

MALDIVES NATIONAL POLICY ON AGEING



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Introduction: Purpose of Current Review

Like the rest of the world, population ageing is also taking root in the Maldives. In 2023, older persons (60 years or over) accounted for 8.3% of the population, and by 2050 the number is projected to more than quadruple to 34.1 %¹; the country will move from an "ageing" to an "aged" society making it one of the fastest ageing societies in the world.

As a nation, Maldives has experienced rapid development and economic growth and today, amongst the small island developing states of South-West Asia, it is deemed to be an 'upper-middle-income country with a robust growth trajectory' by the World Bank².

Over the last decade it has seen reductions in poverty and a vast improvement in health, education and social care.

The significant increase in life expectancy at birth of 71 years in 2000 to 79.6 years in a mere 9 years in 2019 and the healthy life expectancy from 62.4 years to 70 years within the same time period as reported by WHO³ shows the importance of the longevity dividends reaped by its population as a result of development and growth across the Maldives.

In addition, the last decade also saw a number of health and social care policies being implemented to ensure improvements planned are being developed and realised:

- Maldives Strategic Action Plan (SAP) 2019-2023
- The Maldives Pension Act and Amendments, 2019
- Maldives Health Master Plan 2016-2025
- National Gender Equality Action Plan (GEAP) 2022-2026
- 3rd National Domestic Violence Prevention Strategy (DVPNS) 2023 – 2027
- Regulation on Determining the Pensionable Wage, 2021
- The development of community and family health workers as stalwarts of the country's primary health care system; and specifically, for the older persons,
- The National Elderly Policy of 2018
- Establishment of Community Social Groups (IBAMA)

As such, the current review of the Elderly Policy is intended to inform the development of a revised Elderly Policy with a focus on:

- **Aligning the policy to the outcomes of the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific and the 2030 Agenda for Sustainable Development.**
- **Ensuring it covers recent and emerging trends with regard to population dynamics, health and social care needs of older persons in the country; and**
- **Providing a document and platform that brings together all policies and systems already developed or being developed into an integrated, coordinated document and system of**

¹ UNESCAP: Demographic Changes in Asia and the Pacific, <https://www.population-trends-asiapacific.org/data/MDV>

² <https://www.worldbank.org/en/country/maldives/overview>

³ <https://data.who.int/countries/462>

health, social and mental health and wellness for the Maldivian older population and their families.

The Policy Formulation

The vision of the 2018 policy as stated is ‘to create a safe, supportive and compassionate environment where older persons are able to enjoy healthy lifestyles, maintain their independence and participate in society.’⁴ The design of the policy was very much built upon the areas of:

- Protecting the rights of the older persons
- The care and protection of the older persons from being subjected to abuse, maltreatment, neglect and exploitation.
- The independence and participation of the older persons
- Health and well-being of the older persons; and
- The need to prepare citizens in Maldives for ageing.

The 2018 policy took its guiding principles from:

- Constitution of the Maldives 2008 – with special consideration to the rights and freedom of older persons as outlined in Chapter Two
- UN Principles for Older Persons 1991
- UN Decade of Healthy Ageing (2021-2030)
- 2030 Agenda for Sustainable Development⁵

In building upon this framework and expanding it, this review acknowledges and confirms that for the attainment of successful and meaningful ageing, a whole of government and community approach is needed to galvanise and rally resources, efforts and communications to build integrated, multi-dimensional platforms across all aspects of lives of the elders to enable and support them to thrive as they age across the life course. Hence, multi-sectoral participation and coordination between government agencies, civic societies, NGOs, communities, the private sector and families are crucial to ensure successful implementation of the policy.

The policy also draws upon principles gleaned from the guidance of international guidelines adopted by the United Nations⁶, especially the outcome document of the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPPA), ‘*Accelerating Implementation of the Madrid International Plan of Action on Ageing, 2002, to Build a Sustainable Society for All Ages in Asia and the Pacific*’⁷ and the traditions, culture and values of the Maldivian people. The policy thus recognises that:

⁴ The National Elderly Policy, 2018

⁵ Ditto

⁶ 2030 Agenda for Sustainable Development, 2015, UN Active Ageing Policy Framework, 2003, Kuala Lumpur Declaration on Ageing, 2015, UN Healthy Ageing Policy Framework and GSAP 2015, UN Decade of Healthy Ageing (2021-2030)

