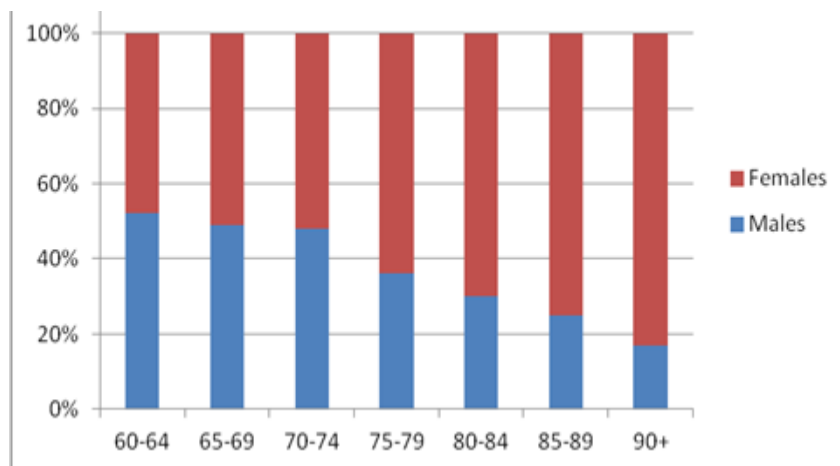
Age group	Population Projections 2010-2050
0-14	Decline from 22.4% to 16.6%
15-64	Decline from 70.2% to 65%
+65	Increase from 7.4% to 18.4%
+80	Rise from 1.8 percent in 2015 to 6 percent in 2050 (will increase at a faster pace than the total older population.)
Life Expectancy at 65 years	Increase from 16 years in 2015 to 18.9 years in 2050.
Old Age Dependency Ratio	Will triple from 11.2 in 2015 to 36 in 2050. Presently for every 10 workers there are 112 people not working In 2050, there will be 360

While increasing life expectancy is a great achievement, this will have significant implications for the demand for elderly care services. At the same time, Seychelles has experienced a shift in its epidemiological profile, with non-communicable diseases (NCDs) becoming the main health threat.

3.3 Gender

Gender is an important dimension of ageing in Seychelles given that current life expectancies at birth are much worse for males than for females: 69 years and 79 years, respectively and will continue to rise until it reaches 80 for men and 86.5 years for women. This pattern has been characterized as the *feminization of ageing* given the excess of women over men among the elderly.

Feminization of Ageing in Seychelles



NBS, Population and Vital Statistics, 2016

Age Group	Male	Female
60-64	2500	2341
65-69	1558	1613
70-74	956	1039
75-79	515	910
80-84	288	663
85-89	139	406
90+	39	192

3.4 Poverty

According to a study undertaken by the National Bureau of Statistics and the World based on the 2013 Household Budget Survey, 8.4% of males and 11.3% of females respectively above 63 were living below the poverty line.

Distribution of those under the poverty line by age group and sex

Sex	Age group	Frequency	%
Male	<15	5,285	30.6
	15-24	2,687	15.6
	25-54	6,788	39.4
	55-62	1,034	6.0
	63+	1,454	8.4
	Total	17,248	100.0
Female	<15	4,976	26.3
	15-24	3,158	16.7
	25-54	7,449	39.3
	55-62	1,201	6.3
	63+	2,147	11.3
	Total	18,930	100.0

Age group by region for those who are below the poverty line

Region	<15	15-24	25-54	55-62	63+
Central 1	29.91	16.78	36.85	6.7	9.75
Central 2	27.68	15.1	40.5	7.45	9.27
East/South	28.45	16.61	39.29	5.66	9.99
West	25.67	17.62	39.77	5.88	11.07
North	28.1	15.17	38.74	6.91	11.08
Praslin/La Digue	30.38	15.25	41.38	4.46	8.53

3.5 Migration

Outward migration among the working age Seychellois population and the return of older Seychellois significantly affects the age structure of the population, and exacerbates the impact of aging and increases demand on health and LTC services.

So, even if the population is well trained and fully employed, it would be challenging for Seychelles to produce the labor force to provide LTC services for the aging population alongside demand for skills in other sectors. Trade-offs between sourcing the required labor force and skills for LTC domestically, and sourcing particular skills from outside the country to compensate for shortages will therefore need to be considered.

3.6 Social Protection System

Social protection, as defined by the **United Nations Research Institute for Social Development**, is concerned with preventing, managing, and overcoming situations that adversely affect people's well being.

Social protection consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age.

The World Bank has noted that Seychelles has the key elements of a social protection system in place (social assistance, social insurance, and labor market programs) but the system could have a greater impact on poverty. The Bank pointed out that whilst spending about 4.3 percent of GDP on social protection, spending is skewed towards the elderly, raising concerns about risks for human capital development of children and intergenerational equity.

Programs operate under a complex array of laws and regulations. There are a number of agencies involved; however, the two main agencies are the Agency for Social Protection (ASP) and the Seychelles Pension Fund (SPF).

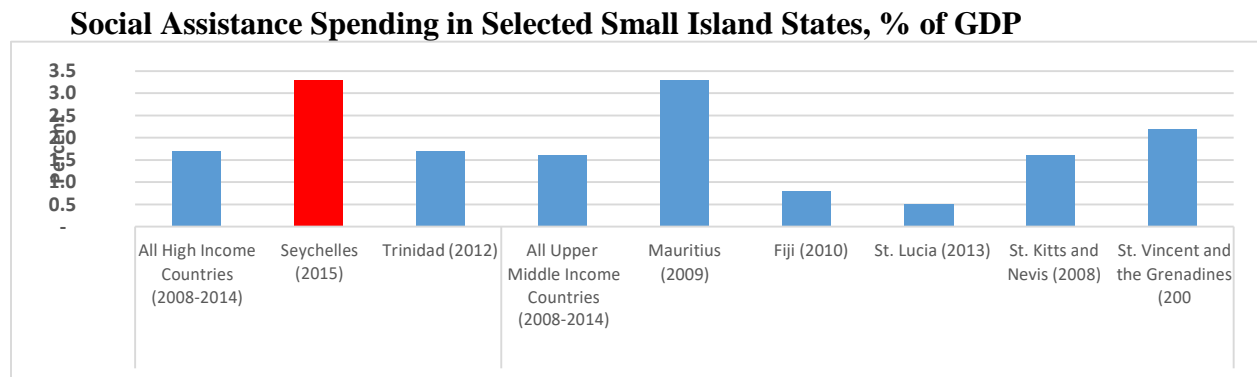
Policies and Programmes relating to the elderly

