REPORT ON
The major improvements in the quality of life of older persons in The Bahamas 2007-2011

Prepared by
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2007-2011

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<tr>
<td>B$</td>
<td>Bahamian Dollars</td>
</tr>
<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
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<td>CCH</td>
<td>Caribbean Charter on Health</td>
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<td>CEDAW</td>
<td>Committee on the Elimination of Discrimination against Women (est. 1982; United Nations)</td>
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<td>CHAMDS</td>
<td>Caribbean Health and Ageing Minimum Data Set</td>
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<td>CNCD</td>
<td>chronic non-communicable diseases</td>
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<td>CO$_2$</td>
<td>Carbon Dioxide</td>
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<tr>
<td>COHSOD</td>
<td>Council for Human and Social Development</td>
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<td>CPC</td>
<td>Caribbean Program Coordination</td>
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<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
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<td>ECOSOC</td>
<td>Economic and Social Council (United Nations)</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GOB</td>
<td>Government of The Bahamas</td>
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<td>HDI</td>
<td>Human Development Index (United Nations)</td>
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<td>IDB</td>
<td>International Development Bank</td>
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<td>IYOP</td>
<td>International Year of Older Persons</td>
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<tr>
<td>km$^2$</td>
<td>Square kilometers</td>
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<td>LCS</td>
<td>(Bahamas) Living Conditions Survey</td>
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<tr>
<td>mil</td>
<td>Million</td>
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<tr>
<td>MIPAA</td>
<td>Madrid International Plan of Action on Ageing</td>
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<tr>
<td>ml$^2$</td>
<td>Square miles</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NIB</td>
<td>National Insurance Board</td>
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<td>NIS</td>
<td>National Insurance Service</td>
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<td>NPDP</td>
<td>National Prescription Drug Plan</td>
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<td>OANCP</td>
<td>Old Age Non-Contributory Pension</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>SCD</td>
<td>Senior Citizens’ Division</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>US</td>
<td>United States of America</td>
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Draft National Report on Ageing - The Bahamas

Background

Country Commonwealth of The Bahamas

Institution coordinating report Independent Consultant

Person in charge (name and post) Dr. Ian Anthony Bethell-Bennett, Independent Consultant
(Dawn Marshall, an older person – septuagenarian, assisted Dr. Bethell-Bennett in the preparation of this report)

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Executive Summary

This document reports on the major improvements in the quality of life of older persons in The Bahamas in 2007-2011 as part of the second cycle of review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA). The UN’s hope is that this second cycle of review and appraisal will initiate the implementation of an ongoing review process designed as a continuous system of national assessment to serve as a basis for reports to be presented at regional and international bodies (UN, 2010). However, availability of data has been challenging. Therefore, it is recommended that such a continuous system of national data collection, storage and assessment be instituted in The Bahamas to ensure that relevant data are readily available or easily attainable for the preparation of national reports.

After giving the background of the MIPAA, the report first presents the Bahamian Context, and then describes the social, economic and political situations, together with population growth and distribution. Section 3 presents the National Ageing Situation summarizing demographic indicators, the distribution of older persons, together with a profile of older persons in The Bahamas. This profile includes the marital status, living arrangements and gender dynamics of older persons, their limited economic activity, and the incidence of poverty and disability among older persons.

Section 3 also details the social assistance provided by the Government of The Bahamas (GOB) including financial assistance, living facilities, and health care. It notes that, as the population continues to age, there will be more, older widowed females who are likely to make increasing demands for health care as well as social and other forms of assistance. The government system of Old Age Non-Contributory Pensions (OANCP) is also described. The public health sector is described and the gaps and barriers to health care are identified and, in this context, the health of older persons is presented.

One of the recommendations of the Department of Statistics in its Living Conditions Survey (LCS) [2004] is that an in-depth analysis of the social safety net is needed …. to assess the suitability of the current menu of programmes, target populations and criteria, and benefit levels.”[LCS, 2004, p. 29]. The review finds that such an assessment has been initiated via a proposal in November 2011 to the International Development Bank (IDB) to strengthen the institutional capacity and provide the institutional framework for the Ministry of Labour and Social Development to efficiently execute its portfolio of social programmes.

Section 4 details the improvements made in the quality of life of older persons since 2007. The section begins with an introduction and background to the Brasilia Declaration. It then inventories and evaluates the progress made in legislative, administrative, and programmatic areas. While much has been done in the legislative area, especially in the adjustment of social protection systems, little has been achieved in the other areas. In part, this is due to the fact that these adjustments did not seem to be perceived as follow-ups to MIPAA, but rather seem to be an aspect of The Bahamas’ natural concern for its older citizens. In this respect, it could be argued that social protection of older persons has been mainstreamed into the GOB. Similarly, it could be argued that catering for older persons has been mainstreamed into the commercial life of The Bahamas as a number of entities like banks and utility agencies
provide special queues for older persons, and some commercial establishments give small discounts (5-10%) discounts to older persons.

In terms of data collection and analysis, the most significant activities were those by the Department of Statistics and their analysis of ageing based on the 2000 Census and the LCS survey in 2001 which made an assessment of the poverty situation in The Bahamas. It is recommended that such an analysis of ageing be done based on the 2010 Census. It is also recommended that another LCS be conducted, especially in light of the current “great recession”.

Section 5 argues that the ultimate aim of the protection of the human rights of older persons is mainstreaming their concerns and issues into social development initiatives. While The Bahamas has not instituted any specific mechanisms to follow-up the implementation of the MIPAA, it has mainstreamed their social protection and health care especially into the public government system. In this respect, it argues that essentially, most of the activities detailed in Sections 4.2 and 4.5 can be considered Best Practices.

