



Mauritius

**The 2018 Aging Readiness & Competitiveness Report:
Small Innovative Economies**

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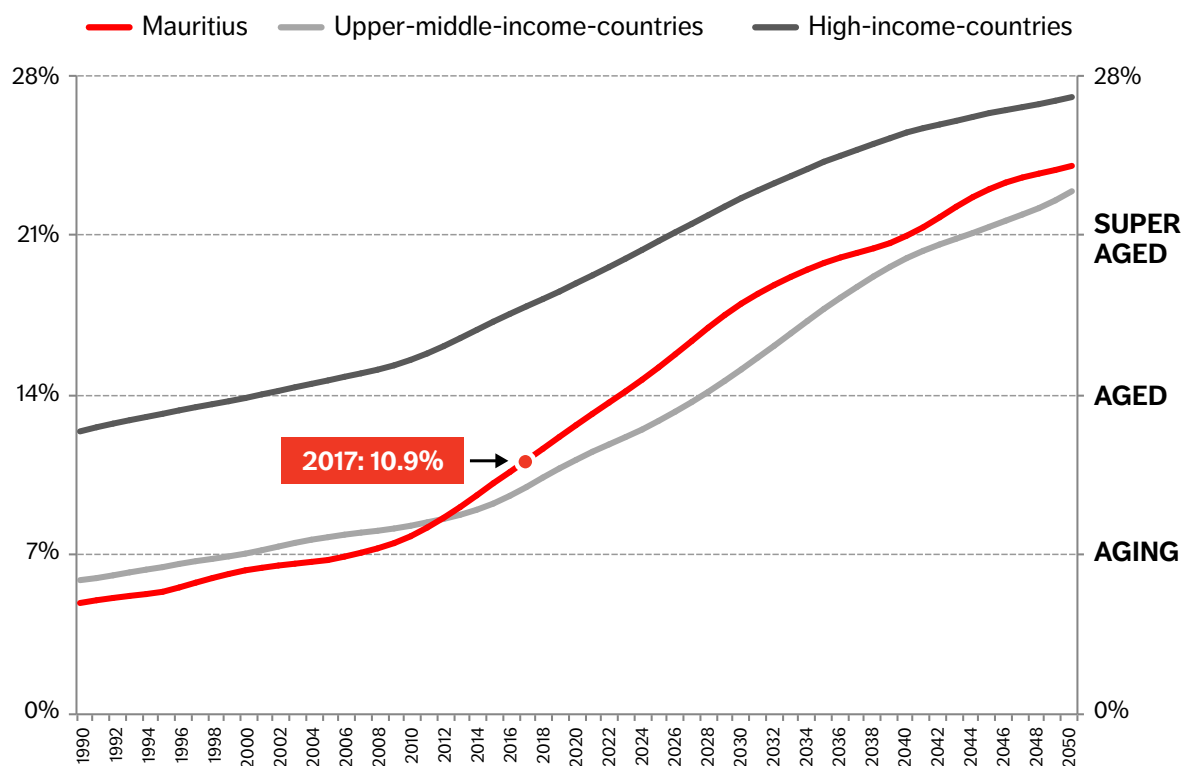
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The smallest country covered in this study, Mauritius, is leading the African region in proactively identifying aging as a critical issue for the health and competitiveness of its society and its economy.

With a diverse population, deep historic ties internationally, a track record of political stability, effective governance, and rapid economic growth, it has embraced international best practices by defining a holistic approach to aging policy that reflects the unique resources and needs of its population.

The population of Mauritius began to age rapidly when its baby boom generation started to turn 65 in the past decade. The country became an aging society in 2008, crossing the threshold of 7 percent of its population over age 65, and is projected to enter the category of aged society in just five years, with 14 percent of its population 65 and older.¹ (Figure 1.) For perspective, it took the United States more than 50 years to make the same

Figure 1. People Age 65 and Older as Percentage of Total Population



Source: United Nations, Department of Economic and Social Affairs, Population Division

demographic transition. In Mauritius, the shift is taking place as the overall population shrinks. The government of Mauritius has projected that the country's total population will fall by eight percent to just 1.16 million by the year 2041.²

Today's older adults in Mauritius are fortunate to live in a country with a long tradition of social support, universal pension, free quality health care, and innovative programs focused on taking

care of the generation that helped build the country. Absolute poverty in Mauritius is low. In 2012, less than two percent of the population was living on less than USD 2 per day.³ People in Mauritius enjoy financial stability with the combined assets of a universal pension starting at age 60 and earnings-related pensions beginning at age 65, but the country's accelerated pace of aging is beginning to challenge the sustainability of the system.

As in many middle-income countries, this demographic shift arrives at the same time as changing family structures and economic development. Emigration trends also raise the importance and scope of governmental and non-governmental efforts to improve the quality of life for older adults. Multiple programs offer opportunities for social connection, a sense of community, and leisure. These include government- and non-governmental-organization-led day centers, government-run resort-style Senior Recreation Centers, and individual-led clubs focused on older adults' well-being. Though the government is candid as to where improvement is needed, challenges persist in facilitating the older population's ability to access their communities, because of significant barriers in Mauritius' transportation and built infrastructure.

The government is beginning to examine workforce participation among older adults, with a new and ongoing survey by the National Productivity and Competitiveness Council and a council chaired by the prime minister prioritizing the aging workforce. However, these early efforts have not yet produced any concrete policies or programs. Two innovative programs offer great promise for older workers. The first, Club le Flamboyant, offers opportunities for older adults to study and advocate for their own interests. The second, University of Third Age Mauritius, provides continuing education that could be leveraged to support older workers.

With investments in its information and communication technologies (ICT) infrastructure, technologically advanced Mauritius seeks to position itself as a technological hub. The country is increasingly focused on bridging the digital divide between older and younger people. Though a divide persists, it is narrowing as the importance of tech literacy grows for older adults who seek to keep in touch with emigrated family members, and as government services move online. The private sector is also beginning to bring technology to older adults, with one company offering a tech-based solution to enable aging in place.

Extended longevity is thanks, in part, to Mauritius' strong social medicine system, which is in the process of developing greater focus on age-related health concerns and the rise of non-communicable diseases—with the high incidence of diabetes throughout the population a particularly worrying trend. The government is also beginning to address the growing prevalence of dementia and the need for a more robust system for long-term care, but NGOs such as Alzheimer Association Mauritius are already making a difference on a small scale.