Social Security Act	A universal system whereby upon reaching 63 years of age all citizens of Seychelles who has resided in the country for at least 5 years immediately before the date of retirement must receive a pension which is adjusted according to inflation rate. The pension currently stands at RS5050; the same as the minimum wage.
Seychelles Pension Scheme Act	This benefit covers all full time and part time employees in the public, private and self employed persons. Payment begins at age 60 but no later than 63 years. The insured must have at least 10 continuous years of contributions to the social security fund or the Seychelles Pension Fund immediately before retirement or a total of 20 years of contribution to the social security fund. This pension is also payable abroad.
Subsidised Travel	The elderly benefits from subsidised travel on public transports and most recently a reduction in domestic airfares which the cost is incurred by the Agency for Social Protection.
Post retirement death gratuity	This programme is part of the Pension Fund and dictates that when death occurs during retirement there is a gratuity payment to the surviving spouse or dependant which is equivalent to one month's pension.
North East Point Regional Home for the Elderly	The North East Point Regional Home for the Elderly houses most of the elderly of the Ex-Fiennes Institute that was located at Plaisance. The home opened its doors in June 2006 accommodating both independent and dependent elderly people.

Home Care Scheme	The Home Care Scheme was established in 1987 with the objective of providing a service to keep the elderly in the family and community. Funding is from the ASP. The elderly is provided with a carer who provides personal help and assist with daily living such as housekeeping, laundry and meal preparation for the elderly.
Domiciliary Care	Domiciliary Care is administered by the Health Care Agency and targets mostly elderly but also other individuals with complex health and personal needs living in their own homes instead of a residential or nursing home or long stay in hospital.
District homes for the elderly	The home for the elderly caters for any pensioner whose living conditions are poor and those without children. Ideally, the age must be over 55 years of age and the elderly is independent i.e. able to do own housekeeping etc... The administration of district homes was by the Department of Community Development but now has been moved to Social Security Fund in the Ministry of Finance and monitored by a Board of Trustees.
National Council for the Elderly	The Council was enacted by the President and the National Assembly on 30 th July 1997. The function of the council is to: <ul style="list-style-type: none"> • Coordinate the activities of the public and private organisations and other persons engaged in the welfare of the elderly; • In collaboration with public or private organisations and other persons: • To provide care and assistance to the elderly; and • To promote, develop and organize services and programmes for the elderly. The council falls under the portfolio of the Ministry of Health and Social Affairs.
Association of the senior citizens of Seychelles	The Association of the Senior Citizens of Seychelles was formed as a result of the formation of the 25 Senior Citizens Clubs in the districts of Mahe, Praslin and La Digue and its main objective is to represent, defend and protect the interest of the Senior Citizens Clubs and its members. The association consists of chairpersons of each of the senior citizen's club in Seychelles.
Senior Citizens Community Clubs	Individuals aged 55 and above can become member of the senior citizen's club in their district. These clubs are aimed at promoting active ageing through sport, cultural, spiritual and other active and healthy living activities. The Senior citizen's club was created in 1999.
Senior Citizens activities and fund raising sub-committee	The committee was formed in 2006 to propose fund raising and other activities to sustain the senior citizens community clubs.
Neighbourhood Recreational Activities (NRA)	Through the NRA in the districts the elderly participate in inter-generational activities with young people within their communities to socialize and exchange experiences.
International Day of the elderly	Seychelles joins the international community in commemorate the International Day of the Elderly every year on the 1 st of October and Messages are read on that special day

Literacy programme	This programme was set up in 1999 within the Adult Learning and Distance Education Centre (ALDEC). This non-formal education is geared towards adults and also out of school youths to meet personal, professional and national needs and thus improve the quality of life of individuals. The programme has played a vital role in reducing illiteracy especially among the elderly population.
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Social Assistance spending in Seychelles is higher than average for both high and upper middle income countries and also higher than in most other small island states at similar income levels.



Source: World Bank, 2016

Two programs – the Retirement Pension and the Home Care Program (both targeted to the elderly) account for 71 percent of social assistance spending.

3.7 Retirement Pension

The Retirement Pension, a universal social pension payable to resident citizens 63 years and older, is the largest social assistance program in Seychelles, both in terms of number of beneficiaries and expenditures.

It is the most expensive programme by far and absorbs 1.8 percent of GDP (54 percent of the safety net budget).

In contrast, poverty targeted Social Welfare Assistance (SWA) receives 0.3 percent of GDP (9.7 percent of the safety net budget). When SPF expenditures are included, total spending on elderly in Seychelles account for 3.4 percent GDP or 79 percent of total social protection spending.

On the other hand, 26 percent of the population are children, but children account for 23 percent of beneficiaries while only 13 percent of all social protection benefits go to children. This raises concerns about risks for human capital development of children and intergenerational equity

Over 84 percent of households with an elderly member receive the Retirement Pension, and the benefit represents about 43 percent of the income of the poorest quintile.

As a result of its wide coverage and generous benefit, the program has had a significant impact on the poverty headcount. In the absence of the Retirement Pension, the total poverty headcount would rise by 5.5 percentage points, (from 39.3 percent to 44.8 percent) and the poverty rate would jump by 7.7 percentage points (from 24.3 percent to nearly 32 percent)

But despite the fact the Retirement Pension is a universal benefit; there are significant gaps in coverage. In households with an elderly member 63 or older, coverage of the poorest quintile is 76 percent and 81 percent for the wealthiest quintile and is lower than for other quintiles.

