

FIJI NATIONAL POLICY ON AGEING

2011-2015

Ministry of Social Welfare, Women and Poverty Alleviation
&
Fiji: UNFPA Pacific Sub-Regional Office
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FOREWORD-MINISTER FOR SOCIAL WELFARE, WOMEN AND POVERTY ALLEVIATION



Ageing is a natural stage of human life cycle and it should be lived with dignity, respect, love and care. In any country, senior citizens are important contributors of the social, economic, cultural and political sectors and they should be given the **recognition and support to live their lives to utmost care. It is in line with this vision**, the Government in collaboration with its relevant stakeholders has embarked on developing a Policy that will bring hope and inspiration for many who have been waiting to see this development for years.

With much delight, I present to you Fiji's National Policy for Ageing, a four-year plan (2011 to 2015) to foster developments in the care and welfare of senior citizens. As mandated in the Roadmap for Democracy, Sustainable Socio-Economic Development 2009 to 2014, the Government in its commitment to create an inclusive society for the senior citizens not only has provided the free bus fares, food vouchers, welfare assistance and a senior citizens park, it has dared to be first in Pacific Islands to formulate a Policy specifically addressing the needs of senior citizens.

The projections by United Nations Population Fund (UNFPA), reveals that presently Fiji's older population is growing by 3,000 people per year and "oldest old" population (80 years of age and over) is also expected to increase rapidly from 5,000 in 2010 to 28,500 by 2050. These statistics are alarming and the change in population structure could have vast implications for the future social and economic life in Fiji. The Policy will serve as a platform to devise appropriate strategies and mechanisms to create safety net for both the senior citizens and society to address the expected growth in ageing population. The visions and objectives of the Policy clearly reflect on the needs of the senior citizens and have been captured through the national and divisional consultations in country.

One of the key strategies adopted for the formulation of this Policy is collaborative discussions and awareness carried out with the Non-Government Organizations (NGO's), Faith Based Organizations (FBO's), Civil Based Organizations (CBO's) and UNFPA along with Government ministries and departments. I would like to express my gratitude and appreciation for all the stakeholders in particular UNFPA for its technical assistance and the three consultants: Mr Geoffrey Hayes, Dr Bhakta Gubhaju and Alastair Wilkinson, along with Fiji Council for Social Services (FCOSS), for their valuable support and advice to formulate this National Policy on Ageing.

Without this collective support and partnership the policy would not have been possible and I would like to reiterate that the implementation of this Policy will also be multi-sectoral. It is my sincere hope that the support for the Policy will continue to grow as we progress in our pursuit to achieve the vision on creating an, "*Inclusive society that instills dignity, respect for human rights and meets the basic needs through the empowerment of older persons,*" in Fiji.

A handwritten signature in cursive script, appearing to read "J Luveni".

Dr Jiko Luveni
Minister for Social Welfare, Women and Poverty Alleviation

FOREWORD- PERMANENT SECRETARY FOR SOCIAL WELFARE, WOMEN AND POVERTY ALLEVIATION



The accelerating ageing population in Fiji and the projected increase in number of older persons to grow from 69,300 in 2010 to 170,500 in 2050, calls for appropriate strategies to address the socioeconomic implications of this change and promote the senior citizens to live an independent, respected and dignified life for as long as possible or desired.

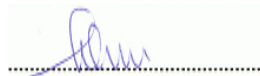
In 2009, the Cabinet endorsed the appointment of an Inter-Agency Working Committee with the view that it will be the key agency to coordinate, implement and monitor the policy initiatives of Government to create an inclusive and caring society for senior citizens in the country. The Inter-Agency consisting of members from both Government and Non-Government Organizations was assigned to deliver the specific tasks building up to the policy framework and through the technical assistance from United Nations Population Fund (UNFPA), three consultants had been hired to draft the policy.

In July last year a national consultation was organized with the government ministries, Non-Government Organizations (NGO's), academic institutions, corporate agencies, UN agencies, Faith Based and Civil Based organizations to create awareness of the National Policy Framework for the Elderly. Following the national consultations, divisional consultations had been organized and the inputs from the two consultations has been captured and incorporated into the draft policy.

The National Policy on Ageing (2011-2015), is a stepping stone for it will motivate Fiji to achieve the following goals to create a conducive and supportive environment in the care and welfare of the elderly: The first goal *is to recognize the contribution of older persons to the social, cultural, economic and political sectors of the society*, secondly it is *to strengthen social assistance for senior citizens*, thirdly *promote healthy living*; and fourthly *to create an enabling and supporting environment for all senior citizens*.

Through this Policy, we will see the establishment of Fiji National Council for Older Persons that will take the primary responsibility of implementing and monitoring the specific goals and objectives contained in the Policy. A report is also expected to be published at the midpoint of the policy period (2013) to highlight the situation of older persons in Fiji.

The Fiji National Policy on Ageing will be the cornerstone in addressing the needs of the senior citizens and will also empower them to fully participate in the socioeconomic development and also share its benefits. Gone are the days of misery for they no longer have to suffer and live in silence as this Policy will be a living document to be embraced now and in the future.

A handwritten signature in blue ink, appearing to read 'Govind Sami', written over a dotted line.

Mr Govind Sami

Permanent Secretary for Social Welfare, Women and Poverty Alleviation

DEFINITIONS OF KEY AGEING INDICATORS

Ageing Index

The ageing index is the number of persons aged 60 and over per 100 persons aged 0-14.

Dependency ratio

The total dependency ratio is the number of persons aged under 15 plus persons aged 65 and over per 100 persons aged 15 to 64. It is the sum of the youth dependency ratio and the old age dependency ratio.

The *youth dependency ratio* is the population 0-14 years per 100 persons 15-64 years.

The *old-age dependency ratio* is the number of persons aged 65 years and over per 100 persons aged 15 to 64 years.

Life expectancy

Life expectancy at a specific age is the average number of additional years a person of that age could expect to live if current mortality levels observed for ages above that age were to continue for the rest of that person's life. In particular, life expectancy at birth is the average number of years a newborn would live if current age-specific mortality rates were to continue.

Median age

The median age is the age that divides a population into two groups of the same size, such that half the population is younger than this age, and the other half is older.

Parent support ratio

The parent support ratio is the number of persons aged 85 years or over per 100 persons aged 50-64. (For the Pacific, the parent support ratio is calculated as the number of persons 80 years or over per 100 persons aged 45-59.)

Potential support ratio

The potential support ratio is the number of persons aged 15 to 64 per every person aged 65 or over.

Sex ratio

The sex ratio is the number of males per one hundred females in a population. The sex ratio may be calculated for a total population or for a specific age group.

Survival rate

The survival rate to a specific age x is the proportion of newborns in a given year who would be expected to survive at age x if current mortality trends were to continue for at least the next x years. Survival rates are derived from the life table, which is an analytical procedure

designed to produce life expectancy and other measures of survivorship, based on prevailing age-specific death rates.

Total fertility rate

The total fertility rate is the average number of children a woman would bear over the course of her lifetime if current age-specific fertility rates remained constant throughout her childbearing years (normally between the ages of 15 and 49). The current total fertility rate is an indicator of the level of fertility at a given time.

POLICY SUMMARY

The policy addresses the emerging needs of the older population aged 60 years and over. This group comprised 8.0% of the total population in 2010 and is likely to increase to 17% in 2050. The “oldest old” population (80 years of age and over) is also expected to increase rapidly over this period—from 5,000 (7% of the total population) in 2010 to 28,500 (17% of the total population) by 2050. Older women will comprise the biggest group within this population.

The Policy Goals and Objectives concern the inclusion of older people in the community and family affairs, their health and welfare and the extent to which they can support themselves within the community. This policy recognises that:

- Older persons deserve to live their lives with dignity and have all their human rights realised;
- Older persons should be supported in their communities and in their homes as long as possible;
- Ageing is a normal part of the lifecycle;
- Population ageing should be understood holistically and mainstreamed within all social and economic development plans;
- Traditional customs and institutions must be recognised;
- National poverty cannot be reduced unless poverty is alleviated amongst older persons;
- Families and caregivers need support;
- Particular attention needs to be paid to older women because they make up a larger proportion of the older population and are much more likely to be widowed, neglected, and poor.

Vision

An inclusive society that instils dignity, respect for human rights and meets basic needs through empowerment of older persons.

Goal 1: Recognition of the contribution of older persons to the social, cultural, economic and political sectors of society.

Objectives

- (1) Greater integration and participation of older persons in decision making and community affairs;

Strategies

- i. Establish a Fiji National Council for the Older Person;

- ii. Undertake baseline study of the place of older persons in Fiji.
 - iii. Promote awareness of the need to include older persons in decision-making in villages, communities and civil society organisations including churches, NGOs and the private sector;
 - iv. Mainstream ageing in development planning;
- (2) The Human Rights of older persons are respected and upheld, particularly of older women;

Strategies

- i. Develop awareness raising campaigns of the need to protect the rights of older persons, particularly the rights of older women and promote the use of key International Human Rights Conventions to which Fiji is a signatory, particularly the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women.