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Ecosystem for Policy and Social Innovation

A history of effective governance, a commitment to social support, a small and concentrated population, and enduring ties to international partners are key enablers for the relative success and foresight of Mauritius in approaching the aging of its population.

Today, the government's proactive approach to recognizing its changing demographics, and the innovative efforts from government and NGOs, are helping older adults to live happier, more productive, and healthier lives. Often operating with government, international organization, or corporate support, NGOs represent another key driving force for innovation among older adults.

Key Enablers

Key enablers for addressing the needs of older adults in Mauritius include a high level of government effectiveness, a commitment to social support even in times of economic hardship, and a positive and constructive engagement with international actors, whether through bilateral relationships with countries, NGO networks, or international organizations.

Compared to countries both regionally in its income group and globally, Mauritius stands out as an effective, open, and stable government. The World Bank ranked it second in Africa for government effectiveness, political stability, regulatory quality, and rule of law in 2016.⁴ The country is also a world leader in ease of doing business, scoring 25th globally and third among all upper-middle-income countries. As part of a broader effort to diversify and grow its economy, Mauritius has sought to inculcate a culture and system that facilitates entrepreneurial endeavors and innovation.

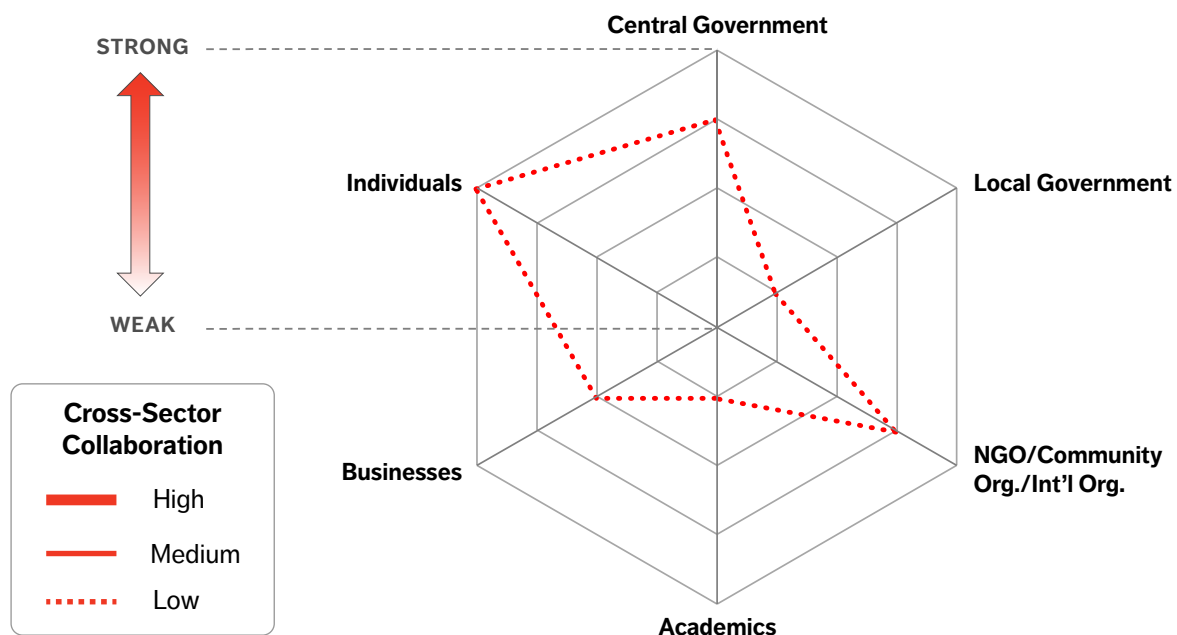
But while that overall effectiveness has been a boon to the country in general, delivering rapid economic development and diversification, the government also maintains an enduring focus on preserving social support programs even in the face of economic struggle. Despite a flagging sugar economy and a surge in population size at independence that threatened to leave more unemployed and dependent

on government support, the government successfully focused on preserving the social safety net while continuing to grow the economy and create jobs. In the 1980s, when Bretton Woods' Structural Adjustment Programmes encouraged economic liberalization among African countries by lowering public spending, the Mauritian government refused to make the proposed cuts, convinced that it had a moral imperative to help citizens most affected by economic hardship.⁵

Another key enabler is the country's relatively small size with just 1.2 million people and about 790 square miles of land mass,⁶ which makes it smaller than 400 cities worldwide.⁷ In many ways the national government has a primary advantage of direct engagement with its constituencies, as cited throughout the Aging Readiness & Competitiveness series. Government and NGO leaders in Mauritius repeatedly point to the country's physical size as an enabler.⁸ Older adults on the main island are never more than a 50-mile drive from the capital, Port Louis, and, per the Ministry of Health's social medicine plan, never more than about two miles from medical care.

Mauritius' outward engagement through enduring bilateral relationships and work with international institutions has facilitated both funding and the transfer and adaptation of successful programs to the country. In addition to the country's historic ties with France and the United Kingdom, Mauritius is actively involved in international initiatives on aging, adopting

Figure 2. Driving Forces of Innovation and Cross-Sector Collaboration



the Madrid International Plan of Action on Aging of 2002 and, in 2008, adopting a new policy that reoriented its aging focus from a welfare approach to one that emphasized development and active aging.⁹

Attributes in Aging-Related Innovation

With a small pool of senior civil servants, aging policy in Mauritius reflects a transfer of best practices across both sectors and issues. In 2001, the Ministry of Social

Security and National Solidarity produced the first aging policy in Africa, under a minister who had been a social worker and cognizant of aging issues.¹⁰ The policy was led by a permanent secretary who had developed a National Youth Policy in his previous role as permanent secretary for the Ministry of Youth and Sports.¹¹ Developing a youth policy clarified the benefits of an aging policy. The initial 2001 aging policy laid out scores of recommendations, many of which have been successfully implemented, including the regulation of residential care facilities, establishment of

day centers throughout the main island, extension of the retirement age from 60 to 65,¹² and improvements in health care accessibility. National aging plans were updated once in 2008 and again in 2016, with the most recent plan placing a greater focus on unlocking the productive potential of older adults and ensuring support for marginalized groups.¹³