⁷ Economic and Social Commission for Asia and the Pacific Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing Bangkok and online, 29 June–1 July 2022.

https://www.unescap.org/sites/default/d8files/eventdocuments/MIPAA_IGM.3_3_Add.1_E_2.pdf

- Longevity is hard earned and hence should be appreciated, protected and honoured in all of society.
- Older persons have the rights to a thriving, productive longer life where their health and social connections are optimised and supported, and opportunities for life-long learning, development and participation are available.
- Older persons have the choice to age in a place most beneficial to their well-being.
- Population ageing needs to be understood and managed holistically and main-streamed in all aspects of government planning, implementation, monitoring and in community life.
- Families and caregivers (both formal and informal) need recognition and support to enable them to provide the best care they can give.
- It takes a village to raise a child, likewise it takes a village to enable successful and meaningful ageing.
- Traditional customs and institutions must be recognised.
- Attention needs to be paid especially to the needs of older persons with physical and mental disability for their unique social and life circumstances.
- An enabling built environment is an important contributor to successful and meaningful population ageing.

Population Ageing: Situational Analysis and Rationale for Current Policy Review

Like many of its Asian neighbours, Maldives is experiencing rapid changes not only in its population dynamics but also changes in the way where and how people live, work and play. Taken all together, these changes can have a significant impact and consequence on the social-economic and biological ‘health’ of the country and its populace if not managed adequately. An example quite often seen is the increase in caregiving stress of the family members (especially women) of the older persons, leading to increased, inappropriate and prolonged hospitalisations and resulting in huge drain of resources. As such, a national policy on ageing identifying and providing solutions in all domains impacted by this change in population dynamics is critical in preserving the vision of Maldives as ‘a safe, supportive and compassionate environment where older persons are able to enjoy healthy lifestyles, maintain their independence and participate in society’⁸ whilst enjoying an optimal quality of life.

The following identifies significant bio-socio-economic factors accelerated by population ageing with dire consequences unless solutions are sought. The revised National Policy on Ageing would be a first step towards achieving this solutioning.

⁸ The National Elderly Policy, 2018

Rapid Pace of Ageing

As of 2023, the key population indicators of Maldives are as below:

Table 1: Key Population Indicators

Indicators	Value
Population age 60+ (thousands)	43
Population aged 60+ (% of total population)	8.3
Percentage of women out of the population aged 60+	46.1
Percentage of women out of the population aged 80+	48.1
Life expectancy at birth (years)	81.1
Median age (years)	29.9
Total fertility rate (2023)	1.7

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United Nations, Department of Economic and Social Affairs, Population Division (2022). *World Population Prospects 2022, Online Edition.*

Table 1A: Key Population Indicators

Age	1950	1990	2020	2023	2030	2050
0-14	41.8	46.8	21.8	21.7	19.1	13.9
15-64	55.1	50.5	73.8	73.2	72.9	62.8
60+	5.0	4.7	7.1	8.3	12.3	34.1
65+	3.1	2.7	4.4	5.1	8.1	23.3
80+	0.3	0.4	1.0	1.1	1.3	5.0

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United Nations, Department of Economic and Social Affairs, Population Division (2022). *World Population Prospects 2022, Online Edition.*

The percentage of persons aged 60 and above currently stands at only 8.3% of the total population, with woman above 80 years forming 48.1% of the older -old population. Like in many contemporary societies, the total fertility rate stands only at 1.7%. However, in a mere 27 years from now, 34.1% of the population are projected to be 60 years or above thus making Maldives one of the fastest ageing societies in South and West Asia. As such, the pace of ageing in the Maldives is extremely rapid and hence a national policy on ageing is a critically important first step in its preparation to become a society of longer lives.

⁹ United Nations, Department of Economic and Social Affairs, Population Division (2022). *World Population Prospects 2022, Online Edition.*

¹⁰ Ditto

The Rise of Non-Communicable Diseases

Data sourced from the *Household Income and Expenditure Survey (HIES)2019*, released online by the Maldives Bureau of Statistics, Ministry of National Planning, Housing & Infrastructure on the International Day of Elderly Persons 2021, showed:

- 46% of elderly population has hypertension (high blood pressure)
- 28% of elderly population has diabetes; and
- 45% has a disability¹¹; and the table below shows the top five leading causes of inpatient admission to tertiary hospitals in 2020.