- (3) Increased labour force participation and self-employment of older persons;

Strategies

- i. Develop awareness programmes on the employment and self-employment of older people;
- ii. Convene a stakeholders group comprising small business advisory centres, National Employment Centre, Chamber of Commerce and others to advise on employment and self-employment opportunities for older persons;
- iii. Promote volunteering among older persons to make use of their experience and skills, including engaging them as mentors, advisers and counsellors.

- (4) Increased education and training opportunities for older persons.

Strategies

- i. Education and awareness campaigns addressed to younger people and the community at large to foster positive images of healthy ageing;
- ii. Promoting the concept of life-long learning and provide easier access by older people to training and re-training programmes to assist them to maintain or further develop their occupational skills.

Goal 2: Strengthened social assistance for older persons.

Objectives

- (1) Reduction of poverty among older persons;

Strategy

- i. Review existing pension arrangements and the level of participation of older persons in pensions and state benefits;
- ii. Provide a full review of all assistance measures available to older persons.

Goal 3: Healthy living.

Objectives

- (1) Improve the overall health of older persons;

Strategies

- i. Integrate provisions for older persons in all health sector planning and programming;
 - ii. Strengthen primary health-care services to meet the needs of older persons.
- (2) Improve understanding of the health status and needs of the older persons.
- Strategies:**
- iii. Develop awareness raising programmes on nutrition for older persons.
 - iv. Review training programmes for health professionals (including those working in psychiatric services) on the care and support of older persons.

Goal 4: An enabling and supportive environment for the older persons.

Objectives

- (1) Improve support of older persons within their community;

Strategies

- i. Develop awareness raising programmes on independent living principles including accessible housing and community facilities;
- ii. Strengthen and promote training programmes for carers;
- iii. Support the care-giving role of older persons, particularly older women.

- (2) Develop recreation and sporting opportunities for older persons.

Strategies

- i. Review accessibility of appropriate sporting and recreation programmes for older persons.

- (3) Provide adequate institutional care to meet needs.

Strategies

- i. Review the extent and quality of institutional care provisions for older persons and develop standards

Implementation

Implementation requires a multi-sector approach involving a range of Ministries and community organisations along with strong representation from older persons themselves.

The Interagency Committee will need to discuss and agree on the preferred modality for the establishment of a Fiji National Council for the Older Person (NCOP). The Fiji National Council for the Disabled Person (FNCDP) provides the most pertinent model for NCOP as it has on the one hand autonomy and government support (particularly funding) as well as partnership arrangements with a range of NGOs (and Disabled Person Organisations). NCOP will provide a way of coordinating both government and community programmes as well as providing a means to undertake research and address new and emerging issues while at the same time ensuring that there is a strong voice from older persons themselves in the overall management of the NCOP. The NCOP will take primary responsibility for implementing key objectives of the policy and monitoring implementation undertaken by other agencies.

Monitoring and Review

NCOP, once established will take primary responsibility for annual reviews of actions under each objectives and strategies employed to achieve the overall goals.

In addition to monitoring progress on progress with achieving specific objectives of the Policy, a report will be published at the mid-point of this policy period (2013), on the situation of older people in Fiji. This report will be compiled from information gathered by NCOP and other relevant agencies, and other recent research. International data from the United Nations and other significant sources will also be analysed to allow international comparisons. This report should make recommendations on adjustments (including new objectives and strategies that should be made to the policy to take account of emerging issues and changing social and economic conditions.

This "status" report will not only provide a valuable summary of the situation of older people in Fiji, but will also help to identify issues requiring government and community action as part of the ongoing implementation of Fiji's National Policy on Ageing. A baseline study from which progress can be measured with respect to achievement of the objectives should be commenced as soon as possible.

INTRODUCTION

The number of older persons, defined as the population aged 60 years of age and over, in Fiji is projected to grow from about 69,300 in 2010 to 170,500 by 2050. At the present time, Fiji's older population is presently growing by 3,000 people per year and this annual growth can be expected to remain fairly constant through to 2050. As a result, the 60 and over population will increase from 8.0% of the total population in 2010 to 17% in 2050. The "oldest old" population (80 years of age and over) is also expected to increase rapidly over this period—from 5,000 (7%) in 2010 to 28,500 (17%) by 2050. The rates of growth in these two age groups will remain very high for the foreseeable future. The oldest old group is projected to grow at a faster rate than the 60 and over age group—at around 5% per year for the next 20 years.

Because women live longer than men, there will be more older women in the population than older men, particularly among the oldest old. Furthermore, the proportion of older persons will be higher in rural areas than urban areas because of the impact of rural-urban migration by the working age group.

Increased longevity and decreased fertility are the primary causes of an ageing population. The reduction in fertility rates over the past few decades has reduced the proportion of children in the population. Conversely, higher life expectancy in older ages has increased the proportion of older persons. It is very unlikely that these trends will reverse, and the resulting changes in age structure will have major implications for future social and economic life in Fiji.

The time-frame of the policy framework is limited to four years, It is anticipated that over the four-year period 2011-2015, the knowledge base on the older persons in Fiji will be significantly expanded by the further analysis of existing data sources (such as the 2007 population census, the 2008-09 Household Income and Expenditure Survey) and by specialized social surveys and focus-group studies. With this expanded knowledge base in place, more detailed strategies and action plans can be formulated over the course of the policy period.

FORMULATION OF POLICY FRAMEWORK

The Government of Fiji through this policy endeavours to improve the living conditions, health, welfare, and general quality of life of older people in Fiji both now and in the future. This is the first attempt in Fiji to develop policy specifically addressing the needs of older persons.

The policy framework acknowledges that the consequences of ageing are multi-dimensional and must be addressed across a range of government Ministries with the full involvement and cooperation of NGOs, civil society, the private sector, and traditional rural village

communities. The multi-sector nature of ageing is reflected in the composition of the “Inter-agency Working Committee on the Elderly” (IAWCE), which contributed to the formulation of the policy framework with the support of the Fiji Council of Social Services, other NGOs, community groups and the United Nations Population Fund (UNFPA).

The policy has also benefited from consultation with key stakeholders. National consultation workshops were held in Suva in July and September, 2010. Divisional consultations took place in September and October 2010. A second national consultation workshop was held in Suva on 28 October, 2010 during which feedback was obtained on the first draft of the ageing policy framework. Several agencies, most prominently the Fiji Council of Social Services (FCOSS), had extensive community consultations over April 2011 and made written submissions. A final national consultation workshop took place in Suva in July 2011.

This policy has been guided by principles drawn from international guidelines and the cultures and traditions of Fiji’s communities and recognises that:

- Older persons deserve to live their lives with dignity and have all their human rights realised;
- Older persons should be supported in their communities and in their homes as long as possible;
- Ageing is a normal part of the lifecycle;
- Population ageing should be understood holistically and mainstreamed within all social and economic development plans;
- Traditional customs and institutions must be recognised;
- National poverty cannot be reduced unless poverty is alleviated amongst older persons;
- Families and caregivers need support;
- Particular attention needs to be paid to older women because they make up a larger proportion of the older population and are much more likely to be widowed, neglected, and poor.

POPULATION AGEING IN FIJI: RATIONALE FOR THE POLICY

(a) *Demographic trends*

Population ageing refers to a situation in which the older persons comprise an increasing proportion of the total population. There is no fixed definition of who is an “older person”, but 60 years and over is the internationally-accepted age at which people can be considered “old”. As the proportion and number of old persons in a population increases, it is common for the 60 and over population to also get older. For this reason it is useful to measure changes in the “oldest old”, defined as the population 80 years of age and over. The social implications of a growing population in the oldest old category are more profound than an increase in the older persons as a whole.

The population of Fiji has been ageing steadily over past few decades, although until recently the pace has been quite slow and it can be understood that policy-makers were more concerned about youth and the young.

Population projections carried out by UNFPA suggest that the number of older persons in Fiji will grow from 69,000 (8% of the total population) in 2010 to 170,500 (17% of the total population) by 2050 (Table 1)¹. The oldest old population is also expected to increase substantially over this period—from 5,000 (7%) in 2010 to 28,500 (17%) by 2050 (Table 1). The rates of growth in these two age groups will remain very high for the foreseeable future and the oldest old group can be expected to grow faster than the 60 and over age group. As a consequence of these rates of increase and the much lower rates of growth among other age groups, the proportion of elderly in the population can be expected to rise steadily in the coming years. As shown in Table 1, the 60 and over population is projected to increase from 8.1% of the total in 2010 to 16.6% in 2050. Similarly, the oldest old will increase as a proportion of the *older* population from 7.1% in 2010 to 16.7% in 2050. In other words, a growing proportion of the old population will be in the “very old” category.

¹ Based on population projections for Fiji 2000-2050 carried out by the United Nations Population Fund (UNFPA)..