Building on a history of social support, the country has a robust NGO network that often addresses the growing specialized needs of older adults, in many cases taking the practical steps necessary to achieve ideals promoted by government strategies. While these organizations often receive government funding, they also benefit from private sector funds due to a 2009 requirement that companies contribute two percent of their profits to a Corporate Social Responsibility Fund, either directly or through an approved NGO, foundation, or corporate partner.¹⁴

Many innovative programs directed at older people emerge out of NGOs, particularly those building on the country's international relationships. Examples of these include:

- The Mauritian branch of France's Fédération Internationale des Associations de Personnes Agées (FIAPA or International Federation of Associations for Older People);
- Alzheimer Association Mauritius, affiliated with London-based¹⁵ Alzheimer's Disease International,¹⁶ with origins credited to a Frenchwoman who was prominent in Mauritius, Denise Vaulbert de Chantilly;¹⁷ and
- University of Third Age Mauritius, which, though operating independently, finds its inspiration in an organization that began in Toulouse, France, and spread to the United Kingdom.¹⁸

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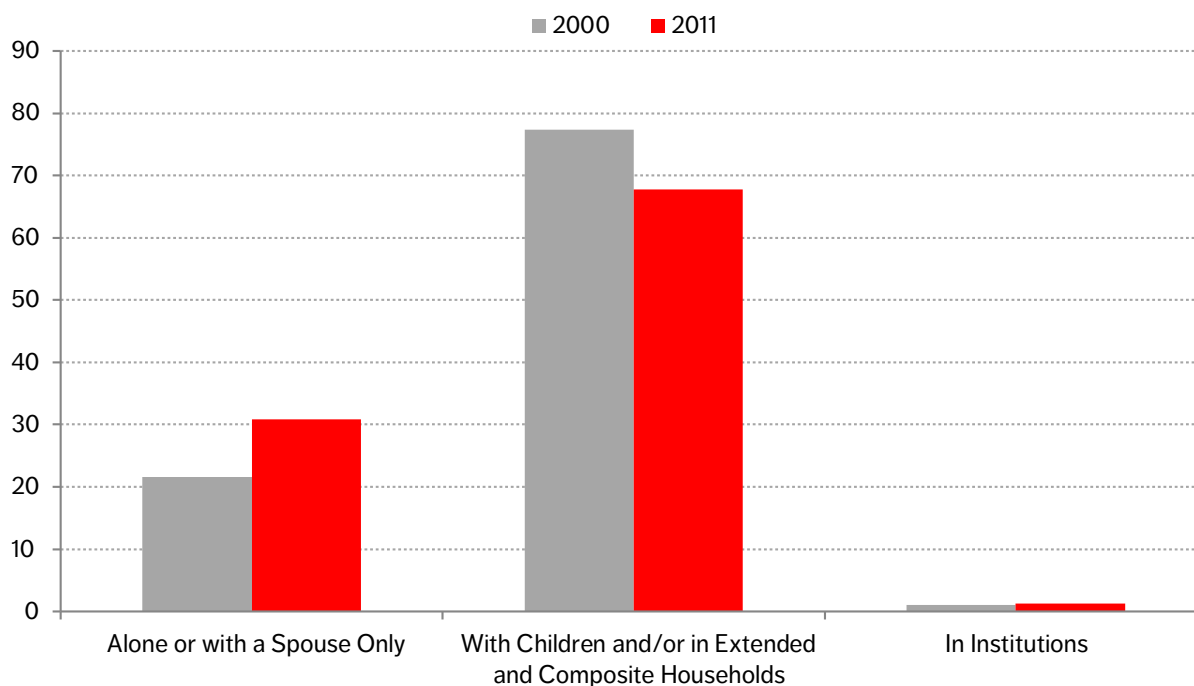
As are many upper-middle-income countries, Mauritius is rapidly aging while simultaneously undergoing other significant structural changes in its economy and society, including a high rate of emigration among educated, working-age people, that is shrinking the country's overall population.

As traditional structures for support in older age erode, the government and outside institutions are developing new networks for social engagement. However, accessibility remains a hurdle.

Well-being

Mauritius' shift from sugar cane economy at independence to a diversified economy based on sugar, textiles, tourism, and financial services has generated rapid economic growth. The country has more than tripled its GDP over the past 20 years

Figure 3. Living Arrangements of Older Adults, 2000 and 2011



Source: Statistics Mauritius

alone, from USD 4.17 billion in 1998 to USD 13.34 billion last year,¹⁹ and has nearly tripled GDP per capita during the same period to USD 10,547.²⁰ For older adults, the speed and scale of the country's economic growth has brought with it three key changes: a shift in family structure, a younger generation pursuing more structured and time-consuming work in new industries, and more commonplace higher education that enables a growing number of younger people to emigrate for work or further study.

While intergenerational living remains common, Mauritius is undergoing a rapid

change in family structure, which is having a significant effect on its older population. Though statistics are outdated, 31 percent of older adults lived independently—either alone or with only a spouse in 2011,²¹ a dramatic increase from 22 percent in 2000.²² (Figure 3.) While more than two-thirds of older people still lived in mixed households as of 2011, the government has taken note of this trend. According to a 2016 government report on aging, Mauritius is dealing with two key challenges in tandem as its population ages—"the irreversible breakdown of the extended family" and increased life expectancy.²³

Further shaping the opportunities for social interaction is change in professional culture and workforce policies brought about by economic development and diversification. With long hours and two-breadwinner households, often working in the demanding hotel services industry, the younger generation is left with less time to interact with, and care for, their parents, contributing to a greater need for new avenues of social interaction and support.²⁴

Growing emigration among younger people has further contributed to this challenge as they leave to work and study abroad in the United States, Australia, and the United Kingdom. Free higher education has afforded greater opportunities today than were available to older generations. More than half of those with tertiary education had emigrated as of 2011.²⁵ In 2017, nearly 12 percent of all people born in Mauritius were living abroad—170,000,²⁶ compared with an in-country population of 1.2 million.^{27,28}