The recently announced increases in the benefit level for the Retirement Benefit and the Home Care Program will further increase spending on elderly programs and will present an increasing burden on government.

These will increase the spending on social assistance from 3.3 percent of GDP in 2015 to 4.3 percent of GDP in 2016. *The World Bank has warned that without significant reforms, the cost of both the Retirement Pension and the Home Care Program will significantly increase with the aging of the population and will present an increasing fiscal burden on the government budget.*

3.8 Home Care Program

The Home Care Program is a means tested program providing home care for elderly and severely disabled persons. The objective is to support elderly persons and people with disabilities to remain in their family and community settings and accounts for 0.6 percent of GDP (17 percent of the safety net budget).

In 2015, there were 2,641 beneficiaries (approximately 90 percent elderly), with about 36 percent of the population 65 years and older participating. The program is fully funded by Government, with no provision for cost sharing. Expenditures were SR 109.8 million (USD 7.8 million) in 2015, or 0.6 percent of GDP.

The Home Care Program could be better targeted. About 5 percent of all households in Seychelles participate in the program. Fifty-six percent of beneficiary households are poor, but 44 percent are not poor. Although 56 percent of beneficiaries are from the two poorest quintiles, over 21 percent come from the two wealthiest quintiles, with 7 percent from the wealthiest quintile.

Systemic Weaknesses

The following weaknesses have been identified:

- Most beneficiaries receive full time care even if their assessment indicates half-day care would be sufficient.
- The current approach to managing the Home Care Program generates perverse incentives and inefficiencies. Households identify their caregiver and many select their children or another relative to care for them. In these cases, the relative is paid to care for their relative.
- The full and half-time care packages are rigid and do not provide flexibility for meeting the diverse needs of diverse clients. Given the structure of the care packages, many caregivers are believed to be unproductive for significant periods of time.
- The capacity to administer and oversee the Home Care Program is weak. The 2010 reforms act dismantled the administrative unit that was responsible for Home Care Program in the Department for Social Services. There is no quality control regime to ensure the care giver has the basic skills and/or competencies to provide care.
- These problems are exacerbated by the absence of professional management and supervision. From a governance point of view, quality assurance needs to consist of control mechanisms which ensure that service providers respect (minimum) standards defined by law.

- The Home Care Program mimics a large public employment program. The program employs about 6 percent of the labor force. Sixty-four percent work a full day, while 36 percent work a half day. About 70 percent work in their own homes. Carers are paid the equivalent of the minimum wage minus applicable income taxes. Full day carers are entitled to all basic employment conditions, including annual, sick and maternity leave, while those on half day are entitled to annual leave. If they are caring for a relative and remain at home, they receive vacation pay.
- The employment status of carers falls into a regulatory ‘twilight zone’ – they have no formal employment contract; they are excluded from labor inspections; they are not required to hold indemnity insurance; they have no formal professional supervision; and they have no skill or qualification requirements. In addition, there are no options for advancement or higher wages and thus, no incentives for them to upgrade their skills.

3.9 Residential Homes for the Elderly

Seychelles has a network of residential facilities for the elderly. These are under the mandate of the Ministry of Health and Social Affairs. There are nine publicly funded residential social care facilities for the elderly which accommodate around 116 residents, and one faith based facility that receives a regular government subsidy. It is estimated that the total budget for the nine residential homes is around RS million per year.

Admission to the facilities is subjective and not linked to any formal psychological, financial, or social assessment protocol. The formal criteria for accessing residential care is not overtly linked to frailty or dependencies and no household means or asset test is applied. In the absence of technical and means testing protocols to govern admission to the nine residential long term care facilities, it is unclear how many clients could potentially stay in their own homes for longer, how many would actually benefit from home care, and how many could make a financial contribution to the cost of their care.

3.10 Social Insurance

Seychelles Pension Fund, instituted in 2006, is a mandatory contributory pension scheme.

Participation in the scheme is mandatory for all private and public sector employees. Self-employed workers are not required to contribute to the SPF, although they can participate in the scheme on a voluntary basis.

The SPF is a defined benefit scheme financed on a pay-as you go basis meaning that the contributions from current workers are used to pay pensions for existing beneficiaries.

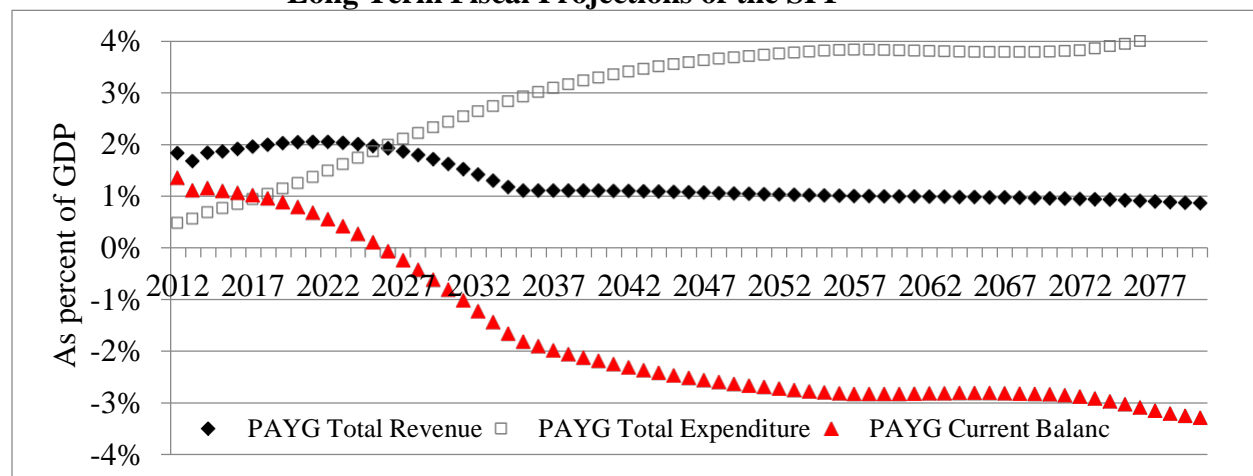
The contributory pension scheme provides reasonable coverage. The SPF participants account for 60 percent of the labor force. Currently, pensioners from the SPF account for only 38 percent of the population above retirement age.