Section 6 recommends key actions to strengthen the implementation of the Brasilia Declaration:
- the conduct of an analysis of ageing based on the 2010 Census similar to that done for the 2000 Census;
- a repeat of the LCS survey;
- the creation of a national database for older persons and their associations by the Social Services Department;
- wide dissemination of the findings of the in-depth analysis of the social safety net by the IDB to assess the suitability of the current menu of programmes, target populations and criteria, and benefit levels;
- implementation of the institutional reforms recommended by the IDB for the efficient and cost-effective implementation Social Services Department;
- implementation of an ongoing review process designed as a continuous system of national assessment to serve as a basis for reports to be presented at regional and international bodies; and
- establishment of follow-up, monitoring and evaluation mechanisms specifically for the review and appraisal of MIPAA and mobilization of the resources for its follow-up.
1. Introduction and Background

The first plan of action on ageing, the Vienna International Plan of Action, was adopted by Member States in 1982 at the first World Assembly on Ageing in recognition of the demographic changes taking place, mainly in developed countries. Twenty years later, acknowledging that these demographic changes were taking place globally, and informed by the uneven implementation of the Vienna Plan, the Madrid International Plan of Action on Ageing (MIPAA) was formulated at the Second World Assembly on Ageing in Madrid in 2002. Its goal was to assist countries in integrating older persons into their development policies, plans and programmes. Its priority directions are (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring enabling and supportive environments. In February 2004, the Economic and Social Council of the United Nations, in resolution 42/1, made the decision to undertake a review and appraisal of the implementation of the MIPAA every five years [http://www.un.org/esa/socdev/csd/2010/resolutions/ageing.pdf].

Each region also has its own regional plan of action. The Regional Strategy for Latin America and the Caribbean was formulated in 2003 and the first review and appraisal was presented at the Second Regional Inter-Governmental Conference on Ageing in Brasilia (4-6 December 2007). This report is in response to the second cycle of review and appraisal. The UN’s hope is that this second cycle will initiate the implementation of an ongoing review process designed as a continuous system of national assessment to serve as a basis for reports to be presented at regional and international bodies (UN, 2010).

This is an aspiration which would not only ensure that relevant data are readily available or easily attainable, but would also help to put an end to the usual ‘scrambling’ that responsible bodies tend to experience when preparing national reports. It is an aspiration badly needed in The Bahamas, which the author would dearly love to see implemented and achieved. To this end, it is recommended that such a continuous system of national data collection, storage and assessment be instituted in The Bahamas.

1.2 Methodology

This report is based on an extensive documentary review of reports, articles, commentaries, speeches etc on The Bahamas, utilizing both hard copy and on-line material. These often include statistical information which varies with reports. Therefore, the Department of Statistics in The Bahamas is used as the main source of statistical material, and other sources are only used when the material is not available from the Department. This documentary review is bolstered by interviews with key informants and stakeholders.
2. The Bahamian Context

2.1 Profile of the Commonwealth of The Bahamas

Box 1. Profile of the Commonwealth of The Bahamas

In 2011, HDI = 0.771 ranked 53rd; in 2004, HDI = 0.825 ranked 52nd

- **Geographical and Environmental**
  - Archipelago of 13,940 km² (5,186 mi² land area) made up of 700 low-lying islands and cays stretching over 259,000 km² of ocean
  - Situated in the north western Caribbean at 24°15N and 76°00W, southeast of Florida and north of Cuba
  - Estimated coral reef area of 10,000 km²
  - Sub-tropical climate: hot wet summer season (May to October) and warm drier winter season (November to April)
  - High evaporation rates and low rainfall resulting in water deficiencies
  - Natural hazards: tropical storms and hurricanes, storm surges with flooding, vulnerability to climate change and sea level rise
  - Low contributor to greenhouse gases, and major absorber ("sink") of CO₂

- **Demographic**
  - 95% of the population of 353,658 (2010) concentrated on seven islands
  - 70% on New Providence where the capital Nassau is located; 15% on Grand Bahama
  - Mainly black population (85%), with 12% white and 3% Asian and Hispanic
  - Age groups: 0-14 = 29.4; 15-64 = 65.3; 65+ = 5.0 (2000 Census)
  - Age groups projected 2010: 0-14 = 25.1; 15-64 = 68.8; 65+ = 6.11
  - Age Dependency ratio (per 1000) = 529 (2000); 454 (2010) [Table 2 Projections]
  - Constitutional Parliamentary Democracy

- **Economic**
  - Expenditure on Gross Domestic Product (constant 2006 prices) B$8,080.81mil (2007)
  - Expenditure on Gross Domestic Product (constant 2006 prices) B$7,616.87mil (2010)
  - GDP real growth rate: 1.4% (2007), -1.3% (2008), -5.4% (2009), 0.9% (2010)
  - Economy based on tourism and offshore banking (92% of GDP)
  - Average household income B$39,626 (2004)

- **Vital Statistics**
  - Life expectancy 74.5 total (2010); 71.5 males; 77.4 females [Table 2 Projections]
  - Total Fertility rate of 2.0 (2000); 2.1 (2010)
  - Crude Death Rate of 6.3 per 1,000 (2000); 5.5 (2010)
  - Infant Mortality Rate [not calculated because of distortions due to small size]

- **Health**
  - 14.4% (B$223,372,876) of 2010/2011 recurrent budget allocated to health
  - 16.2 physicians per 10,000 population (2003); 2010 = 465 physicians registered under Section 9 and approx. 500 physicians working in Government services (Medical Council)
  - 26.6 nurses per 10,000 population (2003)
2.2 Social, Economic and Political Situation

The archipelagic nation of The Commonwealth of The Bahamas is a member of the British Commonwealth and a constitutional multi-party parliamentary democracy. It became independent on 10 July 1973. Despite the challenges of governing a 700 island archipelago, the Bahamas has a “history of sound economic management, political stability and close proximity to the US which has resulted in steady economic growth” [IDB, 2010, paragraph 1.1.]. The Government is headed by a Prime Minister and there is an upper house, the Senate (a 16-member body appointed by the governor general upon the advice of the prime minister and the opposition leader for five-year terms), and a lower House of Assembly (38 seats recently reduced from 40 seats (2011) whose members are elected by direct popular vote to serve five-year terms). Queen Elizabeth II is the nominal Head of State and is represented in The Bahamas by an appointed Governor General. (See Annex: ‘The Bahamas Government at a Glance’).

Tourism contributes an estimated 61% (both direct and indirect) to GDP and the US accounts for an estimated 87% of total arrivals. Thus, given the global financial crisis and US recession:

- visitor arrivals have declined (by 4.5% in 2008),
- tourism’s output has decreased for three consecutive years because of lower occupancy rates and reduced visitor spending;
- activity in the real estate and construction sectors has contracted;
- foreign direct investment inflows have slowed;
- although the financial services sector remains minimally exposed to financial contagion, the outlook for this sector is guarded;
- growth forecasts have been reduced quite dramatically for the coming years; and
- unemployment has risen from 7.9% in 2007 to 14.1% in 2009. The youth unemployment rate was 20.2% in 2005 and 18.9% in 2007 [IDB, 2010].