Table 1: Projected growth of the 60 and over and 80 and over population 2000-2050, by sex

Age group	2000	2010	2020	2030	2040	2050
POPULATION AGED 60 AND OVER						
Number						
Males	22,960	31,494	44,807	58,367	66,293	79,403
Females	25,248	37,568	54,883	71,725	80,186	91,101
Total	48,208	69,062	99,690	130,092	146,479	170,504
Percent of total population						
Male	5.7	7.3	9.8	12.1	13.1	15.3
Female	6.4	9.0	12.4	15.4	16.5	18.2
Total	6.0	8.1	11.1	13.7	14.6	16.6
Sex ratio*	91	83	82	81	83	87
POPULATION AGED 80 AND OVER						
Number						
Male	1,520	1,881	2,817	4,616	7,460	10,461
Female	2,281	3,022	5,064	8,596	13,450	17,958
Total	3,800	4,903	7,881	13,212	20,910	28,474
Percent of the 60+ population						
Male	5.0	6.0	6.4	7.9	11.3	13.1
Female	9.0	8.0	9.2	12.0	16.8	19.7
Total	7.8	7.1	7.9	10.2	14.3	16.7
Sex ratio*	67	62	55	54	55	58

Source: UNFPA projections

*Males per 100 females

As shown in Table 2, the rate of growth in the 60 and over population can be expected to remain over 2.7 percent per annum until 2030 while the oldest old group is projected to grow at an even faster rate.

Table 2: Projected annual growth rates (%) of the 60 and over and 80 and over population 2000-2050, by sex

Age group	2000-10	2010-20	2020-30	2030-40	2040-50
60 and over					
Male	3.2	3.6	2.6	1.3	1.8
Female	4.0	3.8	2.7	1.1	1.3
Total	3.6	3.7	2.7	1.2	1.5
80 and over					
Male	2.1	4.0	4.9	4.0	3.4
Female	2.8	5.2	5.3	4.5	2.8
Total	2.5	4.9	5.2	4.5	2.9

Source: UNFPA projections

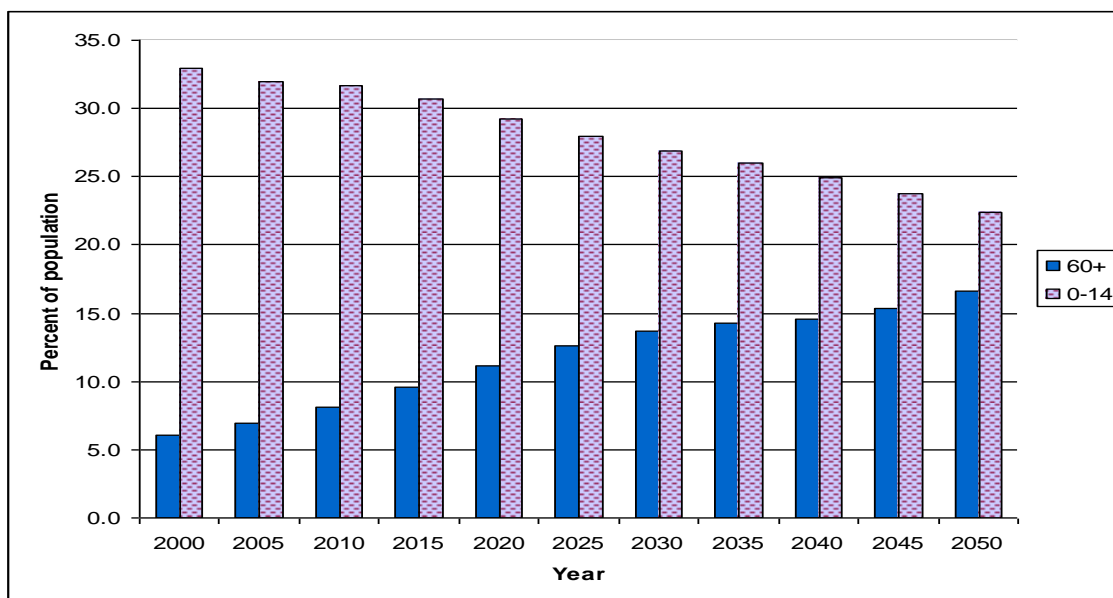
Given the higher life expectancy of females, there are more women in the older age groups than men and this is expected to continue as the older persons population increases. By 2050, the female population 60 and over is projected to reach 18.2% of the total female population. Among males the proportion will be 15.3 per cent. Among the oldest old, females can be expected to comprise nearly 20 percent of the 60 and over population, whereas this proportion is projected to reach only 13.1 percent among males. The relatively larger number of older women in the older ages is evident in the low sex ratios in the population aged 60 and over and particularly among the oldest old, 63% of whom will be female by 2050 should present trends continue. The majority of Fiji's older persons in the future will be women. This trend can be seen in Table 3 which shows the sex ratios and the proportion of the older population that is female projected to 2025 and 2050. For the foreseeable future, there will be more women in the older population than men.

These projections imply that about 3,000 persons are currently being added to the older population in Fiji every year and this number can be expected to remain fairly constant through to 2050. Furthermore, about 10% of the increase in the old population will fall in the oldest old age group, indicating that the oldest old population can be expected to increase by 300 persons each year for the foreseeable future.

- i. These are national totals, but significant variation can be expected between males and females, urban and rural areas and between the main ethnic groups in Fiji. Selective out-migration of working-age persons from rural areas results in those areas having a higher proportion of old people than urban areas. Finally, the Indo-Fijian population is ageing more rapidly than the i-Taukei population.

As a result of these ageing trends, the age structure of Fiji's population is changing radically. Because fertility rates have been declining over several decades, the proportion of children under 15 has been decreasing; similarly, improvements in health status arising from effective public health programmes and rising incomes have increased the proportion of people who survive into old age. These two trends change the relative proportions of old and young in a population. This age structure shift is illustrated by the following graph (Figure 1), which shows the shifting proportions of the population aged 0-14 and the 60 and over projected forward to 2050. The 0-14 age group has been declining as a proportion of the total population since 2000 and will continue to declining while the 60 and over population will increase steadily. Beyond 2050, the older person's population can be expected to exceed the population of children, unless the birth rate increases.

Figure 1: Projected change in the percentage of young and old in Fiji, 2000-2050



Source: UNFPA projections

Table 3: Feminization of the older population in Fiji 2000-2050

Indicator	2000	2025	2050
Sex ratio of the 60 and over population	90.9	81.6	87.3
Proportion of the 60 and over population that is female	52.4	55.1	53.4

Source: UNFPA Projections

As a result of the higher life expectancy of women relative to men, there are already more widows in the population than widowers and this tendency is likely to increase. Older women are particularly disadvantaged because they are likely to have lower education, less work experience, lower income and poorer access to assets than men, as well as diminished authority and autonomy within the family. Hence, women are more likely to be dependent, both upon the family and on public welfare programmes, especially at advanced ages and under conditions of illness and disability.

(b) Socio-economic consequences

Although a detailed picture of the present economic status of older people in Fiji is not available, it is clear that a significant number of elderly do remain economically active and that the number of “economically active” older people has been rising in recent years. In the 1996 census, there were 16,851 persons aged 60 and over in the labour force; by 2007 this had increased to 20,216. The upward trend in economically active older people has occurred

in both urban and rural areas, as shown in Table 4 and Figure 2. On the other hand, the labour force participation rate (the percentage of the population of that age that is economically active) of the 60 and over population has declined over the same period. In 1996, 42.3% of the 60 and over population was economically active compared to 32.1% in 2007. In other words, while there are more older people in the labour force than ever before, this is partly because there are more older people in the population, not simply because more older people have decided to become economically active or to continue working.

As might be expected given the nature of the rural economy, the labour force participation rate of older people is higher in rural than urban areas (39.4 % and 23.6 %, respectively, in 2007). This is a reflection of the fact that in rural areas older people are more likely to be active producing their own subsistence than in urban areas. But the participation rate has dropped in both areas since 1996.