However, the relatively low coverage of the elderly by the SPF is also reflection of the fact that it is relatively new scheme established in 2006 and therefore there are members that have not completed the years of service to qualify for a pension benefit. **Seychelles Pension Fund is expected to run a surplus until 2027.**

But the expenditures of the SPF will gradually increase as the scheme matures and as people live longer and collect benefits for longer periods after retirement. As such the old age dependency ratio will gradually increase indicating that the SPF will need to support an increasing number of beneficiaries with fewer contributors as is illustrated below.

SPF can continue for a number of years without government support by financing its expenditures with its reserves. However, given the extent of increase in spending, it will need to introduce further parametric reforms such as increasing the contribution rate and retirement age.

Long Term Fiscal Projections of the SPF



Source: World Bank, 2016

3.11 Health and Long Term Care

LTC services are comprised of programs that cut across different domains of social protection and involve other sectors, particularly the health sector.

The purpose of LTC services is to help meet the medical and non-medical needs of people with a chronic illness or disability who cannot function independently on a daily basis over an extended period of time. Thus, LTC services are comprised of programs which sit primarily at the boundaries of health and social care and cut across medical, social, and housing dimensions. This interface between health and social care as well as other domains of social protection has significant implications for management and governance of LTC programs.

Seychelles is still grappling with challenges of shifting its health care services to delivery outcomes that focus on NCDs and meet the demand for expensive tertiary treatment, including overseas treatment. An aging population will require more health care alongside more LTC and therefore cost drivers across both health and social care need to be carefully monitored over time.

The weakening of family-based support systems and the absence of a cost effective and outcome oriented range of LTC services indicate the need for strategic national arrangements in this domain of social policy.

Addressing inter-agency coordination issues, longer-term workforce planning, and financial management will be important for the effective provision of LTC in Seychelles.

At the moment although there are a number of social care services programmes for the elderly in place, including community nursing services, occupational therapy, mental health services, health prevention services, and long-stay residential social care and nursing care services, there is no formal strategic policy to guide the financing and governance of services for the aging population.

Concerns have been raised about Seychelles preparedness for the expected increase in demand for LTC services.

The elderly population is more likely to lose the ability to live independently, to be disabled, or to be bedridden and therefore have higher demand for LTC services. Without cost effective and financially sustainable LTC systems, thousands of Seychellois could enter old age over the next few decades without adequate social support and pose high opportunity costs for families and the state.

The first concern is that aging populations will exert further demands on public resources because the elderly will have higher health care needs due to the increase in NCDs.

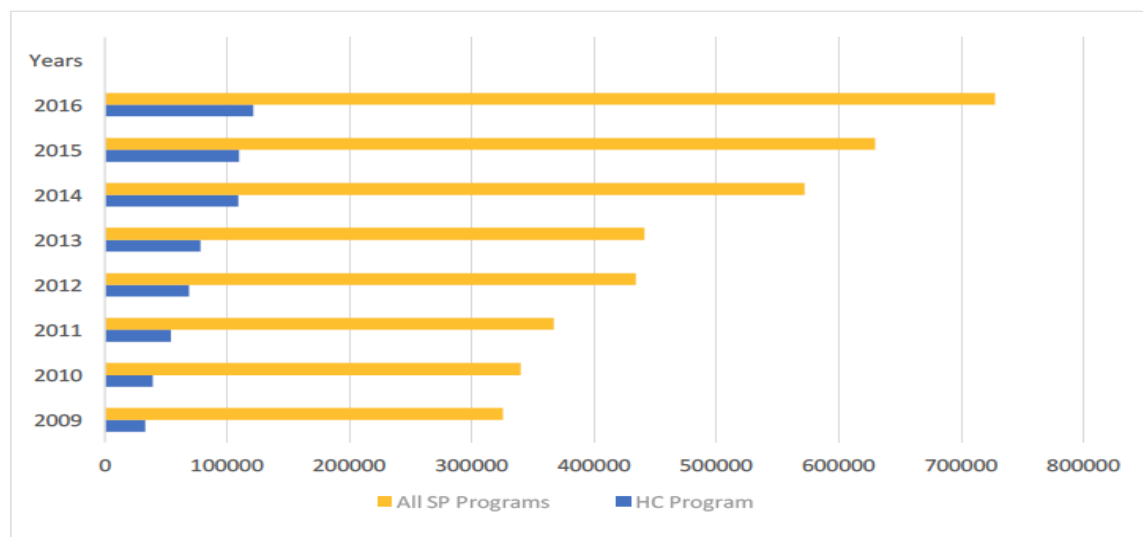
The second challenge is that Seychelles will need to find ways either to increase the number of care providers and/or increase the productivity of care providers in different parts of the LTC system.

The Home Care program as it is at the moment does not respond to the intensity of care and type of

dependencies presented by different clients and provides poor value for money to the tax payer.

The current approach is not sustainable in a context: where an aging population is exhibiting higher levels of physical and cognitive impairment; there is rising demand for home care services and inadequate mechanisms for copayment and means testing; a significant proportion of the workforce does not have core competencies in LTC; and, where LTC needs to compete for labor demand with other segments of the economy.