Although there is growing recognition that changes in family structures, diminished time for family interaction, and emigration contribute to social isolation among older adults, no one has produced a comprehensive study on the issue. According to Ibrahim Koodoruth, a senior well-being expert and Professor at the University of Mauritius, there is a need for data collection over a range of indicators, with sufficient granularity in terms of both age group and geography to enable appropriate policy responses.²⁹

Social Engagement Programs

In 2001, the government began to pursue aging strategies to keep older adults active, happy, and engaged in society, with its first national aging strategy.³⁰ With a notable focus on older adults' well-being, the National Strategy Paper & Action Plan on Ageing 2016-2020 explicitly emphasizes a desire to promote "happy ageing" among older people, citing "positive life experiences" and "continuous participation in society" as signals of a high quality of life. The Senior Citizens Council (the Council) serves as a key link between the government and multiple NGOs to realize these goals. The Council works with these entities to expedite financial support for senior associations, and to develop and promote activities for older adults. Underscoring the country's longstanding focus on older people's needs, the Council was formed more than 30 years ago, in 1985.³¹ Today, it develops, implements, and promotes age-related initiatives. The Council also coordinates activity among hundreds of local senior associations around the country, and provides a stipend to those associations based on the sizes of their memberships.³² Those local associations operate throughout Mauritius, with 750 as of 2014.³³

Leveraging the country's thriving tourism industry, the government is giving back to the generation born into more challenging circumstances. Mauritius has developed a network of Senior Recreation Centres

“It was a very poor country, so our elderly people faced very difficult conditions. Leisure was almost inexistent. After the economic boom, the focus of government [was] to reward these categories of people.”

—S. GHOORAHOO, Manager, Lady Sushil Ramgoolam Recreation Centre for the Elderly and the Disabled

(SRCs) to offer highly subsidized getaways.³⁴

“It was a very poor country, so our elderly people faced very difficult conditions. Leisure was almost inexistent,” said S. Ghoorahoo, Manager of the Lady Sushil Ramgoolam Recreation Centre for the Elderly and the Disabled. “People were mostly fending for their basic livings. After the economic boom, the focus of government [was] to reward these categories of people,” said Ghoorahoo.

Billed as a residential leisure program for Mauritius’ older population, the SRCs, which operate year-round, offer a two-night stay to people age 55 and older, and those with mobility challenges, at a heavily subsidized rate of MUR 250 (USD 7.30) a night, approximately a 10th of the government’s cost.³⁵ Resort amenities include full board, swimming pools, and Wi-Fi. They also host leisure activities. Seminars available for older adults include subjects such as driving safety and crime safety. Since

the 2001 launch of the first SRC in Pointe aux Sables, southwest of the capital, the government has opened two more SRCs. The second center opened in 2010 on the east coast of the island; the third, in 2014 in the northwest. A fourth SRC on the main island’s southern coast is scheduled to open at the end of 2018.³⁶

The SRCs are so popular, the government is struggling to keep up with demand. The three existing SRCs can accommodate 35,000 older adults each year. That number will increase to 50,000 with the addition of the fourth.³⁷ Financial stability of the SRCs may require future changes to rebalance the proportion of the government subsidy, which could result in guests paying closer to 50 percent of the actual cost.³⁸ Adding more than a fourth center will hinge on “what motivates the politicians,” said Ghoorahoo.

Since its first aging policy in 2001, Mauritius has leveraged its island-wide network of community centers to build out a network of smaller day centers for older adults. Designed to combat loneliness, the 20 senior centers are adjacent to community centers and SRCs.³⁹ They offer games, yoga sessions, and other daily activities for older adults.⁴⁰ Though they represent the most widespread day service, the importance of offering older adults a place for social connection and activities during the day has taken hold at NGOs, as well.

FIAPA, the France-based NGO that has operated in Mauritius since 2005, runs a

day center hosting weekly classes in yoga, line-dancing, and singing, and even offers therapeutic massage. Though the day center has limited resources, community demand has dictated that the previously bi-weekly classes are now a weekly affair, with 115 individual members who come by bus or are dropped off by caregivers. “Some [members] can be quite alone during the day,” said Dr. Pascale Dinan, who heads FIAPA in Mauritius. At the day center, Dinan said, “they get out of their homes so you diminish the isolation.”

Though the center itself is small, FIAPA expands its reach by collaborating with retirement homes to conduct meetings every three months. The center works to produce shows for World Alzheimer’s Month in September and the International Day of Older Persons on October 1. Other collaborations have gone beyond recognizing older adults’ needs for social interaction and community to encourage intergenerational interaction. FIAPA coordinates directly with Quartier de Lumière, another NGO, focused on assisting vulnerable children with tutoring, along with medical and psychological support.⁴¹ Members of FIAPA’s daycare center work on handicrafts and painting with Quartier de Lumière’s children, fostering intergenerational ties that can improve the lives of both younger and older participants.⁴²

Funding is a challenge looming over FIAPA’s future endeavors. Though FIAPA charges a membership fee, it relies on a combination of government-allocated funds and funding

“Some [members] can be quite alone during the day. [At the day center] they get out of their homes so you diminish the isolation.”

– PASCALE DINAN, President,
Groupement FIAPA in Mauritius

through the government’s Corporate Social Responsibility (CSR) program. As the government takes greater control of CSR funding allocation, there is uncertainty about the organization’s future financial stability, though it is nonetheless pushing ahead. “Everyone working here is doing free work,” Dinan said. “It has to be done.”

Another local initiative is the Senior Wellness Club, based in Curepipe, Mauritius’ fourth largest city. The Club, with 60 members, derived its focus not from mimicking other associations for older adults, but from social and health needs often not addressed by others. Founded in 2014 by Raj Jaddoo, a former assistant police commissioner motivated to keep busy by helping his peers, the Club builds on Jaddoo’s knowledge of the older population and his time on the force. “I am on the ground. I am among these seniors. I work together with them,” said Jaddoo.

The Club focuses on combating loneliness and promoting its members' health through yoga, swimming, dancing, laugh therapy, and lectures on nutrition and arthritis. But Jaddoo also takes an active role in promoting the safety and financial protection of vulnerable older adults. Jaddoo brought in the police to discuss precautions older adults should take on the streets and in their own homes, and legal experts to explain the possible pitfalls of financial transactions between parents and children.