However, the Department of Statistics has reviewed GDP figures as a result of several surveys conducted recently which have provided actual data where previously estimates have had to be used. This review indicated that, while the rate of growth of expenditure on GDP declined in 2008 (-1.3%) and 2009 (-5.4%), this decline was halted in 2010 with a modest growth of 0.9%. Nevertheless, it is likely that in the short to medium-term, The Bahamas faces the prospect of an increased demand for public services, especially by older persons.

2.3 Population Growth and Distribution

Based on the Preliminary Population and Housing Count of the 2010 Census, which reports population counts for 19 islands, the population of The Bahamas in 2010 totaled 353,658, an increase of 16.48% over the 2000 Census. The population of 170,926 (48.33%) males and 182,732 (51.67%) females lived in 128,858 dwelling units with an average household size of 3.4. Approximately 70% of the population lives on New Providence, the island on which the capital, Nassau, is situated. Grand Bahama, the next most populated island, contains approximately 15% of the population. There has been a minute increase in the population of New Providence over

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1 These are preliminary figures which have not yet been finalized.
the ten years, and a minute decrease in that of Grand Bahama (Table 1). The population of Exuma and Long Island has increased by 104.8%, largely due to the development of the Sandals Emerald Bay Resort in Exuma. As a proportion of the total, the population of all the other islands has either remained static or declined.
3. National Ageing Situation

3.1 Demographic Indicators

Ageing and Dependency Ratios: Data from the Department of Statistics show that the population is ageing. In 2000, persons 65 years of age and over made up 5.2% of the total population compared to 4.7% in 1990. This detail is not yet available from the 2010 Census. However, population projections for 2000 - 2030 (Table 2) developed by the Department of Statistics show a steady ageing of the population. The 65+ age-group is projected to increase from 5.24% in 2000 to 12.44% in 2030, while the 0-14 age group decreases from 29.38% in 2000 to 22.00% in 2030. The 15-64 age group is projected to increase gradually from 65.38 to 69.27% in 2015 then decline to 65.56, a proportion almost the same as that in 2000.

As a result, the aged dependency ratio is projected to increase from 80 to 190 over the period, more than doubling the burden on the 15-64 age group. Moreover, the life expectancy of the total population also increases, from 73.2 years in 2000 to 78.8 years in 2030, increasing the number of years during which this burden has to be borne (Male and Female life expectancies given in Table 2). Similarly, the crude birth rate is projected to fall from 17.5 in 2000 to 15.0 in 2030.

Distribution of Older persons: The majority of older persons live in New Providence, though the proportion (64%) is less than the proportion of the total population in New Providence (approximately 70%). Only Grand Bahama (3.52%) and the Berry Islands (3.53%) have a lower proportion of the older persons than New Providence (4.81%). On the other islands, the proportion of older persons ranges from 5.6% in Abaco to 22.3% in Crooked Island. In all but one island, Abaco, there were more, older females than males, with the difference being most extreme on Ragged Island where three quarters of the older persons were females. In fact, in every one of the eleven censuses taken since 1901, females have outnumbered males, though usually not by much (http://statistics.bahamas.gov.bs/download/022740800.pdf). In 2010, females (51.67%) again outnumber males (48.33%).

The “Second Draft Older Persons Chapter 10”, 2006, on which much of Section 3 of this Report is based, makes no reference to the Haitian population, most likely because it is a young population. The 2000 Census records a resident3 Haitian community of 21,426 persons out of a total of 303,611 residents in the country, 7% of those recorded. However, estimates of the number of Haitians in The Bahamas vary widely between 20,000 to “hundreds of thousands” – the number would certainly be more than the total recorded by the Census. Most importantly, in the context of ageing, is the fact that the Haitian population is a young population: based on the 2000 Census with a median age of 25.3 years. Only 2% of the Haitians recorded were 65 years or older, while 39% were below the age of 20. In this discussion of ageing, therefore,

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2 The Department of Statistics has prepared several analyses of the 2000 Census including one on Older Persons. Section 3 of this Report is based on this analysis: “Second Draft Older Persons Chapter 10”, 2006.

3 The Census defines “residents” as those who have been in the country at least six months prior to enumeration or who intend to stay at least six months after enumeration.
it should be recognized that, in reality, the Bahamian population is segmented, with an ageing Bahamian population and a young Haitian population. This document focuses on the ageing Bahamian population.

3.2 Profile of Older Persons in The Bahamas

3.2.1 Marital Status, Living Arrangements and Gender Dynamics

Forty-two per cent (42%) of persons 65+ years were married, and the number of married male older persons almost doubled the number of married female older persons. Of the widowed older persons, for every one widowed male there were four widowed females which means that as the population continues to age there will be more older widowed females who are likely to make increasing demands for social and other forms of assistance. Slightly more than two-thirds of those 65+ years were heads of households, with men making up the larger number. In contrast, women accounted for 81.6% of the older persons living in households where their son or daughter was the head. Eighteen per cent of the older persons, both males and females, lived in single person households, while 28.7% of the older persons lived in two person households. The majority of older persons (82%) lived in owner occupied dwelling units while 11% lived in rented quarters: 12% of older males living in rented quarters compared to 9.3% of older females.

3.2.2 Economic Activity

Only 21% of the older persons continued to work after the age of 65 years and men outnumbered women 33% to 12%. It is worth noting that, although there may be a few exceptions, men and women working in the public sector are required to retire at age 65 years. With respect to labour rights, the Committee on the Elimination of Discrimination against Women (CEDAW)\(^4\) has called attention to the negative impact on women of specific legislation related to retirement and old-age pensions, particularly in relation to requirement of 45 years of contributing to the pension fund without incurring a loss in benefits [Concluding Remarks CEDAW/C/DEU/CO/6, 12 Feb 2009]. This discrimination against older persons, though long-standing in The Bahamas, is an area that merits more consideration.

3.2.3 Poverty\(^5\)

According to the “Bahamas Living Conditions Survey (CLS), 2001 published in 2004, the total absolute poverty line for The Bahamas is BS$7.84 per person per day. This translates into a requirement of BS$2,863 per person per year [CLS, 2006, p. 13]. The national poverty rate is 9.3%; but only 5.1% of Bahamian households are poor. In households headed by a person 65+ years, the poverty rate is 6.73%. 6.73% of 15,777 households equates to 1062 households, so at least 1,062 heads of households who are 65+ would be below the poverty line. Undoubtedly, there are older persons who are not heads of households who live below the poverty line.