Spending on Home Care Program as a proportion of all Spending on Cash-Based Social Protection Programs 2009-2016 (SR 000')



Source: World Bank 2016

3.12 Long Term Nursing and Residential Care Services

Seychelles also has a network of nursing and social care facilities that provide LTC. But the management of these facilities is fragmented and demand for LTC beds is very high. Altogether around 340 beds¹ are devoted to the provision of residential LTC across health care and social care facilities funded by the public sector. Bed occupancy rates are generally high, and a ‘waiting list’ for residential social care services varies between 80 and 150 persons.²

The following weaknesses have been identified:

- None of the staff in the social care facilities have no professional competencies in social work or nursing.
- Admission to the long term nursing facility and the mental health facility is based on clinical diagnosis and on physical and mental dependencies. Admission to the nine long term residential social care facilities, on the other hand, is subjective and not linked to any formal psychological, financial or social assessment protocol.
- In the absence of technical and means testing protocols to govern admission to the nine residential LTC facilities, it is unclear how many clients could potentially stay in their own homes for longer, how many would actually benefit from home care, and how many could actually make a financial contribution to the cost of their care.
- The financial administration of LTC expenditures is fragmented and therefore availability of disaggregated expenditure data is limited, and also because there is no information on private expenditures on LTC.
- Unit costs of different LTC services are not presently known, and therefore the authorities do not know what different combinations of LTC actually cost to deliver. A unit cost methodology – relevant to LTC needs to be developed and applied to different types of LTC interventions across health, social protection, social care services and housing.
- Civil society’s direct participation in the provision of LTC is minimal. This may be as a result of the government’s role as the sole health care provider in Seychelles over the last 40 years and, since the 1980s, the main provider of home care and residential care services for the frail elderly.

The Seychelles is not in a position to offer LTC programs that provide unlimited entitlement to services without a strategy for managing costs. As demand for LTC increases in line with the aging of the population, the scope for Seychelles to fund LTC will come under pressure from two factors.

¹ 136 beds in North East Point Regional Home for the Elderly, a 27 bed chronic care ward in North East Point Hospital, 6 Bed palliative Care Ward at North East Point Hospital, and 40 beds in the mental home for the elderly, 116 beds in the nine residential social facilities. A growing number of beds in the psychiatric and mental health facilities are also used by the elderly due to neurological disorders.

² There is no official waiting list. The numbers are based on requests – based on known cases – that filed by District Administrators and/or National Assembly members.

First, the aging of the population increases demand for other types of public spending, in addition to LTC—in particular, health care and pensions.

Second, as the current generation of 25-60 year olds enter old age, the ratio of working-age individuals to people in retirement declines. Fewer people pay income tax and other taxes to fund those aspects of public spending principally directed at older people.

Demand for these services rises, while the revenue available to meet this demand decreases. The sustainability of public spending on health and pensions will therefore be subject to intense fiscal pressure arising from demographic change, even before consideration has been given to whether more public spending should be used to fund LTC.

4.0 Policy Implication

The demographic pattern of ageing has raised three main concerns.

First, the elderly population generally does not produce nearly as much as the working-age. In view that the number of older persons is growing faster than the number of people in the traditional working ages, one option to be considered is increasing the statutory ages at retirement in an effort to prolong the labor force participation of older persons and improve the financial sustainability of pension systems.

Secondly, population aging and growth in the number of persons at very advanced ages, in particular, puts pressure on LTC systems, increasing the demand for home and residential care, health services and technologies to prevent and treat non-communicable diseases (NCDs) and chronic conditions associated with old age.

This trend will have important implications because the oldest old (80 years of age and over) are much more likely than the younger old (ages 65 to 79) to need help with ADLs and IADLs, and to make greater demands on medical and LTC services due to higher levels of physical frailty and more severe forms of cognitive impairment.

The World Bank has estimated that the increasing NCD burden is ominous as disability will likely be substantial in the years to come, putting greater strain on Seychelles health system. A growing cohort of people with chronic ailments will also give rise to severe economic and social pressures as the country tries to meet the needs of the elderly with a reduced ratio of healthy workers to frail and sick dependents.

Thirdly, increasing longevity has also drawn attention to the issue of quality of life for the elderly population. As mortality rates decline and life expectancy increases, concerns arise about the quality of years lived.

4.1 Fiscal Sustainability

1. **The social protection system may not be sustainable given existing program parameters and population projections.** In the short term, the system is fiscally affordable, with very little variance between budgeted and actual expenditures. However, in the absence of parametric reforms, expenditures on the Retirement Pension and the Home Care Program (which already capture the lion's share of the safety net budget) can be expected to climb rapidly.
2. **The cost of both programs is pegged to the minimum wage, and this along with population growth drives the rising costs.** The Retirement Pension was increased from SR3600 per month and the salary of carers in the Home Care Program from SR 4,050 to SR 5,050 per month.

3. **Current financing arrangements for the Home Care Program mean that Government fully subsidizes this costly service.** Although, the Home Care Program does not place as heavy a burden on the budget, costs for the Home Care Program are escalating more rapidly than those of the Retirement Pension.
4. **While the SPF is projected to run a surplus until 2027, the fiscal balance beyond this will be negative.** SPF can continue for a number of years without government support by financing its expenditures with its reserves. However, given the extent of increase in spending, it will need to introduce further parametric reforms such as increasing the contribution rate and retirement age. It needs to also continue its efforts in improving management of its investments.
5. **The social protection system currently supports households that are not needy, while most households in need get no assistance.** Less than 40 percent of percent of beneficiaries of the Retirement Pension are poor, while almost 12 poorest are from the wealthiest. The Retirement Pension accounts for about 9 percent of the budget of the wealthiest quintile compared to 43 percent for the poorest quintile.
6. **The approach to services for the elderly is fragmented.** A more holistic approach with an emphasis on financial sustainability and coordination in the provision of the range of services required by an aging population is needed.

5.0 Policy Focus

This policy focuses on the following themes:

1. Sustainable Income Maintenance and Service Provision
2. Health and Well-Being
3. Age-Friendly Environments
4. Labour and Employment
5. Participation in Development
6. Intergenerational Solidarity
7. Neglect, Abuse and Violence
8. Combating Ageism

GUIDING PRINCIPLES

The National Policy on Ageing is guided by the UN principles that foster the ability of older people to make multiple contributions in an environment that respects their dignity and human rights, free from gender- and age-based discrimination.