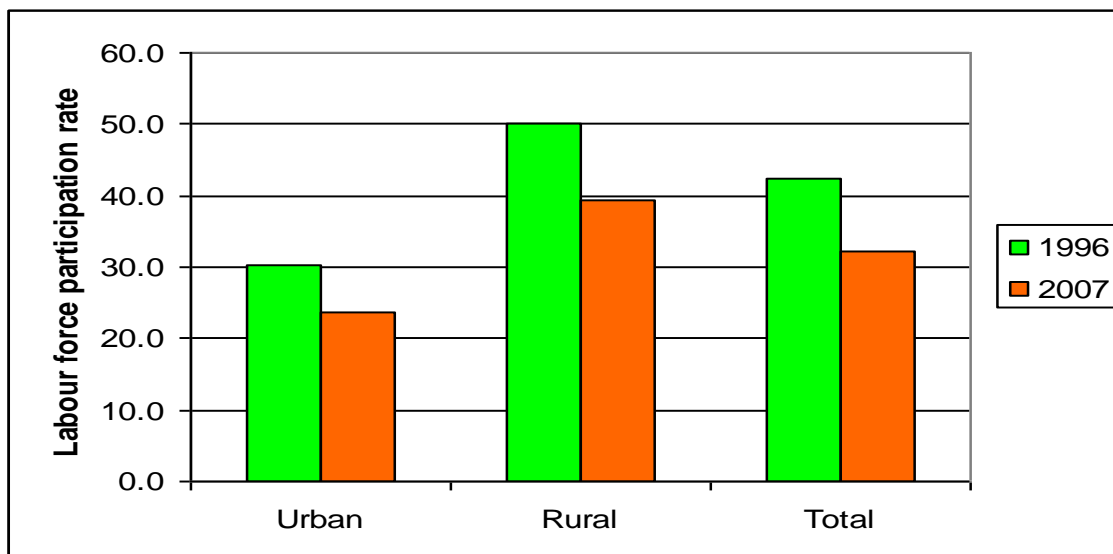
Table 4: Economically active population aged 60 and over, 1996 and 2007

Year	Urban			Rural		
	Number economically active	Participation Rate (%)	% of labour force	Number economically active	Participation Rate (%)	% of labour force
1996	4,783	30.3	3.5	12,068	50.2	7.5
2007	6,812	23.6	4.1	13,404	39.4	8.3

Source: Fiji Islands Bureau of Statistics (2009)

The impact of population ageing on the labour force is also apparent in the fact that older people make up an increasing proportion of the economically active population in Fiji (Table 4). In 1996, the 60 and over population made up 7.9% of the population and 5.7% of the labour force. By 2007, the 60 and over population had increased to 10.6% of the population and 6.2% of the labour force, indicating an ageing trend. This trend is apparent in both rural and urban areas, but the older population are a higher proportion of the rural labour force than the urban labour force (in 2007, 8.3% of the rural labour force was aged 60 and over compared with 4.1% of the urban labour force).

Figure 2: Labour force participation rates of 60 and over population 1996 and 2007



Source: (Figure 1 and 2) Fiji Islands Bureau of Statistics (2009).

It is highly likely that the labour force involvement of older men will differ from that of older women, but further analysis of labour force statistics would be needed to determine this and the data from the 2007 census are not yet available. It also needs to be acknowledged that persons who are recorded as “unemployed” (not currently working but available for work and actively looking for work) are included in the economically active population, so some of the older persons who are reported as economically active may well be looking for work rather than actually working. Conversely, persons who are available for work but are not actively seeking work because they believe that no job opportunity is available are excluded from the economically active population and are not considered economically active. It is also possible that some older persons fall into this category.

The number of persons who are classified as “retired” from the labour force has doubled between 1996 and 2007. As Table 5 shows the number of retirees grew from 9,695 in 1996 to 19,815 in 2007, an average annual increase of 9.5%. The rate of increase has been higher in urban than rural areas and in 2007, 61% of retired persons were in urban areas, up from 58% in 1996. The increase in the number of retirees has been faster than the increase in the 60 and over population as a whole so it would appear that more older people consider themselves to be retired than was previously the case. In rural areas, especially in the rural village sector, retirement is not a definite life stage other than for those previously urban resident workers who went back to their villages after a working life in urban areas.

Table 5: Trends in the number of “retired” persons in Fiji 1996-2007 (15 years and over)

	1996			2007		
	Rural	Urban	Total	Rural	Urban	Total
Male	na	na	6,094	na	na	12,624
Female	na	na	3,601	na	na	7,191
Both sexes	4,037	5,658	9,695	7,781	12,034	19,815
Population 60 over	24,024	15,783	39,807	34,015	28,927	62,940
“retired” as % of 60+	16.8	35.8	24.4	22.9	41.6	31.5

Source: Fiji Islands Bureau of Statistics (2009)

Although some retired persons may be under 60 years of age, the number of retirees as a percentage of the 60 and over population is increasing. In 1996, the retired population was 24% of the 60 and over population but by 2007 this proportion had risen to nearly 32%. The implication of this is that nearly 70% of the 60 and over population fell into some other labour force category, including, potentially, the unemployed and underemployed. Until detailed data are available on labour force status by age from the 2007 census it will not be possible to determine the activity status of economically active older persons. Anecdotal reports from NGOs suggest that many older people in Fiji are staying in the labour force in underpaid and unpleasant work in order to support themselves and their family. Remaining in the labour force in older age may contribute to the welfare of the elderly if it is a voluntary choice and the work is within their capacity. Given the absence of a universal social pension in Fiji it is likely that many older people have little choice but to continue working.

As Table 6 shows, however, the number of older persons receiving Family Assistance grew by an average rate of 11% per year from 2,729 in 1998 to 4,730 in 2003. This rate of increase is greater than the rate of growth in the older population, but the same as the rate of growth in the total numbers receiving family assistance over the same period. The proportion of elderly among all recipients of social assistance in 2003 (23.3%) was the same as in 1998 (23.4%). These figures suggest that the family assistance programme as a whole expanded over this period, not just support for the elderly. Although the number of older persons receiving family assistance increased by almost 60 % over the period, so did other categories of family assistance recipients.

Table 6: Elderly as a proportion of all family assistance categories, 1998-2003

Family Assistance recipients	Year					
	1998	1999	2000	2001	2002	2003
Elderly	2,729	3,068	3,735	4,581	4,657	4,730
Other categories	8,951	8,745	9,708	12,022	14,593	15,603
Total	11,680	11,813	13,443	16,603	19,250	20,333
Elderly as % of total	23.4	26.0	27.8	27.6	24.2	23.3

Source: ILO (2006).

Assuming that “elderly” refers to people aged 60 and over, about 9% of the elderly were receiving Family Assistance in 2003, but this does not include those older people who qualify under other categories of assistance, such as “chronic illness”, “permanently disabled”, and “death of breadwinner”. Some of these recipients are also likely to be old, suggesting that the total percentage of elderly receiving some support from the Family Assistance scheme could be above 10% of all elderly. Clearly only a small proportion of the elderly population benefits from the Family Assistance Scheme. Even those who do benefit receive very small amounts. There is a need to research the extent to which the Family Assistance Scheme and other private and Church based assistance measures benefit older persons and the extent to which these measures meet their basic needs.

The primary source of pension income in Fiji is the Fiji National Provident Fund (FNPF). Membership in FNPF is limited to wage and salary workers in the formal employment sector. Voluntary membership is available to self-employed or rural village workers, but these comprise only 1% of total membership. On retirement at age 55, workers may elect to withdraw a lump sum payment or receive a pension (annuity), or a combination of both. The total number of FNPF members receiving a pension or withdrawing a lump sum over the past five years is shown in Table 8.

In 2009, 10,351 persons were in receipt of an FNPF pension. But the estimated population aged 55 and over in 2009 was 100,956, which implies that only 10% of that age group were in receipt of an FNPF pension in that year. Those receiving the average pension of about \$350 per month (\$81 per week) would have had an income about 1.7 times the basic needs poverty line for an urban resident and about 2.0 times the poverty line for a rural resident. On the basis of these figures, the average FNPF pensioner would not be classified as “poor”, but it is almost certainly the case that the distribution of pensions is highly skewed toward the lower end of the distribution with a few individuals receiving well above the average but most receiving below average pensions.

The majority of FNPF members do not elect to receive a pension but rather withdraw their fund balances on retirement at age 55 and it is reported that these lump sum payments are redistributed within families over a short period of time, leaving retirees with little or no personal income left. Detailed information on the extent of this redistribution (and its consequences for retirees’ welfare) is lacking, but FNPF intend to conduct research on the issue in the near future.

Despite the absence of detailed studies, the small proportion of workers covered by FNPF, the even smaller minority of retirees who choose to receive a pension, and the erosion of benefits pre- and post-retirement, all support a strong *prima facie* case for the claim that income security among the older population in Fiji is inadequate.

The impact of population ageing is first noticeable in the relative size of different age groups. These changes have implications for the material well-being of the older persons because the number of working age people who have to support the older persons (either directly or through taxes) will fall through time. In other words, there will, in the long run, be fewer workers to support the elderly. This process is measured by the “potential support ratio”,

which is the ratio of working persons aged 15-64 to persons aged 65 and over. In Fiji, this ratio has been decreasing steadily over the past three decades and as Table 7 shows, this decline can be expected to continue for at least another four decades. In 2000 there were approximately 17 workers for each older person; by 2050, there will be only about 7, a decline of almost 60 per cent.

Table 7: Projected potential support ratio and parent support ratio 2000-2050

Indicator	2000	2025	2050
Potential support ratio	17.1	8.8	7.4
Parent support ratio	4.1*	8.0	16.3

Source: UNFPA projections

* This number is estimated from the 2007 census of Fiji.

Impact on the family and working age group

The economic consequences of this trend would depend upon the state of the economy in general and particularly the proportion of the population in the labour force age range that is productively employed. Other things being equal, there will be greater pressure on the working-age population to support the older persons, either directly through their own labour and income or indirectly through higher rates of taxation.