The Club's popularity has grown through word of mouth and a frequently updated Facebook page featuring members taking part in many of its programs. "Some people are inspired by what I am doing," Jaddoo said. However, the Club faces the hurdle of finding instructors willing to work on a volunteer basis. Though Club members pay a nominal membership fee, they come from different economic means, and may face difficulty covering fees for swimming, yoga, and other classes they've come to enjoy, if instructors were unwilling to work free of charge.

Physical Infrastructure

The Mauritian government has made efforts in recent years to improve accessibility by providing free public transportation to older adults, and improving government buildings to remove barriers. However, significant

accessibility and mobility challenges persist in the built environment and public infrastructure. These include inaccessible buses and narrow, sometimes nonexistent, sidewalks. The government has introduced accessibility mandates but is also honest about enforcement falling short. The importance of accessibility for older adults is clear. Mauritius' 2011 census counted 26,837 people age 60 and older, and of those, 17 percent were disabled.⁴³ Disability rates were higher in all age groups over age 60 than they had been in the 2000 census.⁴⁴

In terms of transportation, older people and those with mobility challenges have received free public bus service since 2005.⁴⁵ This benefit removed the economic barrier, but physical challenges remain. The country's hilly topography, narrow sidewalks, and inaccessible bus shelters still make transportation difficult for older adults. In addition, citizens have reported that, often, bus drivers refuse to stop for older people, whom they view as slowing down the bus service. Travel to areas outside the capital is offered through private, paid services.

In the built environment, the prevalence of low-rise buildings presents older adults with fewer stairs to contend with, and efforts in recent years have made government buildings increasingly accessible. Though challenges remain, improvements have occurred over a short time. The government recognized that a majority of both public and private buildings were inaccessible

to those with mobility challenges and made efforts to address that by requiring in the 2007 Building Act that all public buildings be accessible.⁴⁶ By 2014, a United Nations assessment found that most newly constructed buildings in Mauritius were free of barriers.⁴⁷

In 2012, the government extended this legislative mandate to newly constructed private buildings,⁴⁸ but enforcement remains an issue. “We have guidelines; we’re not enforcing them,” said Sareeta Issur-Suntah, Acting Deputy Chief Town and Country Planning Officer in the Ministry of Housing and Lands. Experts universally agreed the government was not enforcing accessibility regulations, and a Change.org petition demanded that the government pass a disability bill by 2017, noting that years had elapsed since the draft of an initial bill.⁴⁹

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Nascent efforts to examine the role of older workers in Mauritius suggest growing recognition of their importance to the stability of the country's labor force, particularly as younger workers emigrate.

The focus to date has been on pension sector reform, particularly extending the retirement eligibility age—a politically controversial issue, particularly in the absence of complementary programs to facilitate continued productive engagement.

Labor Force Participation

Active efforts to research workforce participation among older people in Mauritius are just beginning. In 2018, the government-established National Productivity and Competitiveness Council (NPCC) launched a survey titled The Ageing Workforce:

Challenges and Opportunities for Mauritius, to understand the current reality and develop a strategic action plan for the future.⁵⁰ Though the survey has not yet been completed, its focus reflects a clear understanding that Mauritius' aging population is a critical resource for the country's continued economic competitiveness.⁵¹ "In the next 20, 30 years there won't be people in Mauritius that will replace all those who are going to retire," said Deepak Balgobin, NPCC's Executive Director. The survey brief argues that the climate will require innovation to adapt effectively to aging.⁵² In addition to the NPCC, the government's National Economic and Social Council, chaired by the prime minister and involving trade unionists, private companies, and government, is making the issue of an aging workforce a priority.⁵³

Pension reform has been a subject of debate as the number of older workers grows. Today, many retirees are likely to receive two pensions: Basic Retirement Pension (BRP), provided by the government to all citizens regardless of income; and an additional earnings-related pension from their public or private occupation. Earnings-related pension reform has gradually increased the age of eligibility from 60 in 2008 to 65 in 2018 to ensure those pensions are sustainable as the older population grows.⁵⁴

The BRP eligibility age, however, remains unchanged at 60, and the government has raised the amount paid to each individual, with a 50 percent increase in 2014.⁵⁵ A

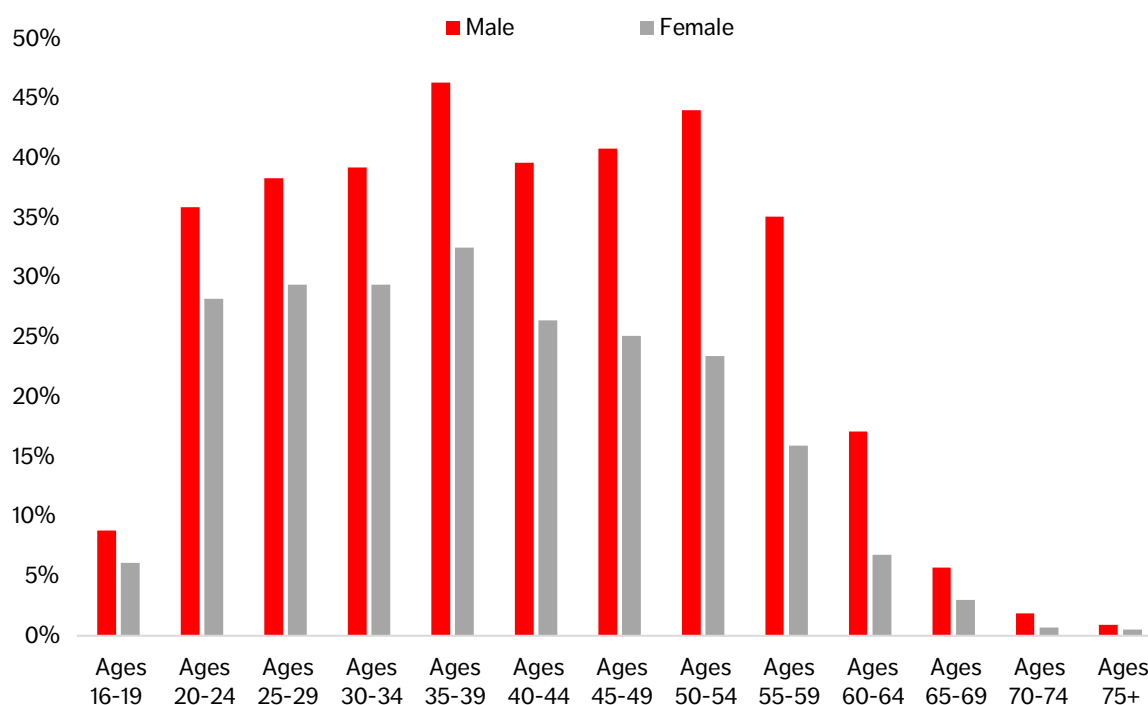
“There is declining productivity in birth rate; we have high labor cost. We [are] reducing the [number of] expatriates to work in Mauritius. And they want more Mauritian[s] to be able to take their jobs. But at the same time the whole issue of that workforce getting aged is still there.”