Principles that underpin the Policy therefore include:

- Human rights, including the right that older people have to the best possible health and its accountable, progressive realization;
- Gender equality;
- Equality and non-discrimination, particularly on the basis of age;
- Equity (equal opportunity to the determinants of healthy ageing that does not reflect social or economic status, place of birth or residence or other social determinants);
- Intergenerational solidarity (enabling social cohesion between generations).

Policy Statements

Vision

The vision of the National Policy on Ageing is to have a society where the elderly remains valued, are fully empowered to participate and benefit in development and where they are able to live active, healthy and dignified lives.

Goal

Through the participation of all stakeholders, develop a comprehensive and coherent national response to ageing that is equitable and sustainable.

6.0 Policy Objectives

Sustainable Income Maintenance and Service Provision

Objective 1: Ensure financial sustainability of the social protection system in the face of challenges posed by an ageing population

1. Establish formal and multifaceted structures within Government to promote and facilitate networking on the social and economic factors relevant to reviewing the social protection system
2. Evaluate options to increase the retirement age and rate of contribution in line with increasing longevity.
3. Evaluate the introduction of pension means-testing
4. Take measures to strengthen the eligibility criteria to the Home Care Program and to residential services through enhanced means testing and by taking greater account of income, assets and savings in order to improve equity and sustainability in service provision.
5. Conduct a feasibility study of privatization of the Home Care Program
6. Conduct a comprehensive review of SPF strategic asset allocation
7. Ensure full automation of all ASP processes and programs
8. Strengthen monitoring and evaluation for a results based social protection system
9. Ensure continued actuarial reviews, improved information management, and continued monitoring of reserves by the SPF

Sustainable Income Maintenance and Service Provision

Objective 2: Ensure Sustainable and Equitable Systems for Long Term Care

1. Undertake a national discussion to build consensus around the provision of LTC and agree on the relative prioritization of groups in society, both in terms of who should contribute financially and in terms of who should be supported.
2. Establish the rationale for using public funds to fund LTC
3. Undertake an assessment of future need for LTC services across the population in different locations to evaluate different options for funding LTC.
4. Review and adjust package of services to better reflect needs of beneficiaries
5. Identify and develop medium term options for better risk pooling and fiscally sustainable funding options for LTC – including options linked to social insurance, reverse mortgages and/or deferred payment systems – that take account of wealth accumulation over the life cycle
6. Develop estimates of the future need for, and costs of providing LTC to improve policy coordination and reduce fragmentation across health, social care and housing services for the elderly population
7. Review existing information management systems on LTC to ensure national co-ordination amongst service providers and more effective monitoring and review of the flow of clients across different parts of the LTC system
8. Undertake regular workforce planning in the LTC sector to ensure that the country has the necessary mix of technical, managerial and service delivery skills for the provision of LTC.
9. Review the current mix of assessment tools and the way they are deployed to determine access to LTC
10. Develop unit costs for different LTC programs and services so that effective cost comparisons can be made based on a *balance of service* provision.
11. Ensure that the System of Health Accounts(SHA) takes full account of the health and social care components of LTC and is compiled in full accordance with the methods and approaches of the 2015 SHA guidelines
12. Strengthen the role and function of community-based organisations, particularly in regard to preventive measures, health promotion measures that reduce the prevalence and impact of non-communicable diseases, and the provision of reablement services.

Health and Well-Being

Objective 3: Align the national health System to the needs of older populations

1. Assess the national health systems' response to the ageing of the population and develop plans for realignment
2. Design systems to foster the self-management of older people
3. Ensure access to quality older person-centred and integrated clinical care
4. Deliver community-based interventions to prevent functional decline and care dependency
5. Ensure availability of medical products, vaccines and technologies that are necessary to optimize older people's intrinsic capacities and functional abilities
6. Make screening services that are proven to be effective, available and affordable to women and men as they age
7. Make effective, cost-efficient treatments that reduce disabilities (such as cataract removal and hip replacements) more accessible to older people
8. Ensure collaboration between sectors, most importantly between health and social services, to address the needs of older people including those arising from mental disorders, dementia and cognitive declines and geriatric syndromes such as frailty, urinary incontinence, delirium and falls
9. Advocate and support older people, their families and communities to participate in policy and planning decisions
10. Support older people's engagement with health systems

Health and Well-Being

Objective 4: Commitment to action on Healthy Ageing

1. Develop, in collaboration with all relevant stakeholders national plans and programmes to foster Healthy Ageing, establishing clear lines of responsibility and mechanisms for coordination, accountability, monitoring and reporting across all relevant sectors
2. Revise and mainstream ageing-specific laws and policies to foster Healthy Ageing, and revise compliance and enforcement mechanisms
3. Systematically involve older people in the development, implementation monitoring and evaluation of all laws, policies and plans on ageing and health
4. Include Healthy Ageing in all dialogues and policies on health, human rights and development
5. Exchange information, coordinate actions and share lessons learnt to support the development of policies and plans to foster Healthy Ageing
6. Address the dangers arising from social isolation and mental illness and reduce the risk they pose to the health of older persons
7. Support community empowerment, including peer outreach and neighbourhood visiting programmes and by facilitating the active participation of older persons in voluntary activities
8. Promote civic and cultural participation of older persons as strategies to combat social isolation and support empowerment
9. Actively encourage older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport
10. Educate older persons and the general public, including informal caregivers, about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins and minerals
11. Include specific nutritional needs of older persons into curricula of training programmes for all health and relevant care workers and professionals
12. Ensure appropriate and adequate provision of accessible nutrition and food for older persons residing in institutions