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\(^4\) Bahamas Accession to CEDAW, 6 Oct 1993
\(^5\) This section on poverty is based on the “Living Conditions Survey” (LCS) conducted in 2001 by the Department of Statistics. While this is much earlier than the cut-off date, it is the one and only LCS conducted in The Bahamas.
For easy reference, the Department of Statistics divides the islands of The Bahamas into five categories: (1) New Providence; (2) Grand Bahama; (3) Abaco, Andros and Eleuthera; (4) Exuma and Long Island; and (5) All Others. Poverty rates are highest in the Other Family Islands and the poor in these islands are poorer, on average, than the poor in other four regions. Recall, then that, with the exception of New Providence, Grand Bahama and the Berry Islands, the proportion of older persons on the other islands ranges from 5.6% in Abaco to 22.3% in Crooked Island and that, with the exception of Abaco, older females outnumber males with the difference being most extreme on Ragged Island where three quarters of the older persons were females. Dependency burdens (young and old) amongst poor households (0.88) are more than 50% higher than the national average. Amongst poor female-headed households this ratio rises to 0.98 implying that each worker must support about one non-worker.

3.2.4 Disability

In 2000, for the first time, a question on disability was included in the Population and Housing Census. Of the 15,777 persons 65+ years in 2000, 23.4% of the males and 28.8% of the females were disabled. For both sexes movements/mobility and sight problems were the major disabilities. For all disabilities of older persons, females outnumber males, not surprisingly as females outnumber males in the population 65+ years.

![Figure 2: Older Persons Types of Disabilities (Statistics 2006)](image)

3.2.5 Social Protection

**Social Assistance**: The Department of Social Services, Ministry of Labour and Social Services, provides care assistance, special services and support to a wide variety of people throughout The Commonwealth of The Bahamas, including older persons. This assistance includes small house repair, food assistance, financial assistance for payment of rent, utility bills, medical supplies, and services (diagnostic procedures etc.), household items (basic clothing,
footwear, uniforms), disaster (hurricane and fire), aids (wheelchairs, walkers, hearing aids) home help, and burial costs.

The SCD, Department of Social Services, Ministry of Labour and Social Development, investigates and follows-up on reported cases of persons who are in distress as well as on reported cases of elder abuse, neglect and abandonment; counsels, advises and gives information to families experiencing difficulties with their aged relatives. Also, schedule weekly follow up appointments for Gerontology. Makes periodic visits to private group homes, provides day care services through a Senior Citizens’ Day Care Centre and provides home helper services. The Division also functions as the Secretariat for the National Council on Older Persons.

Living Facilities: The Government of The Bahamas (GOB) also sponsors rental units as independent living facilities (8 buildings consisting of 40 units), and makes regular visits to older persons placed in these units. The Department of Social Services also provides twenty-four hour care services in three (3) group homes for able-bodied older persons who are unable to function independently (maximum capacity of 40 persons). In addition, there are also twelve (12) private homes and/or day care centres for older persons in New Providence, one assisted living in South Andros, together with three residential care rentals in Eleuthera, three in Exuma, and four in Cat Island. A private facility is located in the Family Islands (South Andros). Except for one home opened in April 2007, all of the homes or day care centres were established prior to the period under review.

Geriatric Hospital - the only Government Medical Residential Nursing Care and Rehabilitation for Older Persons providing the following health services to all of its patients:

- Pharmacotherapy
- Laboratory services (limited)
- Physiotherapy
- Full medical examinations
- Occupational therapy
- Podiatry
- Dentistry
- Social Services Counseling
- Out-patients service
- Referrals to specialty clinics
- 24 hour nursing services
- Psychology Department
- Gerontontology follow-ups
- Psychiatric medicine

Health Social Services Sandilands also serves on the Geriatric Admissions Committee for prospect admissions.

The Geriatric Facility was officially opened in 1965 with five (5) wards, two male, 2 female, and one for physically and mentally challenged children. With a capacity of 127 beds, it still has five wards: 2 male, 2 female and one Psychiatric Geriatric Ward for male clients.

While this “menu” of assistance to older persons is impressive and appears reasonably well-targeted, the LCS concluded that “coverage rates are extremely low. As a result it is highly unlikely that these programmes can, at their present coverage levels, have a major impact on the poor.” It recommended that an in-depth analysis of the social safety net is needed … to assess the suitability of the current menu of programmes, target populations and criteria, and benefit levels.”[LCS, 2004, p. 29]. The GOB has taken steps to address this need.

In November 2011, the International Development Bank (IDB) proposed a project “Strengthening Social Protection Programs in The Bahamas” to strengthen the institutional capacity and provide the institutional framework for the Ministry of Labour and Social Development to efficiently execute its portfolio of social programmes. It noted that only 16.7 percent of poor households were in receipt of a safety net benefit, programmes rely on inefficient targeting mechanisms, information and monitoring systems are weak, programme evaluations are virtually non-existent, programme information is not fully computerized and programme officials have difficulty accessing even basic programme information, such as how many programme beneficiaries there are. “As a result, we do not know which programs are achieving their objectives and if they are efficient and cost-effective” [IDB, 2011].

The IDB’s technical assistance will support the Government’s efforts to examine the adequacy of its social safety net as well as the efficiency and quality of social services will provide key inputs to establish a basic framework for realignment and reform of the social safety net in The Bahamas, thus improving the efficiency of public social expenditure.

**Old Age Non-Contributory Pension (OANCP):** The National Insurance Board was established by the National Insurance Act 1972, and began operations in October 1974. The system is financed by contributions which are levied on employment earnings up to a wage ceiling and are paid by employers, employees and self-employed persons. For employed persons, the contributions were 7.6% from the employer and 2.2% from the employee from May 2010. Automatic increases will occur every two years (in July) based on the change in the Bahamas Retail Price Index over the prior two calendar years plus 2%. The ceiling on insurable wages increased from $400 to $500 per week in January 2011, and will increase from $500 to $600 per week in July 2012. Self-employed persons pay contributions monthly at a rate of 8.8%

The OANCP is a payment made to a Bahamian resident who is 65 years old or older, who does not qualify for a Retirement Benefit, and who has been assessed as being needy based on a "Test-of-Resources". OANCP is paid for life or until the person’s status changes. The 8th Actuarial Review indicated that, if the present contribution rate and benefit provisions were maintained, the National Insurance Fund would be exhausted in 2029. In this context, it is interesting to note that the NIS long term benefits expenditure on OANCP as % of Insurable Wages declined from 0.60% in 2002 to 0.38% in 2006. Similarly, the number of OANCPs paid declined from 3,701 in December 2001 to 2,817 in December 2006, a decline of 7.6%.