The declining ratio of working age adults to older persons also has implication for the social welfare of both the elderly and those who have to take care of them. The “parent support ratio” is a measure of how many adults in their late working ages, or possibly already retired, would find themselves responsible for the care of parents who fall in the “oldest old” age group.² Table 4 shows that this number will double by 2025 and double again by 2050. The parent support ratio reflects the burden that older adults will face in taking care of their very old parents, but a similar burden will be experienced by increasing numbers of younger adults in Fiji who have the responsibility to care of older parents while still raising and educating their own children. This so-called “sandwich generation” experiences the “double burden” of child care and elderly care at the same time.

Impact on Health Care

The socio-economic consequences of ageing also include the impact on the demand for health care and the specific type of care that is most in need. A distinctive feature of health care services for the older persons is that they are generally much more expensive to provide than is the case for the services that younger people need. This is the case regardless of whether health care is provided through a publicly-funded national health scheme or by

² The “parent support ratio” is the number of persons aged 80 and over for every 100 persons aged 45-59.

private health insurance. In the former the financial pressure is reflected in the tendency to increase taxation; in the latter case insurance premiums will tend to rise.

The high costs associated with providing health care for the older persons arises largely from the fact that older people are more likely to suffer from chronic non-communicable diseases (NCDs) that are expensive to treat. Among the most expensive NCDs to treat are several that are of growing importance in Fiji, namely heart disease, cancer, hypertension and conditions associated with obesity. As Fiji's population ages, more people will require treatment for these diseases, placing pressure on the health budget and the availability of appropriate facilities and skilled staff.

(c) *The determinants of population ageing*

Population ageing is caused by increased life expectancy, particularly beyond 60 years of age, reduced fertility rates and age-selective migration. Declining fertility rates reduce the proportion of children in a population, thereby raising the proportion of other age groups. Increased survival in older age increases the number and proportion of older people, in the population while age-selective migration that removes working age people also raises the proportion of old people by decreasing the population of labour force age.

All of these trends have been occurring in Fiji for several decades. Life expectancy at birth increased steadily from the 1950s until the late 1980s when the rate of improvement slowed down temporarily (Figure 3). In the early 1990s the pace of improvement accelerated again somewhat and it can reasonably be assumed that life expectancy will continue to increase, particularly in older ages. This is by no means certain but will depend upon the extent to which the factors contributing to non-communicable disease can be brought under control.

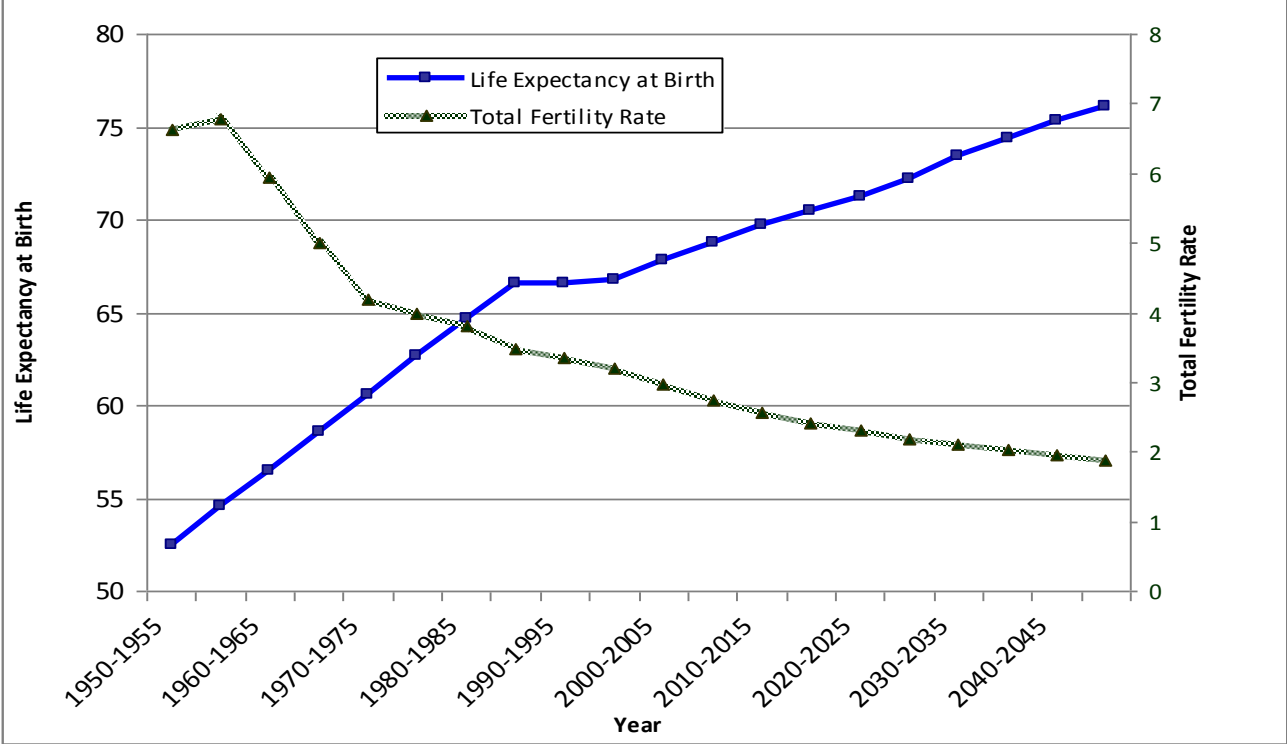
The steady decline in fertility since the 1950s is evident in the trend in the Total Fertility Rate (the average number of lifetime births per woman), which has dropped from about 6.5 children per woman in the 1950s (Figure 2, right axis). to an estimated 2.6 children per woman in 2010-2015. Indo-Fijian fertility is already below the level needed to replace the parental generation. While i-Taukei fertility is presently above replacement level (3.3 lifetime births per woman)³ further fertility decline can be expected but probably at a slower pace than occurred in the Indo-Fijian population.

International migration has also played a role in the ageing of Fiji's population over the past several decades, particularly among Indo-Fijians. Most Indo-Fijian migration is permanent or long-term and has been selective of persons with higher education and occupational skills. Among Fijians, international migration has also selected the more skilled, but a significant proportion of recent movement has been temporary labour migration rather than permanent migration (Hayes 2010). In any case, the effect of these patterns has been to exacerbate

³ Lewai (2009).

population ageing by removing persons in their prime working ages, either temporarily or permanently.

Figure 3: Life expectancy at birth and total fertility rate in Fiji 1950-2050



Source: United Nations Population Division and UNFPA projections.

INTERNATIONAL AND REGIONAL FRAMEWORKS ON AGEING

Fiji became a member of the United Nations in October 1970 and is a signatory to a number of international Conventions including the Slavery Convention and its supplementary Convention, Convention on Consent to Marriage, Minimum Age of Marriage and Registration of Marriage, the Convention on Political Rights of Women, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of the Child and most recently the Convention on the Rights of Persons with Disabilities.

Although there are no international conventions on aging, there are a number of international and regional declarations which provide guidance on the issues facing older persons.

(a) International action plans on ageing

In 1991 the United Nations General Assembly passed a Resolution urging Governments to incorporate 18 principles on ageing and the elderly in their national policies and programmes (See Appendix 1). These principles formed the sub-themes for the International Year of Older Persons, which was recognised in 1999 with the over-arching theme of “Towards a society for all ages”.

The Second World Assembly on Ageing which agreed to the Madrid International Plan of Action on Ageing places a strong emphasis on a rights-based approach, reinforcing the principle that older persons have a right to participate in, and benefit from, national development and also emphasised that older people should be “full participants in the development process and also share in its benefits.” Rural women were identified as the most vulnerable of all older people to poverty and deprivation. The present policy has drawn on these themes to guide the objectives and strategies.

The UNFPA’s activities in the field of ageing are guided by the Plan of Action (POA) adopted at the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the “Key Actions” for the further implementation of the ICPD Plan of Action adopted by the 21st special session of the United Nations General Assembly in 1999. The primary objective of the ICPD POA with regard to the elderly is:

To enhance, through appropriate mechanisms, the self-reliance of older persons people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or desired.

Included among the various actions recommended to national governments by the ICPD POA are:

- All levels of government should... take into account the increasing numbers and proportion of elderly people in the population
- Governments, in collaboration with non-governmental organizations and the private sector, should strengthen formal and informal support systems and safety nets for older persons and eliminate all forms of violence and discrimination against elderly people... paying special attention to the needs of elderly women.

These themes were reiterated in the “Key Actions” of 1999, along with an emphasis on the need for further research and the development of national strategies to address ageing, including the development of support systems that would enhance the ability of families to care for older members and the removal of barriers that hinder older women and men from continuing to contribute their skills to their families, to the workforce and to their communities.

(b) Regional implementation strategies

In the Asia-Pacific region, the UN Economic and Social Commission for Asia and the Pacific (ESCAP) convened a Regional Meeting in Macao in October 1998 and adopted a Plan of Action on Ageing for Asia and the Pacific. The Macao Plan of Action proposes a range of measures to improve the well-being and quality of life of older persons in the Asia-Pacific region⁴, and represented a significant step forward in regional efforts to build a “society for all ages”. The Plan identified seven major areas of concern relating to ageing and older persons: (1) the social position of older persons; (2) older persons and the family; (3) health and nutrition; (4) housing, transportation and the built environment; (5) older persons and the market; (6) income security, maintenance and employment; and (7) social services and community.