Health and Well-Being

Objective 5: Promote the principles of Active Ageing

1. Promote the principles of independence, participation, dignity, care and self-fulfillment
2. Enable the full participation of older people by providing policies and programmes in education and training that support lifelong learning for women and men as they age
3. Provide older people with opportunities to develop new skills, particularly in areas such as information technologies
4. Recognize and enable the active participation of people in economic development activities, formal and informal work and voluntary activities as they age, according to their individual needs, preferences and capacities
5. Shift strategic planning away from a “needs-based” approach (which assumes that older people are passive targets) to a “rights- based” approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older
6. Promote a life course approach to active ageing which recognizes that older people are not one homogeneous group and that individual diversity tends to increase with age
7. Ensure interventions create supportive environments and foster healthy choices at all stages of life
8. Reduce avoidable hearing impairment through appropriate prevention measures and support access to hearing aids for older people who have hearing loss
9. Reduce and eliminate avoidable blindness by 2020 (WHO, 1997).
10. Provide appropriate eye care services for people with age-related visual disabilities

Health and Well-Being

Objective 6: Develop an efficient and equitable system for providing long-term care (home, communities, and institutions)

1. Convene relevant stakeholders, including older people and caregivers, and plan for sustainable and equitable long-term care, including provision, resourcing, regulation and monitoring, and define roles and responsibilities
2. Foster collaboration between key stakeholders, including care-dependent people, their families and their caregivers, nongovernmental organizations, and the public and private sectors, to provide long-term care
3. Promote long-term care services that are age-friendly, ethical and promote the rights of older people and their caregivers
4. Ensure the development and implementation of national care standards, guidelines, protocols and accreditation mechanisms for ability-oriented, person-centred integrated long-term care provision
5. Produce national standards for training of professional caregivers
6. Develop – through training and task-shifting – the long-term care workforce (also including men, younger people and non-family members such as older volunteers and peers)
7. Improve working conditions, remuneration and career opportunities in order to attract and retain paid caregivers
8. Provide continuing education, supervision and other support for existing paid caregivers
9. Promote provision of community-based care and support of family care
10. Include older persons in the planning, implementation and evaluation of social and health care and rehabilitation programmes
11. Encourage health and social care providers to fully include older persons in decision-making related to their own care
12. Promote self-care in older persons and maximize their strengths and abilities within health and social services

Health and Well-Being

Objective 7: Provide comprehensive mental health services for men and women as they age

1. Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers
2. Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage
3. Provide programmes to help persons with Alzheimer's disease and mental illness due to other sources of dementia to be able to live at home for as long as possible and to respond to their health needs
4. Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization
5. Provide mental health services to older persons residing in long term care facilities
6. Provide ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression.
7. Pay special attention to increased depression and suicidal tendencies due to loss and social isolation
8. Pay special attention to ageing people with long-term intellectual disabilities.
9. Encourage and enable people to build self-efficacy, cognitive skills such as problem-solving, pro-social behaviour and effective coping skills throughout the life course.
10. Recognize and capitalize on the experience and strengths of older people while helping them improve their psychological well being.

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Health and Well-Being

Objective 8: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities.

1. Develop, as appropriate, gender and age-sensitive national and local policies, legislation, plans and programmes for the treatment and prevention of disabilities
2. Promote the rights of older persons with disabilities within the agendas of national policy and programme coordination agencies dealing with disabilities
3. Provide older persons with disabilities greater access to physical and mental rehabilitation services
4. Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course
5. Create age-friendly standards and environments to help prevent the onset or worsening of disabilities
6. Encourage the provision of rehabilitation and appropriate care and assistive technologies for older persons with disabilities to fulfil their need for services, support and full integration into society
7. Encourage and facilitate the establishment of self-help organizations of older persons with disabilities and their caregivers
8. Encourage employer receptivity to older persons with disabilities who remain productive and capable of paid or volunteer work.

Age-Friendly Environments and Services

Objective 9: Develop Age-Friendly Environments and Services to foster older people's autonomy and engagement

1. Promote the concept of age-friendly environments
2. Encourage and support organisations to take action to become more age-friendly
3. Promote housing environments and construction that cater to the needs of the elderly
4. Encourage age-friendly and accessible housing design and ensure easy access to public buildings and spaces
5. Promote “ageing in place” in the community with due regard to individual preferences and affordable housing options for older persons
6. Promote the development of age-integrated communities
7. Encourage investment in local infrastructure, such as transportation, health, sanitation and security, designed to support multigenerational communities
8. Ensure that new urban spaces are free of barriers to mobility and access
9. Assist older persons in making their homes free of barriers to mobility and access
10. Improve the availability of accessible and affordable transportation for older persons
11. Develop and implement provisions to ensure public buses, are more age-friendly
12. Provide information in formats such as large print, “easy read” and pictures that meet the needs of older people to make free and informed decisions
13. Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements
14. Make explicit reference to, and design national guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods

Labour and Employment

Objective 10: Align the labour market to current and future demographic realities

1. Enact labour market and employment policies and programmes that enable the participation of people in meaningful work as they grow older, according to their individual needs, preferences and capacities
2. Support pension reforms that encourage productivity, a diverse system of pension schemes and more flexible retirement options
3. Enact policies and programmes that recognize and support the contribution that older women and men make in unpaid work in the informal sector and in care-giving in the home
4. Recognize the value of volunteering and expand opportunities to participate in meaningful volunteer activities as people age, especially those who want to volunteer but cannot because of health, income, or transportation restrictions
5. Rigorously implement and reinforce, where applicable, national and international safety standards that aim at preventing injuries at all ages
6. Consider measures to fully utilize the potential and expertise of older persons in education
7. Provide opportunities within educational programmes for the exchange of knowledge and experience between generations, including the use of new technologies
8. Enable older persons to act as mentors, mediators and advisers
9. Encourage and support traditional and non-traditional multigenerational mutual assistance activities with a clear gender perspective in the family, the neighbourhood and the community
10. Encourage the utilization of the social, cultural and educational knowledge and potential of older persons