3.2.6 Health Situation

The Pan American Health Organization (PAHO) describes the Bahamian health care system as a hybrid [Gomez et al, 2004, p.xii]: including aspects of a managed public health care system (British) and aspects of a private health care system (American). PAHO stressed that a balance has to be found between the two. It also notes the “inconsistency” of “developed world” expectations and “developing world” economic realities, an inconsistency that is by no means limited to the health care system.

The public health sector has a network of 3 hospitals and 103 primary care clinics, 55 of which are situated in 16 islands with some islands having as many as 8 (Abaco) or 14 (Eleuthera) clinics either because of size of population or size of island and difficulties of transportation – for instance Eleuthera is 110 miles long. The hospitals are staffed and equipped for the provision of emergency and primary health care services, secondary services and a range of tertiary services. The clinics are equipped and staffed for the provision of basic diagnostic, preventive, and curative services. Grand Bahama is the only Family Island with its own public health services network (a hospital and clinics), although there are public health clinics in most of the Family Islands. The private health sector is also equipped and staffed to provide primary, secondary and tertiary care. The Doctors Hospital is the main provider of private in-patient services. A variety of solo practices provide ambulatory, general and specialized services in New Providence and the more populated Family Islands.

Gaps and Barriers to Health Care

- the amount of time that has to be spent at public health facilities in order to obtain routine health care services – as many as six hours have been spent for a routine physical checkup in which the blood work could not be completed because the ‘fasting’ time had morphed into ‘starvation’ time [personal communication].

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6 A non-Bahamian may enter The Bahamas as a visitor for an initial period of up to two months. During this time the visitor may apply for residency. Three levels of residency are available: Annual Residence Permit; Permanent Residence Permit; and Home Owner’s Card. The success of an application is subject to the discretion of the Board of Immigration. The Government Fee for an annual permit is one thousand Bahamian Dollars (B$1,000) for the head of the household and twenty-five Bahamian Dollars (B$25) for each dependent.
• disparity in access to care between New Providence and the Family Islands.
• limited access to secondary or tertiary care services if they are not available in the public health care system because of costs.
• inequities in health care due to shortages and deficiencies in diagnostic and therapeutic services, particularly some pharmaceuticals which can only be acquired by individuals from the private health care sector with the financial ability to purchase them.
• Limited health insurance coverage especially for older persons.

The 2001 Living Conditions Survey (LCS, 2004) indicated that, except for children under 5 years of age (23.1%), older persons were, not surprisingly, most likely to report an illness. They were also more likely to present with a physical or mental disability: 17.6% of the older persons were disabled. Interestingly, adults in the 55-64 age group reported a higher prevalence of diabetes (18.2%) than those aged 65+ (16.4%), but a lower prevalence of hypertension: 36.0% compared to 44.0%. Again not surprisingly, the older persons represented the highest proportion of out-patient visits to health facilities (24.6%) and more is spent on their health annually (BS$743.60) compared to only BS$148.20 spent on children 0-4 years old and BS$493.60 spent by those aged 35-54 years. However, only 33.8% of the older persons had medical health insurance compared to 56.5% of those aged 35-54 years.
4. Overall progress in implementing the Brasilia Declaration

4.1 Introduction and Background

The General Assembly of the United Nations designated 1999 as the International Year of Older Persons (IYOP). Together with other Caribbean Community (CARICOM) Member States, The Bahamas celebrated the year and adopted the Caribbean Charter on Health and Ageing (CCH-II). In doing this, Member States committed to developing a National Plan for Health Ageing by mid-2000, to establishing National Health Focal points, multisectoral monitoring/steering mechanisms, and to developing a training programme for health care workers, individuals and community care givers on the ageing process and on the health needs of the elderly. In addition, regionally, Caribbean Indicators on Health and Ageing were to be developed by the end 2000, and national information systems in all countries were to be modified, where necessary, by 2002.

The Caribbean Charter for Health Promotion (1993) had outlined strategies that could be applied to diverse health issues and the CCH II in 1997 included health and ageing objectives. The Caribbean Cooperation in Health, Phase II (CCH II), recognizes issues related to health and ageing under its Family Health priority area. The CCH II includes a specific indicator relating to the development of a minimum data set for health and ageing in Caribbean countries, slated for completion by mid-2000.

Caribbean Charter on Health and Ageing, which was adopted by the CARICOM Council of Human and Social Development in 1998. – is this a part of CCH II?

The Charter components were:

1. Supportive environments for older persons at home, in the community and in facilities, including those for long-term care,
2. Primary health care and health promotion, and
3. Economic security, employment and other productive activities for healthy ageing

Although the GOB has done a number of things to improve the quality of life of older persons, no specific follow-up or monitoring mechanisms have been established for review and appraisal of MIPAA. Thus, the information given below has had to be pieced together from many sources. It is quite possible, therefore that some activities may have been omitted and that this section is not a complete picture of the activities of the GOB that improve the quality of the lives of older persons.

Consequently, no specific actions have been made to mobilize resources for the follow-up of MIPAA. Rather, GOB resources that are budgeted for the relevant departments (e.g. Social Services, SCD, Ministry of Health) are utilized. In this respect, it could be argued that ageing has been mainstreamed into the GOB.

Similarly, there are no monitoring mechanisms to chart deterioration in their quality of life. Globally, the four main challenges that older persons face in terms of human rights are discrimination, poverty, violence and abuse as well as the lack of specific measures and services
Anecdotally, the SCD reports that the four main challenges for older persons in The Bahamas are welfare, financial assistance, housing and health. The Division also reports that there are now more poor older persons and that instances of financial exploitation by family members have increased [personal communication].

In terms of evaluations, again anecdotally, the SCD reports that there are limited mechanisms for evaluation except for the usual staff performance assessments required by the public service and the annual inspection of residential homes for older persons by the Licensing Authority [personal communication].