– DEEPAK BALGOBIN, Executive Director, National Productivity and Competitiveness Council

graduated payment system offers monthly payments to BRP-eligible people ages 60 to 89 of MUR 5,810 (USD 169); those ages 90 to 99 receives MUR 15,810 (USD 458), and those 100 and older receive 20,810 (USD 603).⁵⁶ The government paid MUR 14.1 billion (USD 408.3 million) through the BRP from July 2015 to June 2016.⁵⁷ In 2013, the BRP accounted for 15.3 percent of GDP per capita, and rose to 22.1 percent in 2014, the last time data were available.⁵⁸

Increasing the universal pension age is a politically controversial issue, despite the cost to the economy.⁵⁹ A dramatic drop-off in workforce participation occurs at age 65 when the earnings-related pension kicks in. People age 65 and older made up just two percent of the country's labor force in 2016, while those ages 60 to 64 accounted for about four percent of the total labor force.⁶⁰

Figure 4. Percentage of Men and Women Participating in Mauritian Workforce, by Age



Source: Statistics Mauritius

The International Monetary Fund in 2015 concluded that raising the universal pension eligibility age would be more fiscally responsible by decreasing pension expenditure and would also encourage older adults in Mauritius to work.⁶¹ It emphasized that 48 percent of basic retirement pension money goes to the wealthiest 40 percent of Mauritius' population and was therefore poorly targeted, and that increasing workforce participation among older adults, in itself, would help temper the financial burden on the pension system.⁶²

Raising the BRP eligibility age presents a political challenge, and even those who agree that the BRP eligibility age should be raised debate the speed with which such a reform could be implemented in a range of decades.⁶³

Even if there were an incentive to remain in the workforce, the educational gap between younger and older people, a new push toward technology-intensive jobs, and ageism all present barriers to workforce participation. Though outdated,

the government's 2001 National Policy on the Elderly was forthright in saying the market was unfavorable to employing older adults or to their re-entry to the workforce. "In Mauritius, we have yet to develop [a] new attitude towards employment of such persons through advocacy and conducive measures," the report said, arguing that "[p]olicy measures should therefore emphasize the concept of 'productive ageing.'"⁶⁴ That report recommended introducing legislation to stop age-based discrimination in employment, offering flexible retirement options, creating an Adult Career Guidance Service, and developing programs focused on the entrepreneurial and technical acumen of older Mauritian women. However, little has been done to implement these recommendations.

Lifelong Learning

The Mauritian government has made significant progress in improving education in the country since independence, and successive educational reforms have afforded younger generations greater educational opportunity than older adults. Roughly 23 percent of those age 60 and older had received only preprimary education or no education, as of the 2011 census; 80 percent of those were women.⁶⁵ Just over two percent of people age 60 and older had a university degree or equivalent; more than 80 percent of those were men.⁶⁶ Public secondary education was made

free in 1976, post-secondary in 1988, and preschools in 1984.⁶⁷

In that context, there has been a recent push to provide lifelong learning opportunities for older adults, but without an explicit focus on their continued engagement in the workforce. The country's first educational institution focused on lifelong learning was founded in 2013, inspired by programs that began in France in the 1970s. The University of Third Age Mauritius (U3AM) has 1,000 students just five years after its founding, most of them age 60 and older, though it is open to anyone age 55 and older. Courses include languages, swimming, dancing, yoga, meditation, laughter therapy, gardening, ICT, human values, and health awareness. Giving older learners a sense of accomplishment through learning is a key focus for founder Armoogum Parsuramen.

Though based in the north of the main island, U3AM is now decentralizing to reach more people, with a location on Rodrigues. It is also promoting the model in Réunion and Mayotte, French-controlled islands to Mauritius' west. Looking ahead, U3AM hopes to increase the number of classes it provides, grow its memberships, diversify its funding sources, and improve its management.

Advocacy in Retirement

Older adults are also organizing to become forces within their own communities. One

notable group is providing retired civil servants an opportunity to leverage their skills and relationships built in government, by studying and advocating for older adults. Founded in 2002, Club le Flamboyant has become a force in advocacy around aging issues. The Club's president, Virjanan Mulloo, a former permanent secretary and former chairperson of the government's Observatory on Ageing, spearheaded the publication of the Club's 2014 report, *The Economic & Social Contribution of the Elderly in Mauritius*. The report sought to reframe the discourse of aging to emphasize not only the economic contributions of older generations in the country's development, but also their continued economic value to society, whether it be tapping their decades of professional expertise, volunteerism, and continued work, or their role as consumers or investors in new enterprises. The report called not just for a mindset shift, but for specific policy changes, including providing for training to reenter the workforce in new industries.

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Mauritius has an advanced ICT infrastructure, including free public Wi-Fi, broadband cables connecting it to the rest of the world, and a cyber city positioning the country as a regional technology hub.

Where infrastructure investment has dominated its technology focus, the government has recognized the digital divide as an area in need of greater attention. As many government services move online, the importance of tech literacy grows for older adults who to date have been motivated largely by a desire to keep in touch with family abroad. In addition to government, tech-based services are also beginning to offer people new tools to age in place.