Among the recommendations in the Macao Outcome Document was the following: “*Put in place effective policies and programmes so that the opportunities of the demographic dividend brought about by changing age structure could be efficiently utilized for boosting economic growth.*” The “demographic dividend” refers to a period in a country’s demographic transition when the child dependency ratio has declined but the adult dependency ratio has not yet increased significantly. This period provides an opportunity for a country to invest the resources that would otherwise have gone into expanding the number of school places into improving the quality of education for smaller numbers of school children—thereby improving “human capital”. Similarly, the creation of a capital wealth fund in anticipation of having to support more older persons in the future can provide capital that would be available for investment. This would boost economic growth. Fiji is currently in this situation and will remain in this “window of opportunity” for another decade or so.

(c) International initiatives in the Pacific Islands

A regional survey of national policies on ageing conducted by ESCAP in 2002 highlight the absence of comprehensive policies on ageing or the older persons in the Pacific sub-region. Therefore, this policy document represents an advance into a frontier area that few, if any Pacific Island countries have ventured into.

POLICY VISION, GOALS, OBJECTIVES AND STRATEGIES

Vision

An inclusive society that instils dignity, respect for human rights and meets basic needs through empowerment of older persons.

² ESCAP (1999), Macao Plan of Action on Ageing for Asia and the Pacific, ST/ESCAP/1975, United Nations, New York.

Aging refers to a lifelong process for all people. Aging from 60 to 65 years and beyond requires particular attention because of emerging concerns regarding inclusion of people in community and family affairs and recognition that their human rights should be protected as with all people, their health and welfare and the extent to which they can support themselves within the community.

GOALS, OBJECTIVES AND STRATEGIES

Goal 1: Recognition of the contribution of older people to the social, cultural, economic and political sectors of society

In all countries, the older persons face a significant risk of becoming marginalized in their own communities, their civil, political and social rights undermined and prevented or discouraged from participating fully in economic and social life. Informal NGO surveys point to the increasing social isolation of the elderly in Fiji. Such marginalization or “social exclusion” can have serious negative consequences for the health and well-being of the elderly, while also preventing the family and community from receiving the benefits of the accumulated wisdom and experience of older persons. It is for this reason that the Madrid International Plan of Action states as its first recommendation that ***older persons must be full participants in the development process and also share in its benefits.***

The social changes associated with urbanization, migration, industrialization, and reduced family size exacerbate the tendency of older people to be marginalized. It is essential that governments, in cooperation with NGOs and Civil Society, attempt to mitigate these circumstances with appropriate programmes and policies. Educational programmes, including the use of the public media, could play an important role in promoting the role of older persons within community programmes and decision making. At the most general level, the issue of ageing should be incorporated into all national development plans, particularly poverty alleviation strategies, health policies and plans, as well as education and transport policy.

In spite of the fact that older persons in Fiji have traditionally been respected, and this remains a strong cultural value today, there are concerns that the human rights of older widows in particular should receive more attention and community recognition particularly with respect to housing and welfare. A greater level of awareness could be developed in villages and communities throughout Fiji on the position in society of older widows as well as widowers. Concerns have been expressed by community representatives, including the Police, with respect to the care and support of older women, as well as older persons living with families in urban areas and working as child carers when other family members are employed in the formal sector of towns and Suva. However, the economic contribution of older women within the extended family, particularly in terms of housework and childcare, is often unrecognised.

The inclusion of older people in decision-making bodies—especially those that concern their own welfare, is an important dimension of participation. In urban and city planning, for example, the elderly should have the opportunity to provide input on decisions to do with the civic environment, including parks, pathways, seating, and transportation. Similarly, urban architecture requires input from the older persons and/or people with disabilities to ensure that there are no barriers that would hinder the movement of older persons. Similar issues arise in the case of health services planning.

Employment and self-employment of older persons, even if only part-time, can serve important social functions including relieving the financial pressure on families, contributes to the social integration of older people, their mental health and helps to avoid social isolation and it can reduce poverty among the older persons. There is a need to generate greater community debate and programmes to address self-employment and alternative income earning opportunities for older persons.

Objectives

- (1) Greater integration and participation of older persons in decision making and community affairs;

Strategies

- i. Establish a Fiji National Council for the Older Person;
- ii. Undertake baseline study of the place of older persons in Fiji;
- iii. Promote awareness of the need to include older persons in decision-making in villages, communities and civil society organisations including churches, NGOs and the private sector;
- iv. Mainstream ageing in development planning.

- (2) The Human Rights of older persons are respected and upheld, particularly of older women;

Strategies

- i. Develop awareness raising campaigns of the need to protect the rights of older persons, particularly the rights of older women and promote the use of key International Human Rights Conventions to which Fiji is a signatory, particularly the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women.

- (3) Increased labour force participation and self-employment of older persons;

Strategies

- i. Develop awareness programmes on the employment and self-employment of older people;
- ii. Convene a stakeholders group comprising small business advisory centres, National Employment Centre, Chamber of Commerce and others to advise on employment and self-employment opportunities for older persons;
- iii. Promote volunteering among older people to make use of their experience and skills, including engaging them as mentors, advisers and counsellors.

(4) Increased education and training opportunities for older persons.

Strategies

- i. education and awareness campaigns addressed to younger people and the community at large to foster positive images of healthy ageing;
- ii. Promoting the concept of life-long learning and provide easier access by older people to training and re-training programmes to assist them to maintain or further develop their occupational skills;

Goal 2: Strengthened social assistance for older persons.

There are a range of programmes which provide social assistance including benefits, housing and other measures provided by church and voluntary organisations. However, there is a need to provide a ‘baseline’ study of the full range and level of support provided by these various programmes in order to understand where additional assistance measures may be necessary. *Informal* and *formal* social protection is sometimes used to distinguish between the social protection that is present in all social groups and the specific form of social protection that is provided through government funded programmes. Traditional family support has been relied upon in the past to provide *informal assistance*, but with urbanisation and the loosening of family ties this support is not as strong as it has been in the past. Formal assistance measures are provided through government and include benefit payments, health care and other forms of formal community programmes. The range and level of support through both should be clearly understood. Older Persons rely on both forms of support given their lack of income earning opportunities and additional needs that may arise through disability and/or isolation.

Faith based organisations are the most prominent providers of social assistance and support but non-governmental organizations, charities, provident funds, community groups (both permanent and ad hoc) and trade unions are also important providers.

Several reviews carried out by organizations such as ILO, the World Bank, the Asian Development Bank, and the United Nations ESCAP, have concluded that Pacific societies, including Fiji, presently lack adequate systems of social protection. The ADB has constructed a “Social Protection Index” (SPI) which ranks Fiji lower than the average for Pacific countries. However, the ADB index is focussed on formal social protection

arrangements and does not take account of *informal*, kin-based mechanisms of social protection.

A range of measures should be assessed in Fiji including the provision of social pensions, the development of income generating projects specifically targeted to provide an income for the elderly, self-help schemes at the village level could potentially provide funds for health care and disability aids and the mobilization of urban unemployed youth in support of the rural elderly has also been suggested.

Objectives

(1) Reduction of poverty among older persons;

Strategy

- i. Review existing pension arrangements and the level of participation of older persons in pensions and state benefits;
- ii. Provide a full review of all assistance measures available to older persons;
- iii. Improve financial literacy among all workers, both young and old, but especially among those approaching retirement age (Financial education could be included in school curricula).

Goal 3: Healthy living.

The provision of affordable, accessible and high quality primary and long-term health care is crucial to the well-being of older persons. The increasing number of elderly is likely to place an additional burden on health-care systems, not least because the health-care infrastructure is already stressed and most health resources are utilized to address the needs for maternal and child health services and to provide reproductive health services, including family planning.

This reality is reflected in a recent Situational Analysis of the Fiji Health Sector (AusAID 2008) which highlighted the on-going shortage of specialist medical staff, which is hampering the delivery and quality of health services at all levels in Fiji. As regards to health problems, the report indicated that diseases of the circulatory system, particularly diabetes are the single-most important cause of morbidity and mortality in Fiji. It is likely that diabetes has a disproportionate impact on older persons, who are most likely to suffer from amputations and associated complications.

The lack of private health insurance among the vast majority, rising medical costs, and the shortage of trained health professionals are some of the key challenges that the Fiji health care system faces in addressing the advancement of health and well-being of older persons.

While fertility rates have declined substantially in Fiji in the past twenty years, the proportion of women of child-bearing age in the population will remain high for some time thus ensuring that the total number of births will remain steady for a decade or more. Accordingly, the health care system will be faced with pressure to maintain mother and child health while also having to address rising demand for old age care.

With the “feminization” of the older persons population, the burden of ill-health will fall particularly on older women, who are also more likely to be living in rural areas. Studies have shown that the number of widows in Fiji’s population has been increasing rapidly (Chandra 2009). Widowed women are much less likely to be economically active than males and therefore have limited access to cash income to pay the costs of health care beyond that provided by the public health care system.