4.2 MIPAA Follow-up: Inventory and Evaluation

4.2.1 Legislative - Inventory

- July 2010: Based on recommendations of the 8th Actuarial Review of the NIS, together with a compensation review and manpower needs assessment exercise, Parliament passed 22 amendments to the National Insurance Act to strengthen the social security system. By October 2011, all but two of the 2010 amendments were in force, including increases in Assistance Pensions such OANCP and automatic cost of living adjustments to pensions, and new pension benefits for widowed persons: instead of paying only the higher of the two pensions, NIB will pay 100% of the widow/widower’s Retirement or Invalidity pension, plus at least 25% of the deceased spouse’s pension.

- September 2010: NIB launched the National Prescription Drug Plan (NPDP), complementary to the OANCP, and its secondary component “Healthy People”. Offered free of charge to eleven groups of beneficiaries in its first phase, the Drug Plan makes it easier for CNCD patients to access the prescription medications which are essential to the treatment of their ailments.

- The NPDP since inception: Budget $10 million, Number of persons registered: 16,000
  - Total number of active NPDP beneficiaries: 14,349
  - Participating Pharmacies: 40 private, 70 public for a total of 110.
  - Number of prescriptions filled: Private pharmacies (100,000+) Public pharmacies (21,772)
  - Amount paid out to private pharmacies (as at Aug. 2011): $2.1 million
  - Average number of Claims Paid Weekly: 2,171 (private) 340 (public)
  - Average Amount Paid Weekly: $41,777 (private) $5,399 (public).

- The second phase of the Plan commenced on May 9, 2011 and coverage was extended to include seven more categories of persons including the following which are relevant to older persons:
  - Indigent persons
  - Persons in receipt of disablement benefit assessed at one hundred per centum under the National Insurance (Benefit and Assistance) Regulations
  - Persons receiving NIB Retirement Grant
  - Persons age 60 and over in receipt of NIB Survivors Benefit/Assistance who have been diagnosed with one or more of the chronic conditions covered under the Plan.
• Number of beneficiaries by chronic condition (CNCD): of the 14,349 of active Plan members registered and claiming, although not all of these are necessarily older persons, the incidence of these 3 diseases tends to increase with age – all preventable or controllable by lifestyle choices:
  o 12,753 or 89% = hypertension
  o 6,319 or 18% = high cholesterol
  o 5,473 or 15.6% = diabetes [Cargill, 2011]

• In 2010, the SCD provided 362 cases of assistance. In addition, 201 older persons were housed in residential units. Ongoing assistance is provided to families in need of same.

• There are plans for an Older Persons Desk at the Department of Social Services to be manned by the National Council of Older Persons.

• The Bahamas Government fosters a “Healthy Lifestyles” programme, which is designed to combat the high rate of costs associated with the treatment of CNCDs, among Bahamians.

4.2.2 Legislative - Evaluation

It is in the area of adjustment of social protection systems in response to demographic changes and their social and economic consequences that The Bahamas’ legislature has been most active during the period under review. Three comments can be made in this regard:

i. These adjustments did not seem to be perceived as follow-ups to MIPAA, but rather seem to be an aspect of The Bahamas’ natural concern for its older citizens. In this respect, it could be argued that social protection of older persons has been mainstreamed into the GOB.

ii. Similarly, it could be argued that catering for older persons has been mainstreamed into the commercial life of The Bahamas as a number of entities like banks and utility agencies provide special queues for older persons, and some commercial establishments give small discounts (5-10%) discounts to older persons.

iii. As noted earlier, the social protection system serves only a small proportion of the populations of older persons. Although not specifically related to older persons, the Assistant Director of Social Services remarked that reforms to the social assistance programme were needed that would help to better identify those persons who truly need assistance [Daily Tribune, 27 January 2012]. As already indicated an in-depth analysis of the social safety net has been initiated via a proposal by the IDB.

4.3 Administrative

Given that this section is directly related to the administration of the follow-up of the MIPAA, and the fact that legislative adjustments did not seem to be perceived as follow-ups to MIPAA, it is not surprising that the review could find no activities that could be categorized under administrative.
4.4 Programmatic

Except for one the home which was opened in April 2007, all of the homes or day care centres for older persons were established prior to the period under review. In other words, there have been no additional homes established since then. Hopefully, as a result of the IDB project, the needs will be identified and quantified, serving as a basis for policy directives in this area.

4.5 Institutional

As already indicated, no institutions have been established to specifically follow-up on the implementation of MIPAA. It follows, therefore, that any follow-up would be included in the routine tasks of the Ministry of Social Development, the State Minister for Labour and Social Development, and the Department of Social Services, SCD (focal point for Ageing for ECLAC). Nevertheless, activities have taken place in this area.

In its 2008/2009 Budget Communication, the GOB announced increases to its Department of Social Services’ allocation by 20.5 percent to $31.8 million over the previous budget, with $3 million specifically earmarked for poverty alleviation. The Government provided a further increase in its current budget of some $7 million or 22 percent, so as to increase assistance to the poor by almost 45 percent or $13 million over a two-year period. [http://www.thebahamasweekly.com/publish/bis-news-updates/Bahamas_Government_Increases_Social-004344.shtml](http://www.thebahamasweekly.com/publish/bis-news-updates/Bahamas_Government_Increases_Social-004344.shtml) This, of course, would include older persons.

On 18 October 2007, the Deputy Director of the SCD of the Department of Social Services announced the Department’s intention to create a National Database for older persons. Representatives of Retired Persons’ Associations were encouraged to register their associations with the Department so that it could keep track of all of the associations operating within the country and ensure that their members could benefit from its “myriad of programmes, activities and partnerships” established between the Government of The Bahamas, the Department, the National Council on Older Persons and various corporate and other sponsors [bahamaspress.com/2007/10/18/].

In terms of training, the SCD, in conjunction with the National Council on Older Persons, has established a number of programmes, training sessions and activities for older persons e.g. a computer literacy programme for functional older persons. The National Council of Older Persons includes members from both public and private sector organizations and Non-Governmental Organizations (NGOs). It was formed to coordinate and implement the activities for International Year of Older Persons. At the close of the year, a conscious decision was taken to retain the Council [Rutherford, 2002], which still exists, meets once a month and works closely with the SCD. The Council is one of the primary organizers of the Celebrations of Older Persons Month which takes place every October. For e.g., the ‘Old but Useful’ Exhibition to celebrate Bahamian ancestry and heritage in October 2010, and exhibition of old items, which “although they are old, are very, very useful. We want to say to the public the same goes for older persons.” [bahamasb2b.com/news/2010/10/].
The Ministry of Health, in addition to training for health professionals on geriatric care, also maintains on its website a section on Older Persons’ Health which covers Community Nursing, Home Visitation, Gerontology and Resources; 10 Steps to Healthy ageing; Myths about ageing; information on Residential Homes and Facilities for the Elderly; availability of geriatric care; and indicators on detecting neglect.