Figure 5. Internet Use by Age

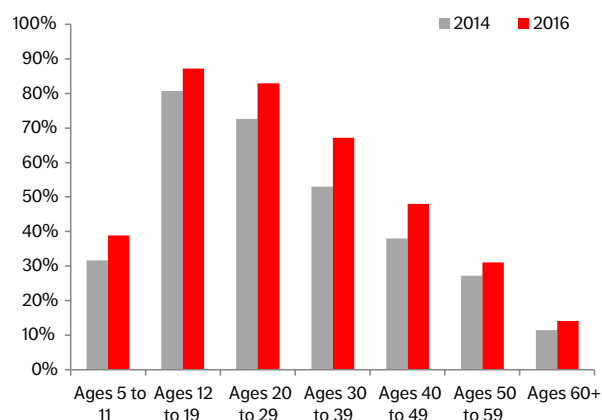
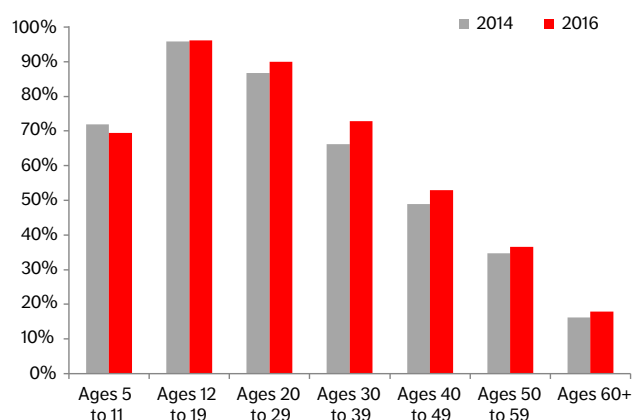


Figure 6. Computer Literacy by Age



Source: National Computer Board

The Digital Divide

The government's National Computer Board wears multiple hats: running the government's servers, promoting use of technology and facilitating its distribution, and providing ICT training increasingly geared toward older adults. The country ranked first in Africa for ICT development,⁶⁸ network readiness,⁶⁹ and cybersecurity.⁷⁰ A government assessment of connectivity in Mauritius in 2016 found that:

- Mauritius has significantly more mobile phone subscriptions than it does people, with 143.6 subscriptions per 100 inhabitants,⁷¹ owing in part to a preference for dual-network phones or

phones on different networks for data and voice use at favorable rates.⁷²

- There were 86.3 internet subscriptions per 100 inhabitants.⁷³
- Bandwidth increased from 16.9 kilobits per second per inhabitant in 2015 to 33.6 kilobits per second per inhabitant in 2016.⁷⁴

Though Mauritius stands out among African nations for its advanced ICT development and network connectivity, a pronounced divide in computer and internet use and technological literacy remains. In 2016, computer and internet use was roughly four times as common among the broader population as it was among those age 60 and older.⁷⁵ (Figure 5.) Similarly, just 17.9 percent of those age 60 and older were computer literate in 2016, compared to 60.5

percent of the overall population.⁷⁶ (Figure 6.) In both cases, gains in the 60 and older population outpaced other age groups, but the digital divide remains substantial.⁷⁷

For those who have had the opportunity to be exposed to new technologies, the value is clear.⁷⁸ “They are fascinated by technology, things that they haven’t seen in their youth, and once they have access to the internet, they know that the world opens to them,” said Vik Bhoyroo, Acting Executive Director of the National Computer Board.

Social media, news, and keeping in touch with family, especially the many Mauritians living abroad, are key motivating factors for older adults in Mauritius to use technology.⁷⁹ In addition, more than 100 government services are now conducted online, which offer convenience, compared to the still available offline versions.⁸⁰ The government is proactively promoting tech literacy among older adults to enable them to use the conveniences available, such as checking their pensions online, and ensuring they will not be left behind in the future as the government moves to exclusively online platforms.⁸¹

Digital Inclusion

Though infrastructure investments have dominated the government’s agenda, Mauritius has pursued an aggressive strategy to position itself as a world technology center.⁸² Wi-Fi Mauritius, a government effort to give free Wi-Fi access

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—VIK BHOYROO, Acting Executive Director,
National Computer Board

throughout the main island, provides 350 free hotspots in post offices and community centers.⁸³ In 2001, Mauritius began construction on Ebène Cybercity in an effort to position the country as a technology hub. Ebène Cybercity, designed as a smart city alternative to the capital nine miles away, features uncharacteristic modern high-rises, which house Mauritius branches of private foreign companies and government offices.⁸⁴ Mauritius’ ICT accounted for 5.7 percent of its GDP in 2016, up from 4.3 percent in 2000.⁸⁵⁸⁶

Governmental efforts to promote digital inclusion of older adults through training are growing in scale, building on past success in promoting technology among other vulnerable populations. Forty-five-hour courses in the government’s Internet and Computing Core Certification (IC3) program⁸⁷ are offered at community centers and schools throughout the main island. While they are open to all age groups, fees are waived for older adults. Subjects

include fundamentals of computing; living online; and focused lessons in word-processing, spreadsheet, and presentation applications.⁸⁸ The courses draw older participants interested in technology for social media, keeping in touch with family, or using government services.⁸⁹

In recognition of the need for tailored, focused engagement with older adults, the National Computer Board has drawn on a resource developed specifically to reach other underserved groups: Cyber Caravans. The computer-equipped and internet-connected buses have been operating since 2000, successfully bringing ICT to underserved communities, including older adults. By the end of 2017, Cyber Caravans trained 2,491 older adults in ICT Awareness and IC3 courses. Working in cooperation with the Council to develop a program specific to the interests and needs of older adults, in 2018, Cyber Caravans began to make weekend visits to the country's SRCs, offering multiple classes a day to groups of 10 older adults at a time.⁹⁰ Though the program is government run, it has been independently funded with support from Microsoft, Mauritius Telecom, The Information & Communication Technologies Authority, and the United Nations.⁹¹

ICT Products and Services

The market for technology products related to aging is just developing in Mauritius, with several companies offering connected in-home systems for emergency

response. One such company, Serenity, was founded in 2012 by Nicolas Tadebois, who was inspired to look at technology solutions abroad when a friend was considering a retirement home for an older family member. Noting the decline in intergenerational living and the growing expense of traditional paid caregivers offering nightly house calls, Serenity uses an imported technology solution comprised of a wired base station with a speaker, a microphone, and a small, wireless panic button to wear around the neck. The system connects older people who experience an emergency at home to a Serenity operator, who can then communicate via the home base station and call neighbors, family, or, in more serious circumstances, fire and rescue or police.