In the long run, the key to healthy ageing is the adoption of a preventive approach over the life course. Poor health in old age is not inevitable. Reduced consumption of saturated fats, reduction in smoking and alcohol consumption and moderate exercise throughout adulthood, all contribute to improved health in older ages. The primary goal of healthy ageing is to arrive at older ages in good health. While the impact of non-communicable disease has been growing in Fiji as the mortality transition proceeds, health promotion in early adulthood through to middle age can reduce the incidence of NCDs in older age. Health promotion of course continues throughout old age. Ensuring adequate nutrition and exercise is an important element of healthy ageing.

Maintaining mental health in older age is an on-going challenge that Fiji will face over the next two decades as the population ages. Dementia, for example, requires sensitive and appropriate care by specialized carers. Older persons suffering dementia should not be treated as mental patients suffering psychotic or neurotic illnesses. Other maladies affecting the elderly such as Alzheimer’s disease also require specialized care for which health personnel need to be appropriately trained.

Disability is frequently associated with older persons, although it is not inevitable that older persons will also be disabled. However, it is inevitable that a proportion of the older persons will face problems of poor eyesight and impaired hearing. Hearing loss can severely reduce social participation and lead to isolation and depression. The proportion of people in Fiji reaching old age with impaired hearing is likely to increase.

Impaired mobility is the primary disability faced by the older persons. Walking aids, wheel chairs and simple walking sticks are the main requirements but for the most part these are not provided for in the public health systems in the Pacific. Charities and NGOs are the main sources of mobility aids and the need for these will inevitably increase. Particularly affected will be the elderly in rural areas where the built environment is not conducive to easy

movement on the part of the older persons. The scarcity of care-givers will be felt particularly keenly by the older rural population.

Objectives

(1) Improve the overall health of older persons;

Strategies

- i. Integrate provisions for older persons in all health sector planning and programming;
- ii. Strengthen primary health-care services to meet the needs of older persons;

(2) Improve understanding of the health status and needs of the older persons

Strategies:

- i. Develop awareness raising programmes on nutrition for older persons.
- ii. Review training programmes for health professionals (including those working in psychiatric services) on the care and support of older persons.

Goal 4: An enabling and supportive environment for the elderly;

The rising number of elderly on the one hand, and the declining number of younger population on the other, means that there will eventually be fewer caregivers for the older persons than in previous decades.

The rising number of older persons has important implications for the provision of social support and enabling environments, such as appropriate housing and living arrangements, as well as accessible, affordable and suitable transportation. In rural areas, especially in rural villages, living arrangements tend to be flexible and the older persons are more easily catered for. In urban areas multi-generation households can experience over-crowding, especially among the poor. The proportion of households that contain an older persons living alone is not presently known, but it is very likely that it is on the increase in urban areas.

The frail elderly face a special challenge when it comes to suitable housing. Protection from falls while bathing or using a toilet is a chronic problem among the oldest-old everywhere. Equipping a private home with suitable hand-rails, baths or showers and removing obstacles to movement is costly and suitable fittings are not always easy to find. Although some older persons may have the financial resources to equip their home appropriately, most older persons in Fiji probably do not. Government capacity to provide such aids is limited and NGOs also have limited funds to assist families. The mobilization of community support is one means of overcoming these constraints, civil society organisations including churches and international charities are potential sources of equipment, fittings and supplies.

Governments around the world are placing greater emphasis on home-based and community care, avoiding institutionalization except among the most frail and dependent. Where day-to-day care is required, support from family members is essential. As the proportion of the oldest-old increases, care-givers are often themselves older persons and taking care of very old parents can be a financial burden as well as a source of psychological stress. Normally, home care by family members is supplemented by regular home visits by public health nurses.

As the number of older persons increases, the need to train carers will also increase including the need to train family members as the first line of support and care.

Access to public transportation for older people as well as inter-island travel is important for older people. There needs to be consideration given to ways of improving accessibility of transport.

The issue of institutional care, whether of the “rest-home”, “retirement village”, or “hospice” variety will need to be addressed in Fiji. While home-based and community-care is the preferred modality (“ageing-in-place”), an important minority of the older persons will require long-term institutional care, particularly the oldest old. The need for additional rest-homes in the Suva-Nasinu-Nausori corridor has been stressed by NGOs and other stakeholders. This call is in response to the extraordinary rate of population growth in this area since the early 1990s. Health services have yet to adjust to the high levels of immigration to the newly created town of Nasinu and the greater Nausori area, places which have a high proportion of residents living in informal settlements.

The quality of care in the existing rest-homes needs to be reviewed and standards addressed for the “home environment” and staff skills.

The many cultures of Fiji have traditionally accorded prestige and respect to the elderly, and this value remains strong today. While abuse or mistreatment of the elderly may be rare, experience in many countries shows that older persons abuse increases as the proportion of old people grows and carers become more financially and psychologically stressed as a result. Fiji may be exempt from this process but with the weakening of family ties, abuse, neglect and violence against older persons – physical, sexual, psychological, emotional and financial – may take place in future and must be guarded against.

Objectives

- (1) Improve support of older persons within their community;

Strategies

- i. Develop awareness raising programmes on independent living principles including accessible transport, housing and community facilities;
- ii. Strengthen and promote training programmes for carers;
- iii. Support the care-giving role of older persons, particularly older women;

(2) Develop recreation and sporting opportunities for older persons;

Strategies

- i. Review accessibility of appropriate sporting and recreation programmes for older persons.

(3) Provide adequate institutional care to meet needs.

Strategies

- ii. Review the extent and quality of institutional care provisions for older persons and develop standards

IMPLEMENTATION STRATEGY

In principle, the overall implementation strategy will be multi-sector and multi-level in nature. This means that several ministries of the national government will have implementation responsibilities and other levels of government, including city councils will also be involved in implementing programmes. NGOs, civil society organisations such as faith-based institutions will have an important role in implementation. The implementation of Fiji's National Policy on Ageing requires a spirit of partnership and collaboration between government, families, community-based organizations, traditional village communities, NGOs, civil society organisations including Churches and the private sector. The overall coordination of implementation, as well as monitoring and evaluation, will be the responsibility of the Ministry of Social Welfare, Women and Poverty Alleviation as convener of the Inter-agency Working Committee on the Elderly.

The Interagency Committee will need to discuss and agree on the preferred modality for the establishment of a Fiji National Council for the Older Person (NCOP). There are various models which can be referred to including the Fiji Council of Social Services, Health Promotion Council, Drug and Substance Abuse Council and others. The Fiji National Council for the Disabled Person (FNCDP) provides the most pertinent model for NCOP as it has on the one hand autonomy and government support (particularly funding) as well as partnership arrangements with a range of NGOs (and Disabled Person Organisations). Effective implementation of this Policy will require both government and the community working together. NCOP will provide an way of coordinating both government and

community programmes as well as providing a means to undertake research and address new and emerging issues while at the same time ensuring that there is a strong voice from older persons themselves in the overall management of the NCOP. Draft Terms of Reference have been developed (led by the Fiji Council of Social Services) which provide all the necessary details for the establishment of a NCOP. The NCOP will take primary responsibility for implementing key objectives of the policy and monitoring implementation undertaken by other agencies. As with FNCDP, NCOP would report through the Ministry of Social Welfare, Women and Poverty Alleviation to the responsible Minister. Alternatively, an independent Chair of the Board of NCOP could be appointed by the Minister in consultation with key stakeholders.

MONITORING AND REVIEW

NCOP, once established will take primary responsibility for annual reviews of actions under each objective and strategies employed to achieve the overall goals. NCOP will agree on a task group which will assess the extent to which actions have been carried out under each objective at the end of every twelve month period. The Task Group will then make recommendations to the Board of NCOP for modifications to the policies, objectives and actions as outlined in the implementation matrix (see Appendix 1).

In addition to monitoring progress on progress with achieving specific objectives of the Policy, a report will be published at the mid-point of this policy period (2013), on the situation of older people in Fiji. This report will be compiled from information gathered by NCOP and other relevant agencies, and other recent research. International data from the United Nations and other significant sources will also be analysed to allow international comparisons. This report should make recommendations on adjustments (including new objectives and strategies) that should be made to the policy to take account of emerging issues and changing social and economic conditions.

This "status" report will not only provide a valuable summary of the situation of older people in Fiji, but will also help to identify issues requiring government and community action as part of the ongoing implementation of the Fiji National Policy on Ageing. A baseline study from which progress can be measured with respect to achievement of the objectives should be commenced as soon as possible.