One of the aims of the National Job Readiness and Training Programme, introduced in the 2011/2012 Budget Communication, is to clearly identify target areas of needs and worker shortages, including elderly care providers.


The Department of Statistics is the primary government agency with responsibility for data collection and analysis. Its analysis of ageing based on the 2000 Census and their LCS survey in 2001 have provided most of the data for Section 3 on the National Ageing Situation in The Bahamas. Hopefully, there will be a similar analysis of ageing based on the 2010 Census. While recognizing the costs involved in carrying out surveys such as the LCS, it is true that such assessments of poverty also need to be repeated, and it is recommended that another be conducted, especially in light of the current “great recession”.

5. Best practices in human rights of older persons

Mainstreaming the concerns and issues of older persons into the objectives of social development initiatives is the ultimate aim of the protection of the human rights of older persons. Mainstreaming means paying attention to the particular needs of older persons when conceiving, implementing and evaluating development policies [Venner, p.1]. The review has noted that adjustments to social protection systems and the impressive menu of assistance to older persons are not perceived as follow-ups to MIPAA, but rather as an integral aspect of The Bahamas’s natural concern for its older citizens. Moreover, these adjustments have not been a once only act, but have increases built into them, for instance the OANCP. In this respect, it could be argued that social protection of older persons is mainstreamed into the GOB.

The provisions of health care for older persons are also mainstreamed into the public health system, including the Geriatric Hospital. Older persons can access free health care and medications at the public health clinics and at the public hospital. While there are gaps and long waiting times, the fact remains that the care of older persons has always been integrated into the public health system.

Similarly, the SCD, in conjunction with the National Council on Older Persons, has established a number of programmes, training sessions and activities for older persons e.g. a computer literacy programme for functional older persons while the Ministry of Health training for health professionals on geriatric care.

Essentially, most of the activities detailed under Sections 4.2 and 4.5 can be considered best practices.
6. **Key actions to strengthen the implementation of the Brasilia Declaration**

In the context of data collection, analysis and availability, two specific studies carried out by the Department of Statistics should be repeated: the conduct of an analysis of ageing based on the 2010 Census similar to that done for the 2000 Census and a repeat of the LCS survey, especially in light of the current “great recession”. It would also be useful for the idea of the creation of a national database for older persons and their associations be revived by the Social Services Department.

The proposed IDB social protection strengthening study is critical for the efficient implementation of the safety net programmes by the Ministry of Labour and Social Development, especially in light of the current low coverage and the increases of budget allocations for poverty alleviation. Therefore, the findings of the in-depth analysis of the social safety net by the IDB to assess the suitability of the current menu of programmes, target populations and criteria, and benefit levels should be widely disseminated. Difficult though this may be, it is also critical that the institutional reforms needed for the efficient and cost-effective implementation of the Ministry’s programmes are implemented. In particular, the Ministry should prepare for the prospect of an increased demand for public services by older persons as this segment of the population continues to increase.

Perhaps a similar assessment would assist in the closure of the gaps in health care, especially the amount of time that has to be spent at public health facilities in order to obtain routine health care services, and the inequities between New Providence and the Family Islands, especially those with a larger proportion of older persons, and older women, like Ragged Island and Crooked Island.

The review has noted that, although there may be a few exceptions, men and women working in the public sector are required to retire at age 65 years. According to the UN’s position paper on mainstreaming the concerns of older persons “empowering older persons to actively participate in their societies includes an opportunity for older persons to work as long as they wish, in productive and satisfying jobs without being forced into retirement”. In other words, the policy of the public sector can be considered discrimination. This ‘discrimination’ against older persons, though long-standing in The Bahamas, is an area that merits consideration.

Finally and perhaps most importantly, the UN’s hope is that this second cycle will initiate the implementation of an ongoing review process designed as a **continuous system of national assessment** to serve as a basis for reports to be presented at regional and international bodies. This is an aspiration which would not only ensure that relevant data are readily available or easily attainable, but would also help to put an end to the usual ‘scrambling’ that responsible bodies tend to experience when preparing national reports. Specifically, with relation to the MIPAA, it is recommended that the GOB be mobilized.
<table>
<thead>
<tr>
<th>Author/Institution</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cargill, Algernon</td>
<td>“Remarks”, at the 8th Abaco Business Outlook, Marsh Harbour, Abaco, Wednesday, September 21, 2011</td>
</tr>
<tr>
<td>Department of Statistics</td>
<td>“Second Draft Older persons 10”, 23 June 206 edited</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rutherford, Hon. Geneva</td>
<td>Bahamas statement, Vice President of the Senate, at the Second World Assembly on Ageing, Madrid, Spain, 8th April 2002</td>
</tr>
<tr>
<td>UN Social Policy and Development Division</td>
<td>“Guiding Framework and Toolkit for Practitioners and Policy Makers”, 2008</td>
</tr>
</tbody>
</table>
### Annex 1. Bahamas Government At a Glance

<table>
<thead>
<tr>
<th><strong>Country name</strong></th>
<th>Commonwealth of The Bahamas <em>(long form)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government type</strong></td>
<td>Constitutional parliamentary democracy</td>
</tr>
<tr>
<td><strong>Capital</strong></td>
<td>Nassau</td>
</tr>
<tr>
<td><strong>Administrative divisions</strong></td>
<td>21 districts as follows: Acklins and Crooked Islands, Bimini, Cat Island, Exuma, Freeport, Fresh Creek, Governor's Harbour, Green Turtle Cay, Harbour Island, High Rock, Inagua, Kemps Bay, Long Island, Marsh Harbour, Mayaguana, New Providence, Nicholls town and Berry Islands, Ragged Island, Rock Sound, Sandy Point, San Salvador and Rum Cay</td>
</tr>
<tr>
<td><strong>Independence</strong></td>
<td>10 July 1973 (from the United Kingdom)</td>
</tr>
<tr>
<td><strong>Legal system</strong></td>
<td>Based on English common law</td>
</tr>
<tr>
<td><strong>Suffrage</strong></td>
<td>18 years of age to vote; Universal</td>
</tr>
</tbody>
</table>
| **Executive branch** | **Head of government:** Hubert INGRAHAM (Prime Minister) and Theodore "Brent" SYMONETTE (since 4 May 2007)  
**Nominal chief of state:** Queen ELIZABETH II (since 6 February 1952)  
**Cabinet:** Cabinet appointed by the governor general on the prime minister's recommendation (see below) |
| **Legislative branch** | **Bicameral Parliament** consists of:  
(1) the **Senate** (16-member body appointed by the governor general upon the advice of the prime minister and the opposition leader for five-year terms)  
(2) the **House of Assembly** (40 seats reduced to 38 seats for the 2012 election; members elected by direct popular vote to serve five-year terms) |
| **Elections** | Last held 2 May 2007 (next to be called by May 2012) |
| **Election results** | **Percent of vote by party:** FNM 49.86%, PLP 47.02%  
**Seats by party:** FNM 23, PLP 18 |
| **Judicial branch** | Supreme Court; Court of Appeal; Magistrates Courts |
| **Political parties** | Free National Movement or FNM (majority); Progressive Liberal Party or PLP (minority); Bahamas Constitution Party; People’s Deliverance Party, and the recently formed Democratic National Alliance (DNA) |
## Annex 2: MIPAA - Background and Implementation in The Bahamas

<table>
<thead>
<tr>
<th>Plans of Action</th>
<th>Goals and/or Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before 2007</strong></td>
<td></td>
</tr>
<tr>
<td>1982 Vienna Plan of Action on Ageing</td>
<td>Focus on humanitarian / welfare aspects and macro-economic policy</td>
</tr>
<tr>
<td>1991 UN Principles for Older persons adopted by UN General Assembly</td>
<td>Focus on independence, participation, care, self-fulfillment and dignity of older persons.</td>
</tr>
<tr>
<td>1999 International Year of Older Persons</td>
<td>Four components: individual lifelong development, multi-generational relationships, interrelationship between population ageing and development and the situation of the older person</td>
</tr>
<tr>
<td>1999 Caribbean Charter on Health and Ageing (CCH-II)</td>
<td>Goal: develop and initiate comprehensive programmes to promote and protect health and well-being of the elderly e.g. National Plan for Health Ageing</td>
</tr>
<tr>
<td>1999 National Council on Older Persons established</td>
<td>Established as a result of a White Paper on the Elderly <em>(try to get date)</em></td>
</tr>
<tr>
<td>2002 Madrid International Plan of Action</td>
<td>Development / mainstreaming eq approach &amp; a life-course intergenerational approach (equity, reciprocity &amp; inclusiveness) &amp; focus on developing countries</td>
</tr>
<tr>
<td>2000 Report on National Policy for Older Persons</td>
<td>Presented by the National Council on Older Persons <em>(try to get date)</em></td>
</tr>
<tr>
<td>2003 Regional Inter-Governmental Conference on Ageing</td>
<td>Developed the Regional Strategy for Latin America and the Caribbean for the implementation of commitments adopted in Madrid; participating government officials formally committed to its implementation at national level</td>
</tr>
<tr>
<td>2003 Regional Strategy for Latin America &amp; Caribbean</td>
<td></td>
</tr>
<tr>
<td>2004 Caribbean Symposium on Population Ageing</td>
<td>Aim: to support Caribbean Governments in mainstreaming ageing into national development frameworks</td>
</tr>
</tbody>
</table>

| **After 2007**  |                   |

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7 Mainstreaming is defined as “assessing (for older persons) of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making older persons’ concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres” [ECOSOC Conclusions 1997/2]

8 Unclear whether this policy was ever formally adopted.
### Annex 2: MIPAA - Background and Implementation in The Bahamas

<table>
<thead>
<tr>
<th>Plans of Action</th>
<th>Goals and/or Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010 Passed 22 amendments to National Insurance Act</td>
<td>Aim: to strengthen the social security system – by Oct 2011, 20 amendments in force</td>
</tr>
<tr>
<td>Sept. 2010 National Prescription Drug Plan launched</td>
<td>Complementary to OANCP + component on “Healthy People – 1st phase: 14,349 members registered; 89% = hypertension, 18% high cholesterol &amp; 15.6% diabetes – not necessarily all older people</td>
</tr>
</tbody>
</table>
Annex 3. Tables

**Table 1. Bahamas: Comparison of 2000 and 2010 Population Censuses**

<table>
<thead>
<tr>
<th>Island</th>
<th>2000 Census</th>
<th></th>
<th>2010 Census</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>%</td>
<td>Population</td>
<td>%</td>
</tr>
<tr>
<td>All Bahamas</td>
<td>303,611</td>
<td>100</td>
<td>353,658</td>
<td>100</td>
</tr>
<tr>
<td>New Providence &amp; Grand Bahama</td>
<td>257,826</td>
<td>84.92</td>
<td>300,704</td>
<td>85.03</td>
</tr>
<tr>
<td>Abaco, Andros &amp; Eleuthera</td>
<td>28,855</td>
<td>9.5</td>
<td>31,904</td>
<td>9.02</td>
</tr>
<tr>
<td>Exuma &amp; Long Island</td>
<td>6,563</td>
<td>2.16</td>
<td>10,338</td>
<td>2.92</td>
</tr>
<tr>
<td>All Others</td>
<td>10,367</td>
<td>3.42</td>
<td>10,712</td>
<td>3.03</td>
</tr>
</tbody>
</table>


**Table 2. Bahamas: Population Projections 2000-2030**

<table>
<thead>
<tr>
<th>Population</th>
<th>Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Pop ('000)</td>
<td>303.60</td>
</tr>
<tr>
<td>0-14 years (%)</td>
<td>29.38</td>
</tr>
<tr>
<td>15-64 years (%)</td>
<td>65.38</td>
</tr>
<tr>
<td>65+ years (%)</td>
<td>5.24</td>
</tr>
<tr>
<td>Aged dependency</td>
<td>80</td>
</tr>
<tr>
<td>Sex Ratio</td>
<td>946.2</td>
</tr>
<tr>
<td>Crude Birth Rate</td>
<td>17.5</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>M 69.9</td>
</tr>
<tr>
<td></td>
<td>F 76.3</td>
</tr>
</tbody>
</table>