Table 2: Leading Causes of Hospital Admissions

Figure 3-19: Top 5 leading causes of all admission for elderly aged 65 and above, 2020

All	1st	2nd	3rd	4th	5th
65-74	Ischemic heart disease 8%	Digestive diseases 8%	Unintentional injuries 6%	Cerebrovascular disease 5%	COVID-19 related conditions 5%
75-85	Cerebrovascular disease 7%	Chronic obstructive pulmonary disease 7%	Unintentional injuries 7%	Ischemic heart disease 6%	Digestive diseases 6%
>85	Lower respiratory infections 8%	Chronic obstructive pulmonary disease 8%	Digestive diseases 7%	Cerebrovascular disease 6%	Unintentional injuries 6%

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MoH, Maldives Health Statistics 2020 <https://health.gov.mv/storage/uploads/BkoMELod/utbdxbkp.pdf>

In addition, amongst the total number of inpatient admissions in 2020, those hospitalised from non-communicable diseases form the second largest group of inpatients with older persons representing a significant number. The trend is similar in 2019 pre-Covid.¹³

¹¹ <https://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2021/10/IDoEP2021.pdf>

¹² MoH, Maldives Health Statistics 2020 <https://health.gov.mv/storage/uploads/BkoMELod/utbdxbkp.pdf>

¹³ MoH, Maldives Health Profile 2019 <https://health.gov.mv/storage/uploads/QEoA01q9/mkfb9nl.pdf>

Table 2A: Inpatients by Main Disease Conditions and Age Groups

Age	a. Communicable, maternal, perinatal and nutritional conditions	b. Noncommunicable diseases	c. Injuries	d. All other disease groups (including ill-defined)	Total
0-17	3,563	2,151	539	6,327	12,580
18-35	7,991	3,434	862	1,348	13,635
36-53	1,928	3,357	464	822	6,571
54-71	706	3,313	338	708	5,065
72-90	526	2,363	251	589	3,729
>90	43	113	22	42	220
Total	14,757	14,731	2,476	9,836	41,800

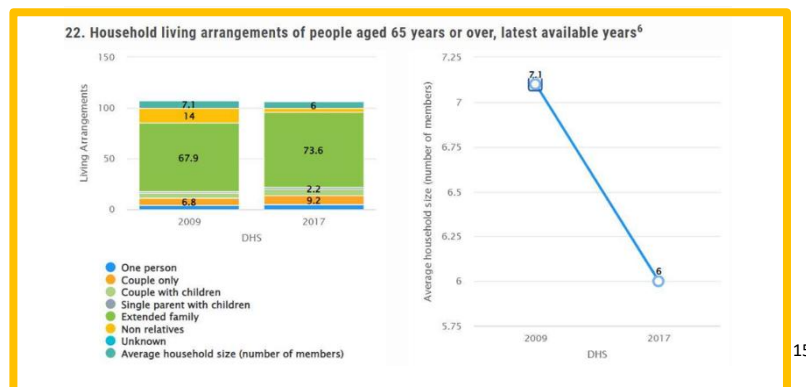
MoH, Maldives Health Statistics 2020 <https://health.gov.mv/storage/uploads/BkoMELod/utbdxbkp.pdf>

The increasing number of persons with the non-communicable diseases especially amongst those reaching mid- ages could imply greater number of persons with disabilities, frailty, and mental health issues in the future. At that time, older persons’ health trajectory reaches end-stage chronic diseases as they advance in age, hence translating into higher healthcare and long-term care expenses. As such, an ageing policy must outline a clear path towards integrated health-social care across the life course for both, young and old.

¹⁴ MoH, Maldives Health Statistics 2020 <https://health.gov.mv/storage/uploads/BkoMELod/utbdxbkp.pdf>

Decreasing Family Size and Changing Household Living Arrangement

Table 3: Household Living Arrangement of 65 Years and Above



United Nations, Department of Economic and Social Affairs, Population Division (2022). Database on the Households and Living Arrangements of Older Persons 2022.

The two graphs show that whilst the percentage of extended family households (consisting of three generations household of children, parents and grandparents) has increased from 67.9% in 2009 to 73.6% in 2017, the size of the households over the same period has decreased from 7.1 to 6 persons. With rapid population ageing, this would mean the caregiving tasks that might be needed with an ageing household are spread over a smaller cohort of persons in the family which may contribute to higher caregiving stress. An ageing policy that considers support which enables joyful caregiving is therefore important.

Labour Force Participation

The current retirement age in Maldives is 65 years, and the labour force participation rate in formal employment is 20.9% (male:25.5%; female:16.2%).¹⁶ The informal employment rate stands at 89.9% (male:84%; female:99.1%)¹⁷, implying that a large majority of older persons continues to work after having retired from their jobs in the formal sectors of the economy. In addition, '43% in the informal sector are reported to be self-employed women'¹⁸. The Informal Sector Survey of 2021 also found 'the prevalence of informal sector employment was highest among women (59%) compared to men (41%) across all age groups'¹⁹

¹⁵ United Nations, Department of Economic and Social Affairs, Population Division (2022). Database on the Households and Living Arrangements of Older Persons 2022. Available at <https://www.un.org/development/desa/pd/data/living-arrangements-older-persons> (accessed on 3 March 2023).

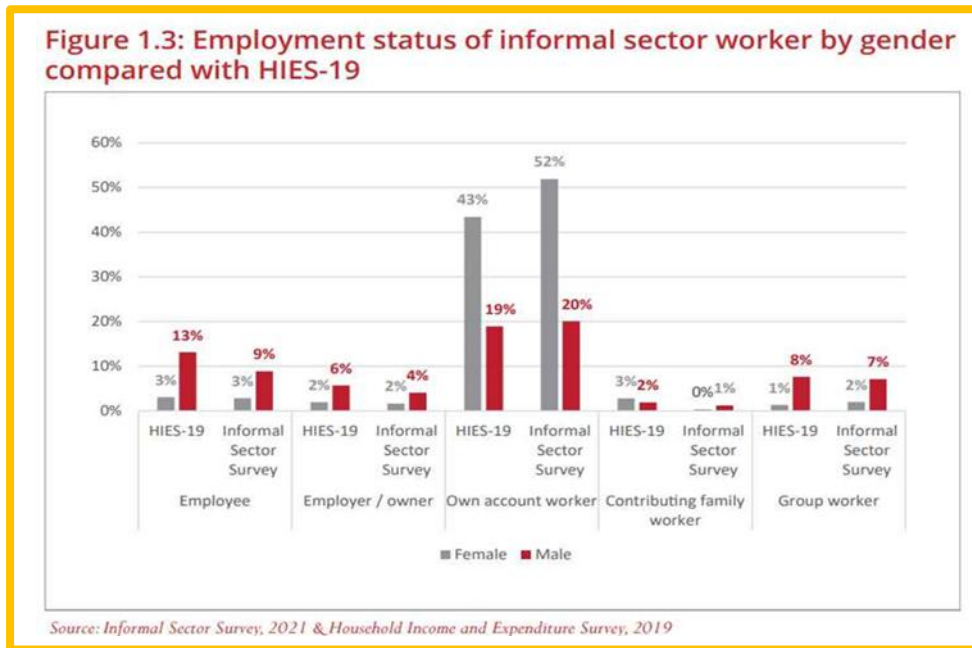
¹⁶ International Labour Organization, ILOSTAT Data. Available at <https://ilostat.ilo.org/data/>

¹⁷ Ditto

¹⁸ <https://www.undp.org/maldives/press-releases/maldives-first-informal-sector-survey-report-launched>

¹⁹ INFORMAL SECTOR SURVEY 2021: Rapid assessment of the impact of COVID-19 on Informal sector, Maldives Bureau of Statistics (MBS) Ministry of National Planning, Housing & Infrastructure, <https://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2022/07/Informal-Sector-Survey-2021.pdf>

Table 4: Employment Status of Informal Sector by Gender



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INFORMAL SECTOR SURVEY 2021: Rapid assessment of the impact of COVID-19 on Informal sector, Maldives Bureau of Statistics (MBS) Ministry of National Planning, Housing & Infrastructure

Informal employment has been defined by the Household, Income and Expenditure Survey as ‘informal employment in informal sector comprises of own account worker and employers owning and operating an informal enterprise, contributing family workers and informal employees carrying out work for an informal enterprise. Informal employment in the formal sector included employees and contributing family workers in formal enterprises who do not receive social protection contributions by their employer or, in the absence of information on employment regulation, do not receive paid annual and paid sick leave. Informal employment in households consists of domestic workers employed by households who do not receive social protection contributions from their employers or, alternatively, do not receive paid annual and paid sick leave’²¹

As the Maldives is becoming an ageing society, a policy on ageing would help to regulate conditions for those, especially women working in the informal sector ensuring that sufficient social protection and safety nets are afforded to them.

Impact of Rapid Urbanisation and Rural to Urban Migration

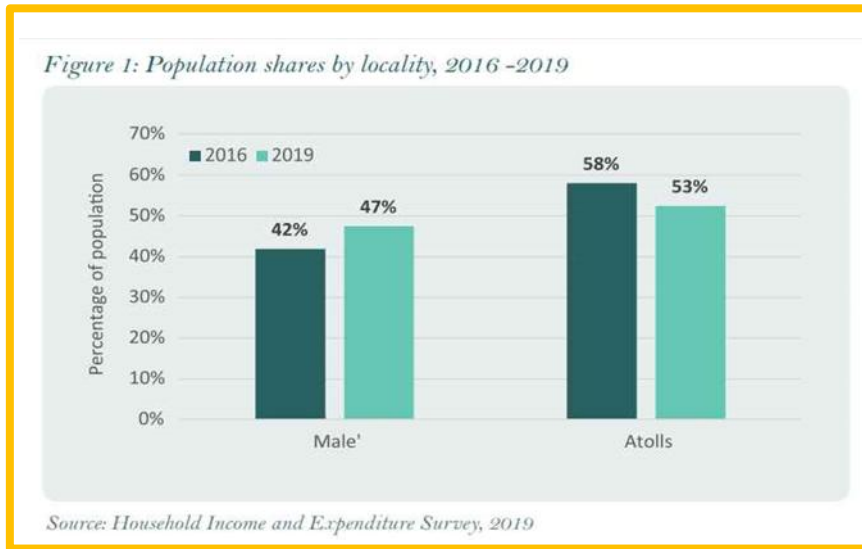
‘Maldives is becoming increasing urbanized, with 47 percent of the nation’s population living in capital city Male’ in 2019. This share is projected to increase further to over 64 percent by 2054. With the increase in migration towards the capital, population living in the Atolls has declined over the years and is projected to decline further during this period. Demand for housing in Male’ area has

²⁰ Ditto

²¹ Informal Employment, Household Income and Expenditure Survey 2019, Maldives Bureau of Statistics, Ministry of National Planning, Housing & Infrastructure. <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2021/08/HIES2019-Informal-Employment.pdf>

skyrocketed, with as high as 60 percent of population in the capital living in rented accommodation in 2019.²²

Table 5: Population by Locality



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HOUSING AND HOUSEHOLD CHARACTERISTICS, HOUSEHOLD INCOME AND EXPENDITURE SURVEY 2019, National Bureau of Statistics Ministry of National Planning, Housing & Infrastructure

Rapid urbanisation, often closely related to rural to urban migration has an impact on the built environment as well as accessibility to services, including care services. The Greater Male area with a burgeoning population that is also ageing will struggle to cope with the provision of insufficient health, social and educational services to all of its population, old and young alike in addition to experiencing the adverse effects of overpopulation in having limited space for living, rest and recreation. A national policy on ageing would ensure the development of an age-friendly environment that supports ageing (well) in place and the development of enabling accessibility to needed services and connections for older persons.

The Policy Framework

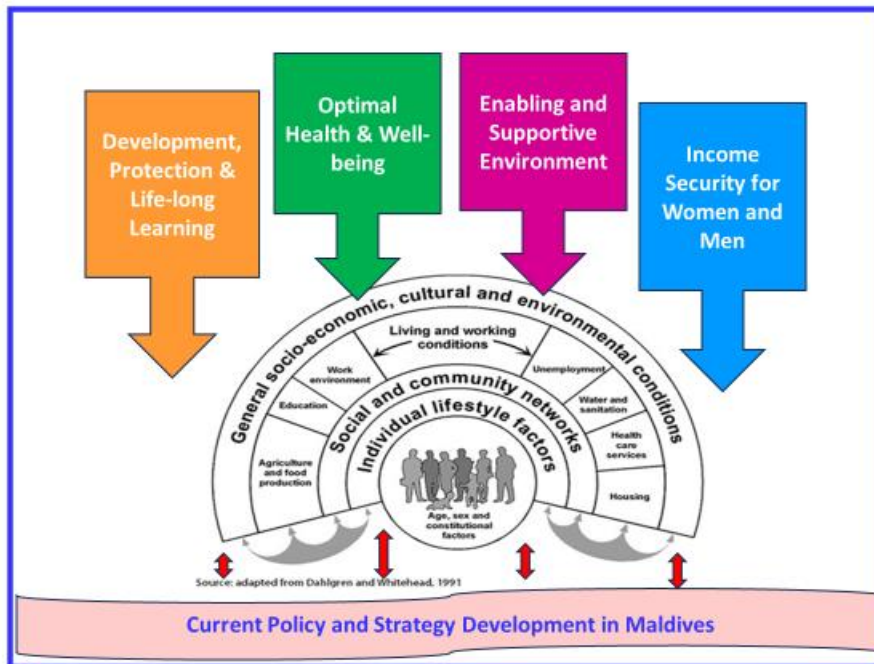
Taking on a whole of government and community approach, with references from international guidelines developed, particularly those of the United Nations and its agencies, and building upon the foundational work in socio-economic and health policy development and implementation on ageing of the current Maldivian government, this proposed policy framework marries all three domains including income security²⁴ into an integrated whole:

²² HOUSING AND HOUSEHOLD CHARACTERISTICS, HOUSEHOLD INCOME AND EXPENDITURE SURVEY 2019, National Bureau of Statistics Ministry of National Planning, Housing & Infrastructure, <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2021/04/Housing-Household-Characteristics-Updated.pdf>

²³ Ditto

²⁴ Income security is designated as an individual pillar in the strategic direction for its importance in contributing to a right based as well as a successful ageing society.

Table 6: Proposed Policy Framework for National Ageing Policy



The central diagram is the widely used, well-known socioecological rainbow model from Dahlgren and Whitehead (1991)²⁵ outlining a ‘systematic framework for showing the relationship between approaches to health and total, whole-of-life development, including the spiritual dimension.’²⁶ The Rainbow Model includes within its layers, major determinants of health and well-being starting from the individual’s innate characteristics and how they live their lives in lifestyle choices, to the impact of organisations, communities and social networks to the larger eco-system of socio-economic, cultural and environmental conditions of the country and the world they live in.

The three pillars of the **Madrid International Plan of Action on Ageing (MIPPA)** including income security, and the 2030 Agenda for Sustainable Development, would provide the strategic direction²⁷ for the development of goals and action plans of the National Ageing Policy of Maldives. The current policy and strategy development of the Maldivian government forms the context, the ground on which the policy development would take place. This context evolves according to the needs and living conditions of the populace which in turn is also impacted by the policy development of the government (Table6)

²⁵ <https://webarchive.nationalarchives.gov.uk/ukgwa/20220208115302/https://esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/>

²⁶ Davidson-Rada M, Davidson-Rada J. The Rainbow Model of health as ongoing transformation. *J Holist Nurs.* 1993 Mar;11(1):42-55. doi: 10.1177/089801019301100105. PMID: 7680678.

²⁷ MIPPA is still an evolving discussion and implementation. UNESCAP takes the lead in facilitating discussion and planning across Asia and has recently just completed its 4th review.

The Policy Vision, Goals and Strategies

The overarching policy vision of the Maldivian Government on the revised National Policy on Ageing, is **‘to create a secure and supportive environment where older persons are guaranteed of their rights to health, dignity and responsible living while being respected as valued and productive citizens of the society.**

‘In essence, the policy vision celebrates longevity and the older persons in the Maldivian society. The revised policy of 2024 expands the original vision through incorporating the guiding principles of international commitments adopted by member States of the Economic and Social Commission for Asia and the Pacific, especially the outcome document of the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPPA), *‘Accelerating Implementation of the Madrid International Plan of Action on Ageing, 2002, to Build a Sustainable Society for All Ages in Asia and the Pacific’*²⁸

Longevity in itself is a relatively recent universal phenomenon involving all aspects of one’s life, an entire new life’s moment with its challenges and rewards, and an indicator of society’s social and economic development. Given the speed of ageing in the Maldives, the country is not well prepared for these challenges and opportunities. If population ageing is to be celebrated rather than feared, society must embrace ageing in all aspects. The vision, goals and strategies of the national policy on ageing is an important first step taken at the highest level of government to lay out a blueprint for a change in the perception of ageing from a challenge to an opportunity for creating an inclusive and open society.

To realize this expanded vision, goals and strategies in this review are laid out based on the policy framework described earlier – taking a whole of government and community approach from the individual to the community and to the wider socio-economic, cultural and environmental systems of the Maldivians driven by the four strategic directions of:

- Development, Prevention, Protection and Life-long learning of older persons
- Optimal health and well-being; and
- Creating an enabling and supportive environment, taking reference especially from the MIPPA and the reviews in Asia-Pacific.
- Income security for older persons

²⁸ Economic and Social Commission for Asia and the Pacific Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing Bangkok and online, 29 June–1 July 2022.

Policy area 1: Development, Prevention, Protection and Life-long Learning of older persons

Goal 1:

To ensure that growth and development of the older persons occur over the life course, ageing (especially that of older women and persons with disabilities) is mainstreamed in all development planning and implementations through the collection of age aggregated data on key demographics, physical, social and economic trends for policy making.

Goal 2:

To ensure that the older persons are protected against all forms of discrimination, violence, abuse and harm.

Goal 3:

To ensure the rights of older persons are protected and promoted through legislation, enabling community social infrastructures and service delivery.

Goal 4:

To create opportunities that ensure transfer of knowledge and lifelong learning for empowerment of older persons resulting in meaningful participation and decision making.

Goal 5:

To increase research and collection of aggregated data on ageing population and promote evidence-based decisions.

Goal 6:

To develop communication strategies for older persons regarding all areas of social protection/social security

Strategies

Goal 1 Strategy: Mainstreaming

- a) Establish a coordination mechanism to monitor and mainstream the policy on ageing.
- b) Establish community level Older Persons Associations across the country, supported by the government.
- c) Address ageism to enable the development of a society for all ages.

Goal 2 Strategy: Prevention and protection

- a) Develop legal and administrative mechanisms and decentralized social services that protect and uphold the rights and wellbeing of older persons.
- b) Develop policies, procedures and manuals for advocacy and decentralized social services for older persons.

Goal 3 Strategy: Rights

- a) Ensure robust social protection is in place amongst older persons especially women and older persons with disabilities.

Goal 4 Strategy: Meaningful Participation

- a) Create and develop mechanisms and programmes to drive life-long learning for older persons.
- b) Create opportunities and volunteering platforms for older persons that enable them to contribute and engage in the community.

Goal 5 Strategy: Research

- a) Increase collaboration with academic and research institutions to conduct research on ageing.

Goal 6 Strategy: Strategy: Communication and Advocacy Strategies

- a) Conduct awareness and educational programmes to all sectors in society regarding social protection and security for older persons and their family caregivers.

Policy Area II. Optimal Health and Well-being

Goal 1:

To achieve a healthy and active²⁹ life span across the life stages enabling meaningful and productive ageing.

Goal 2:

To enable ageing- in- place across the country by building age-friendly, decentralized communities with integrated, comprehensive, physical, psycho-social infrastructures.

Goal 3:

To ensure unhindered, timely, fair and equitable access to care and care knowledge for older persons including their caregivers across various stages of life.

Goal 4:

To ensure adequate preparation and access to appropriate aid during times of emergency/crisis for all older persons.

Strategies:

Goal 1 Strategy: Healthy and Active Life Span

- a) Develop and strengthen key, critical services across the life- health (both physical and mental)- social spectrum to ensure people have universal access to health services, and adequate care is given at the right time using the most appropriate resources.
- b) Develop and strengthen preventive health care through promoting self-care efficacy with health education, functional fitness, and mental wellness training programmes for older persons and their families.
- c) Advocate for special geriatric/palliative care and programmes in health care facilities

Goal 2 Strategy: Ageing-in-Place

- a) Develop and implement comprehensive network of integrated community-based primary health-social long-term care system.

Goal 3 Strategy: Accessibility

- a) Build financial and health-social service mechanisms in the community to enable accessibility to holistic and comprehensive care and care knowledge.
- b) Strengthen the protection mechanisms to adequately address and prevent the abuse and exploitation of older persons.

Goal 4 Strategy: Adequate Preparation and Care During Crisis

- a) Include older persons in all aspects of preparation in crisis and emergency management.
- b) Include older persons' needs as a priority during crises and emergencies.

²⁹ Referencing the WHO definition of health and well-being as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- c) Coordination agency on National Policy on Ageing is represented in all climate change adaptation and mitigation planning and actions.

Policy area III: Enabling and Supportive Environment

Goal 1:

To develop age-friendly communities of care, safe environment and infrastructures that are accessible, thus enabling independence, participation and connectivity including inter-generational linkages and solidarity.

Goal 2:

To develop a comprehensive support mechanism for unpaid family caregivers, especially women caregivers of older persons to recognize their contribution.

Goal 3:

To enable digital empowerment through the learning of technological skills especially IT skills to prepare older persons to navigate the digital transformation of technical skills at work, home and in care services. This forms part of the goal of enabling accessibility to all aspects of contemporary living.

Goal 4:

To develop and incorporate geriatric and gerontological competencies in all sectors of society.

Strategies:

Goal 1 Strategy: Age-friendly communities of care, safe built environment and infrastructure

- a) Incorporate inclusive universal designs and national spatial planning in all blueprints of urban and island planning, housing and transportation, particularly taking into considerations the needs of older persons.
- b) Promote sensitization and orientation to healthy ageing in training programmes in all industries including service organizations and communities.

Goal 2 Strategy: Support for Family Caregivers

- a) Develop and provide comprehensive caregivers' training for both formal and informal caregivers.
- b) Promote sensitization and training programmes to equip caregivers with the skills and knowledge to provide effective care for older persons.
- c) Develop a robust caregiver support system to enable joyful caregiving

Goal 3 Strategy: Digital and Technology Empowerment

- a) Develop and promote programmes and training opportunities on digital technologies.
- b) Develop specialized digital platforms for older persons to enable access to essential information including health and financial information.

Goal 4 Strategy: Competencies Development

- a) Incorporate generic and specialized geriatric and gerontology training in the curriculum of health professionals, social workers, community and family health workers.

Policy area IV: Income security for older person

Goal 1:

To ensure a sustainable and equitable income security mechanisms for older persons.

Goal 2:

To establish comprehensive social protection programmes and social security schemes for caregivers of older persons.

Strategies:

Goal 1 Strategy: Income Security for Older Persons

- a) Conduct regular reviews of the pension system including its long-term sustainability and ensure access and adequate benefit levels for older persons and adjust benefit levels based on the inflation index.
- b) Ensure that income security reaches targeted beneficiaries.
- c) Improve redistribution elements in line with the social protection policies, using National Transfer Accounts (NTAs) to ensure that the policy implementations effectively addresses the needs of older persons and supports evidence based policy making.

Goal 2 Strategy: Social Protection and Social Security for caregivers

- a) Extend social protection and social security to family caregivers especially (unpaid) woman caregivers to recognize their contribution of family caregiving.

Implementation and Review

The implementation of a Nation Policy on ageing, along with a 5-year Action plan, necessitates a comprehensive approach that involves the entire government and community. The implementation strategy and its structure, together with the action plan, should engage multiple sectors and levels of government, civil society, citizens, and both private and public sectors, working collaboratively with the commitment to cooperation and shared responsibilities.

An effective and efficient implementation would require the following structure and process:

- The Ministry of Social and Family Development being the coordinating body would be responsible for overseeing the implementation of the policy, ensuring alignment between various sectors and facilitating communication among stakeholders.
- Defining clear roles and responsibilities for all stakeholders including government agencies, civil society, private sector and local communities to ensure accountability and coordinated efforts.
- Securing dedicated funding and resources for the implementation of the action plan including financial, human and technical resources to support the effective delivery of the services and programmes.
- Promote ongoing stakeholder engagement and capacity building including training and awareness programmes to equip all involved parties with the necessary skills and knowledge

- Developing a robust monitoring and evaluation mechanism to track progress assess the effectiveness of initiatives and provide feedback for continuous improvement to adapt the policy and action plan based on emerging needs and challenges.

Conclusion

Over the past decades, Maldives has developed into a vibrant and thriving society offering its residents an increasingly higher standard and quality of living. According to the World Bank, Maldives is recognized as an “upper-middle-income country with a strong growth trajectory”. The next challenge for the nation is to address the challenges and opportunities presented by a rapidly ageing population leverage its longevity dividends and advance towards the next stage of sustained growth-transforming into a society that celebrates ageing as a positive force.

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