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Appendix 1: Implementation Matrix: Fiji National Policy on Aging, 2011-2015

Vision	
An inclusive society that instils dignity, respect for human rights and meets basic needs through empowerment of older persons.	
Goals	Strategies
1. Recognition of the contribution of older people to the social, cultural, economic and political sectors of society.	<ul style="list-style-type: none"> • Establish a Fiji National Council for the Older Person (NCOP); • Undertake baseline study of the place of older persons in Fiji; • Promote awareness of the need to include older persons in decision-making in villages, communities and civil society organisations including churches, NGOs and the private sector; • Mainstream ageing in development planning; • Develop awareness raising campaigns of the need to protect the rights of older persons, particularly the rights of older women and promote the use of key International Human Rights Conventions to which Fiji is a signatory, particularly the Universal Declaration of Human Rights; • Develop awareness programmes on the employment and self-employment of older people; • Convene a stakeholders group comprising small business advisory centres, National Employment Centre, Chamber of Commerce and others to advise on employment and self-employment opportunities for older persons; • Promote volunteering among older people to make use of their experience and skills, including engaging them as mentors, advisers and counsellors • education and awareness campaigns addressed to younger people and the community at large to foster positive images of healthy ageing; • Promoting the concept of life-long learning and provide easier access by older people to training and re-training programmes to assist them to maintain or further develop their occupational skills
2. Strengthened social assistance for older persons.	<ul style="list-style-type: none"> • Review existing pension arrangements and the level of participation of older persons in pensions and state benefits; • Provide a full review of all assistance measures available to older persons.
3. Healthy living.	<ul style="list-style-type: none"> • Integrate provisions for older persons in all health sector planning and programming; • Strengthen primary health-care services to meet the needs of older persons; • Develop awareness raising programmes on nutrition for older persons; • Review training programmes for health professionals (including those working in psychiatric services) on the care and support of older persons.
4. An enabling and supportive environment	<ul style="list-style-type: none"> • Develop awareness raising programmes on independent living including accessible housing and community facilities;

for the elderly.	<ul style="list-style-type: none"> • Strengthen and promote training programmes for carers; • Support the care-giving role of older persons, particularly older women; • Review accessibility of appropriate sporting and recreation programmes for older persons; • Review the extent and quality of institutional care provisions for older persons and develop standards. 		
Objectives	Key Result Indicators	Means of verification	Risks and Assumptions
1.1 Greater integration and participation of older persons in decision making and community affairs.	NCOP established. Older Persons included in national planning documents.	Cabinet Paper. Appointment of Council.	<ul style="list-style-type: none"> • Lack of a national body to advocate for older persons.
1.2 The Human Rights of older persons are respected and upheld, particularly of older women..	Human Rights training programmes for older persons developed.	SPC/RRRT provides training programme for IAWC.	<ul style="list-style-type: none"> • Lack of awareness of Human Rights within the community.
1.3 Increased labour force participation and self-employment of older persons;	National employment statistics give age breakdown. Self-employment indicators.	National Statistics Office reports.	<ul style="list-style-type: none"> • Lack of coordination of key stakeholders and commitment to address the employment and self-employment needs of older persons.
1.4 Increased education and training opportunities for older persons.	Enrolment data from key training institutions provide age breakdown	Enrolment reports.	<ul style="list-style-type: none"> • Lack of coordination of key stakeholders and commitment to address the education and training for of older persons.
2.1 Reduction of poverty among older persons.	HIES provides age breakdown data.	HIES report	<ul style="list-style-type: none"> • Lack of understanding of existing range of benefits, programmes and services available for older persons.
3.1 Improve the overall health of older persons.	Ministry of Health morbidity and mortality data.	MOH reports	<ul style="list-style-type: none"> • Strategic planning documents to not give priority to health needs of older persons.
3.2 Improve understanding of the health status and needs of the elderly.	Health pre-service and in-service training programme.	Training programmes published	<ul style="list-style-type: none"> • Lack of commitment to understanding the health needs of older persons on the part of health professionals.
Objectives	Key Result Indicators	Means of verification	Risks and Assumptions
4.1 Improve support of older persons within their	Community Health	Review of	<ul style="list-style-type: none"> • Lack of baseline data of programmes and

community.	Nurses reports on older persons.	accessibility provisions published.	support measures targeting older persons.
4.2 Develop recreation and sporting opportunities for older persons.	Participation of older persons in recreation and sporting activities.	Community sporting activities recorded	<ul style="list-style-type: none"> Lack of a forum to discuss sport and recreation needs of older persons.
Objective 1.1 Greater integration and participation of older persons in decision making and community affairs.	Outputs		
Actions			
1.1.1 IAWC develop NCOP modality and terms of reference;	Terms of reference for NCOP		
1.1.2 IAWC develop terms of reference for baseline study on older persons in Fiji;	Terms of reference for baseline study		
1.1.3 IAWC agree on immediate priorities for addressing ageing policy and develop initial draft of NCOP work programme	NCOP work priorities agreed by IAWC		
1.1.4 IAWC enlist support of FCOSS to start the process of developing awareness campaigns on the needs of the elderly.	Awareness campaign discussed and agreed by IAWC		
1.1.5 IAWC seeks to have the National Planning office include ageing in its next review and to promote the integration of “ageing” in departmental sector planning and corporate plans.	Ageing included in national planning and sector planning as well as in relevant corporate plans of government ministries.		
Objective 1.2 The Human Rights of older persons are respected and upheld, particularly of older women	Outputs		
Actions			
1.2.1 IAWC seeks the support of SPC/RRRT in developing awareness raising on the human rights of older persons, particularly older women.	SPC/RRRT agrees to assist with Human Rights Training programme on the older person.		
Objective 1.3 Increased labour force participation and self-employment of older persons detection, identification and intervention	Outputs		
Actions			
1.3.1 IAWC convenes working group on employment and self-employment options for older persons.	Working group convened and agrees on immediate priorities for having more older people engaged in work including self-employment.		
Objective 1.4 Increased education and training opportunities for older persons	Outputs		
Actions			
1.4.1 IAWC education working group to advise on how education and training programmes can be made more accessible to older persons	Education working group is convened and agrees on strategy to have more older people engaged with education and training programmes.		
Objective 2.1 Reduction of poverty among older persons.	Outputs		
Actions			
2.1 1 MSWWPA conducts review of benefits and all programmes to ascertain the extent to which older persons are participating in such benefits	MSWWPA completes benefits and programmes review.		

and programmes.	
Objective 3.1 Improve the overall health of older persons	Outputs
Actions	
3.1.1 MOH reviews extent to which needs of the older person is included in Health Strategic Plan 2011-2015	MOH completes review of Health Strategic Plan and includes specific measures targeting older people. Integrates needs of older persons in all relevant strategic planning documents.
Objective 3.2 Improve understanding of the health status and needs of the elderly.	Outputs
Actions	
3.2.1 Assessment of the extent to which the health needs of older persons is incorporated into health professional training programmes in Fiji.	Needs of the older person incorporated into training programmes for all health professional trained in Fiji.
Objective 4.1 Improve support of older persons within their community	Outputs
Actions	
4.1.1 MSWWPA and MOH review services available to older persons that assist them to stay in their home;	Specific measures agreed on how to strengthen support for older people in their homes and communities.
Objective 4.2 Develop recreation and sporting opportunities for older persons	Outputs
Actions	
4.2.1 IAWC convene workshop of stakeholders on including older person in recreations and sporting activities.	National workshop convened and agrees on broad strategy on having more older people engage with recreation and sporting activities.

Appendix 2: United Nations Principles for Older Persons

<p>Independence:</p> <p>1. Older persons should have access to adequate food, water, clothing, shelter and health care through the provision of income, family and community support and self-help.</p> <p>2. Older persons should have the opportunity to work or have access to other income-generating opportunities.</p> <p>3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.</p> <p>4. Older persons should have access to appropriate education and training programmes</p> <p>5. Older people should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.</p> <p>6. Older persons should be able to reside at home for as long as possible.</p>	<p>Care (continued...)</p> <p>12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.</p> <p>13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a human and secure environment.</p> <p>14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives</p>
<p>Participation:</p> <p>7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations.</p> <p>8. Older people should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.</p> <p>9. Older people should be able to form movements or associations of older people.</p>	<p>Self-fulfilment:</p> <p>15. Older persons should be able to pursue opportunities for the full development of their potential.</p> <p>16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.</p>
<p>Care:</p> <p>10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.</p> <p>11. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.</p>	<p>Dignity:</p> <p>17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse</p> <p>18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status and be valued independently of their economic contribution.</p>

Adopted in the United Nations General Assembly, Resolution 46/91

Appendix 3: Acronyms

AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
ESCAP	(United Nations) Economic and Social Commission for Asia and the Pacific
FNCDP	Fiji National Council for the Disabled Person
FCOSS	Fiji Council of Social Services
FNPF	Fiji National Provident Fund
IAWC	Inter-Agency Working Committee on Aging
ICPD POA	International Conference on Population and Development Plan of Action
ILO	International Labour Organisation
MOH	Ministry of Health
MSWWPA	Ministry of Social Welfare, Women and Poverty Alleviation
NCDs	Non-communicable Diseases
NCOP	National Council for the Older Person
NGOs	Non-governmental Organisations
SPC/RRRT	Secretariat of the Pacific Community/Regional Rights Resource Team
UNFPA	United Nations Population Fund