Participation in Development

Objective 11: Promote and facilitate the full participation of the elderly in all aspects of development

1. Ensure the full enjoyment of all human rights and fundamental freedoms by promoting the implementation of human rights conventions and other human rights instruments, particularly in combating all forms of discrimination
2. Acknowledge, encourage and support the contribution of older persons to families, communities and the economy
3. Provide opportunities, programmes and support to encourage older persons to participate or continue to participate in cultural, economic, political, social life and lifelong learning
4. Take into account the needs and concerns of older persons in decision-making at all levels
5. Encourage, when they do not already exist, the establishment of organizations of older persons at all levels to, inter alia, represent older persons in decision-making
6. Provide information and access to facilitate the participation of older persons in mutual self-help, intergenerational community groups and opportunities for realizing their full potential
7. Create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering
8. Promote a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society, including that of unpaid work
9. Take account of the needs of older persons and respect the right to live in dignity at all stages of life
10. Promote a favourable attitude among employers regarding the productive capacity of older workers as being conducive to their continued employment and promote awareness of their worth, including their self-awareness, in the labour market
11. Promote civic and cultural participation as strategies to combat social isolation and support empowerment

Intergenerational solidarity

Objective 12: Strengthen solidarity through equity and reciprocity between generations.

1. Promote understanding of ageing through public education as an issue of concern to the entire society
2. Consider reviewing existing policies to ensure that they foster solidarity between generations and thus promoting social cohesion
3. Develop initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource
4. Maximize opportunities for maintaining and improving intergenerational relations in local communities, inter alia, by facilitating meetings for all age groups and avoiding generational segregation
5. Consider the need to address the specific situation of the generation of people who have to care, simultaneously, for their parents, their own children and their grandchildren
6. Promote and strengthen solidarity among generations and mutual support as a key element for social development
7. Initiate research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

Combating Ageism

Objective 13: Actively Promote a Positive Image of Ageing

1. Develop and widely promote a policy framework in which there is an individual and collective responsibility to recognize the past and present contributions of older persons
2. Encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities
3. Encourage educators to recognize and include in their courses the contribution made by persons of all ages, including older persons
4. Encourage the media to move beyond portrayal of stereotypes and to illuminate the full diversity of humankind
5. Recognize that the media are harbingers of change and can be guiding factors in fostering the role of older persons in development strategies
6. Facilitate contributions by older women and men to the presentation by the media of their activities and concerns
7. Encourage the media and the private and public sectors to avoid ageism in the workplace and to present positive images of older persons

Neglect, Abuse and Violence

Objective 14: Eliminate of all forms of neglect, abuse and violence of older persons.

1. Sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes
2. Raise awareness about the rights of older people and create mechanisms to address breaches of their rights, including in long-term care and emergency situations
3. Enact legislation and strengthen legal efforts to eliminate elder abuse
4. Encourage cooperation between Government and civil society, including non-governmental organizations, in addressing elder abuse
5. Encourage further research into the causes, nature, extent, seriousness and consequences of all forms of violence against older women and men and widely disseminate findings of research and studies
6. Encourage health and social service professionals as well as the general public to report suspected elder abuse
7. Encourage health and social service professionals to inform older persons suspected of suffering abuse of the protection and support that can be offered
8. Include handling of elder abuse in the training of the caring professions
9. 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
10. Establish information programmes to educate and protect older persons from unsafe medications and treatments, and unscrupulous marketing practices, particularly in older age
11. Increase awareness of the injustice of elder abuse through public information and awareness campaigns. Involve the media and young people, as well as older people in these efforts.
12. Strengthen existing legislation and enforce laws that protect older persons from the theft of property and possessions

7.0 Policy Implementation

The National Policy on Ageing will be instrumental in mapping the way forward for a coherent response to address the challenges posed by an ageing population.

It will allow for better co-ordination and the creation of more effective networking and partnerships to ensure sustained economic growth and development and ensure adequate and effective income maintenance and service provision.

Most importantly, the Policy will bring together all stakeholders to build consensus on the many difficult decisions that have to be taken.

The Ministry of Health and Social Affairs will seek to operationalise the Policy objectives through an agreed Strategic Framework.

It is important that relevant structures are established and empowered to lead, ensure implementation as well as monitoring and evaluation of the Policy.

Role of the National Council for the Elderly will have to be determined.

All stakeholders will integrate the Policy Objectives within their own plans of actions, activities and programmes.

Together with its partners the Ministry will design key performance indicators and mechanisms to ensure adherence to the Policy.

The Policy will be reviewed every 5 years.

8.0 Institutional Set up

The Ministry of Health and Social Affairs is the authority responsible for promoting and protecting the well-being of the older person and it has the mandate to ensure implementation of this Policy.

Role of the National Council for the Elderly to be determined.

All Government Ministries have a role in implementing the Policy. While the involvement of some Ministries is more direct, it is necessary to mainstream ageing and the concerns of older persons into national development frameworks and poverty eradication strategies.

The following ministries and organisations have a key role in implementing the Policy:

- Ministry of Social Affair and Health
- Ministry for Finance, Trade and Economic Planning
- Ministry for Employment, Entrepreneurship Development and Business Innovation
- Ministry for Habit, Infrastructure and Land Transport
- Ministry for Local Government
- Ministry for Education and Human Resource Development
- Ministry for Youth, Sports & Culture
- Ministry for Environment, Energy and Climate Change
- Ministry for Fisheries and Agriculture

Also critical is the contribution of civil society organisations namely:

- Faith-based organisations
- Association for the Promotion of Solid and Humane Families (APSHF)
- Alliance For the Solidarity of Families(ASFF)
- Woman in Alliance and Solidarity Organisation(WASO)

Progress in the implementation of the Policy will be contingent upon effective partnership between Governments, all parts of civil society and the private sector as well as an enabling environment based on respect for all human rights, fundamental freedoms and good governance at all levels.

Other crucial elements of implementation include: effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation.