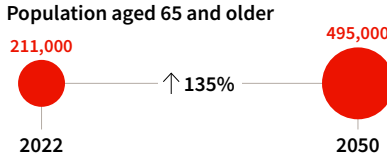


The policy landscape for aging in Jamaica is relatively strong compared with other low- and middle-income countries (LMICs)—it was one of the first Caribbean countries to establish a national policy for older people. A robust healthcare system, lifelong learning opportunities, and active participation in civil society increase the potential for equitable healthy aging for Jamaicans. However, shifting networks of care, educational gaps and low levels of social protection threaten the economic livelihoods of older people.

Demographic

The share of the population aged 65 and older will nearly triple from 7% to 20% in 2022-50.



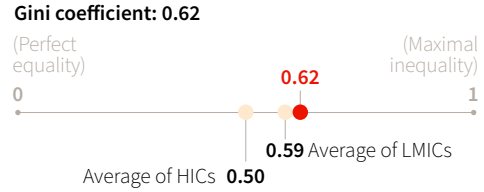
Informal employment

The majority of workers are employed informally, who do not have secure employment contracts or workers' benefits.



Income inequality

The income inequality is higher than both the averages for LMICs and high-income countries (HICs).



Sources: UN, International Labour Organization, World Inequality Database, Economist Impact.

Ecosystem for equitable healthy aging:

		Very unfavorable				Moderately unfavorable				Moderately favorable				Very favorable			
		Strength				Strength				Strength				Strength			
		1	2	3	4	4	3	2	1	Strength				Strength			
		Forces enabling equity								Forces resisting equity							
Public institutions	<p>Social protection: Jamaica has several social protection programs that specifically benefit older persons, including contributory pensions (e.g. the National Insurance Scheme) and non-contributory cash transfer (e.g. the Programme of Advancement Through Health and Education), demonstrating a broad commitment by the government to alleviate aging inequity.¹ However, the amounts are not enough to live on alone—for example, PATH provides less than US\$10 per month.² Many older adults still rely on their families for financial support.³ In addition, the effective coverage of old-age pensions is also low: only 40% of people above retirement age (65) receive one.⁴</p>	→				←				<p>Healthcare access: Although access to healthcare is guaranteed for all Jamaicans, the public healthcare system is under-resourced, and there is only 1 doctor per 1,000 people.⁷ As in most other emerging markets, access to clinics is limited for many older adults, especially those in rural areas, owing to transportation and mobility barriers.⁸</p>							
	<p>Financial protection for healthcare coverage: Jamaica has a public healthcare system through which services are provided at no cost that is complemented by a private health sector.⁵</p>	→				←				<p>Educational access and quality: Although there is gender parity in education rates, significant educational gaps remain among groups by location and wealth.⁹ Additionally, those aged 80 and over have lower levels of educational attainment than those aged 60-64.¹⁰</p>							
	<p>Lifelong learning opportunities: Older persons can access lifelong learning interventions, from basic literacy to secondary education, through The Jamaican Foundation for Lifelong Learning, a government agency with 30 adult education centers around the country.⁶</p>	→															
Legislative and policy landscape for aging	<p>Aging policy: The government has shown consistent commitment to ensuring the welfare of older people. Jamaica was one of the first countries in the Caribbean to establish a National Policy for Senior Citizens in 1997.^{11,12} The policy also established the National Council for Senior Citizens, a government-funded body that implements, coordinates and tracks efforts of other entities in the country to address the goals of policy for senior citizens.¹³</p>	→				←				<p>Age discrimination laws: Despite its strong efforts in policy implementation, Jamaica does not have specific legislation prohibiting age discrimination or guaranteeing rights for older persons, though it is moving towards a rights-based approach with its aging policy.¹⁶</p>							
	<p>Age-friendly data: The Statistics Act (last amended in 1984) established the Statistical Institute of Jamaica (STATIN), which regularly collects data and collaborates with agencies to compile and publish information, including demographic data on the older population.¹⁴ STATIN has a robust infrastructure for ensuring quality, as well as research and dissemination efforts.¹⁵</p>	→															
Age-friendly society	<p>Civil society: Older persons are active in their communities—nearly 50% of older persons in Jamaica are engaged in at least one social organization, with churches/religious groups being the most popular type.¹⁷ Because there are not many senior centers, churches function as day centers, a main hub for social activities, and support networks during health crises.¹⁸</p>	→				←				<p>Rural community: The majority of older persons (52%) reside in rural areas and are more likely to have lower levels of income and lower levels of digital and health literacy.²¹</p>							
	<p>Innovative approach: The government has aimed to improve access to essential healthcare for older people specifically with two drug subsidy programs: the Jamaica Drug for the Elderly Programme (which provides a 100% subsidy for specific drugs covering 10 chronic illnesses for all residents of Jamaica over the age of 60) and the National Health Fund Card (which provides subsidies to every person living in Jamaica at any age for the treatment of 17 chronic illnesses).^{19,20}</p>	→				←				<p>Networks of care: Long-term care services for older adults are largely unavailable, and older persons, most of whom (73%) are homeowners, prefer to stay there and receive home-based care from their families. But family size is shrinking, reducing the number of those available to take care of aging parents. Younger people are also moving to urban areas or abroad, further shrinking the networks for long-term care.^{22,23}</p> <p>Ageism: A tendency towards age discrimination means that Baby Boomers are not well regarded, especially in the workforce.²⁴</p>							

Methodology: As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the ecosystem for achieving equitable healthy aging in 10 countries based on Kurt Lewin's force field analysis. This approach compares forces that either promote or resist change, allowing for analysis of factors that may not be readily comparable within and across all countries. Building on our desk research and supplemented by expert interviews, we outline the forces that enable and hamper aging equity. We then conduct a qualitative assessment to score their relative strength on a scale from 1 ("weak") to 4 ("strong"). All scores were independently assessed by two raters (with an inter-rater reliability—Cohen's kappa—of .72), who then reconciled differences.

Lack of inclusion of a force does not necessarily indicate its absence from a country. It typically means that we decided to focus elsewhere or that there was not adequate research available on the particular subject. Moreover, because of the nature of evaluation—complex matters are collapsed into simple scores—we note that not all readers will agree with all scores. Further, these scores are not intended to facilitate explicit rating or ranking, but rather to foster qualitative examination of complex dynamics through simplified heuristics. It is our hope that these overviews will encourage reflection and action.

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