As with other aging-related products elsewhere in the world, perceptions of need represent a significant barrier. Tadebois said that in the six years since launching, the market for Serenity's service remains small.⁹² A lack of data available on the older Mauritian market presented another challenge when starting the business, forcing Tadebois to rely on information about older consumers in the United Kingdom and France, which suggested a desire to age at home. But, "sometimes you meet people who are 85, 87 years old, you present them the system, and they tell you, 'yes, but I am still young,'" he said.

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Health Care and Wellness

Older people in Mauritius are living healthily longer, driven in large part by a long-established, high-quality public health care system.

The country is adapting to new challenges including the growth in non-communicable diseases, with the prevalence of diabetes and age-related conditions such as dementia surging over the past decade.

Health Status

Older adults' life expectancy (LE) and healthy life expectancy (HALE) have both grown significantly in Mauritius in recent years. As of 2016, at age 60 one could expect to live another 20.7 years, 15.9 of which would be in good health. Since the year 2000, LE

extended by 3.1 years and HALE 2.6 years. (Figure 7.) While the trend is positive overall, the growing gap between LE and HALE points to a greater demand for care going forward, with the growing period of older adults living in poor health extending their time of greatest health care need.

Despite these gains in life expectancy, the people of Mauritius face important chronic health challenges, led by diabetes, heart disease, and stroke. Diabetes and diabetes-caused kidney disease are of primary concern. According to a 2015 survey, an estimated 265,000 people between the ages of 20 and 74 were affected by diabetes, which is equivalent to 20.5 percent of that population.⁹³ Minister of Health Mohammad Anwar Husnood noted that the problem is even direr than those statistics suggest, as nearly 20 percent of the population is prediabetic.⁹⁴ Diabetes and diabetes-caused kidney disease were the leading causes of death in Mauritius as of 2016, accounting for nearly a quarter of all deaths in the country. (Figure 8.)

Dementia has emerged as a growing challenge recognized by the government, but a lack of accurate data presents difficulties in formulating a policy response. The most recent statistics from the World Alzheimer Report of 2009 estimates between 4,000 and 7,000 people in Mauritius suffer from Alzheimer's disease.⁹⁵ In 2014, the Ministry of Social Security, National Solidarity and Reform Institutions' Observatory on Ageing produced an assessment of the needs of the older population, with a special focus

on dementia.⁹⁶ Using 20 residential care facilities as a sample, they found that 12 percent of their residents suffered from the disease.⁹⁷

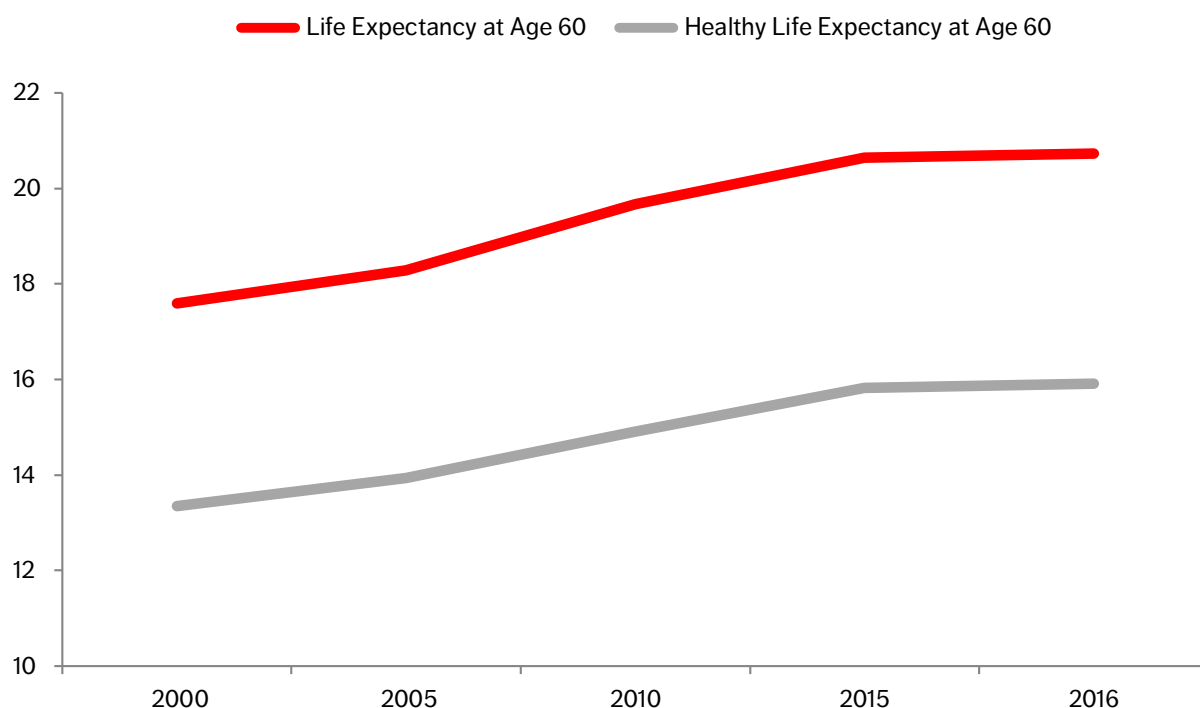
The Health Care System

The Ministry of Health has structured a hierarchal system of community and area health clinics on the main island such that there is a health facility within three kilometers of all homes.⁹⁸ In addition to clinics, Mauritius has five public regional hospitals, all on the main island, as well as three general hospitals, two in-patient health centers, and various specialized hospitals, centers, and clinics.⁹⁹

Universal public health care is free of charge in Mauritius from the level of primary health to regional hospitals, and free ambulance service is provided for urgent needs.¹⁰⁰ Though paid private health care is available, 80 percent of the population visits public hospitals compared to 20 percent visiting private clinics. As of a 2016 report, Mauritius had 3,885 public and 653 private hospital beds.¹⁰¹ Some 2,769 doctors were registered with the medical council, which is the equivalent of 2.2 doctors per 1,000 people and a ratio in line with New Zealand.¹⁰²

People 75 and older who are confined to their beds receive free health care visits at home; those 90 and older receive monthly in-home doctor visits, also free of charge.¹⁰³ Providing medical professionals with training to better care for older adults

Figure 7. Life Expectancy and Healthy Life Expectancy of Older Adults, in Years



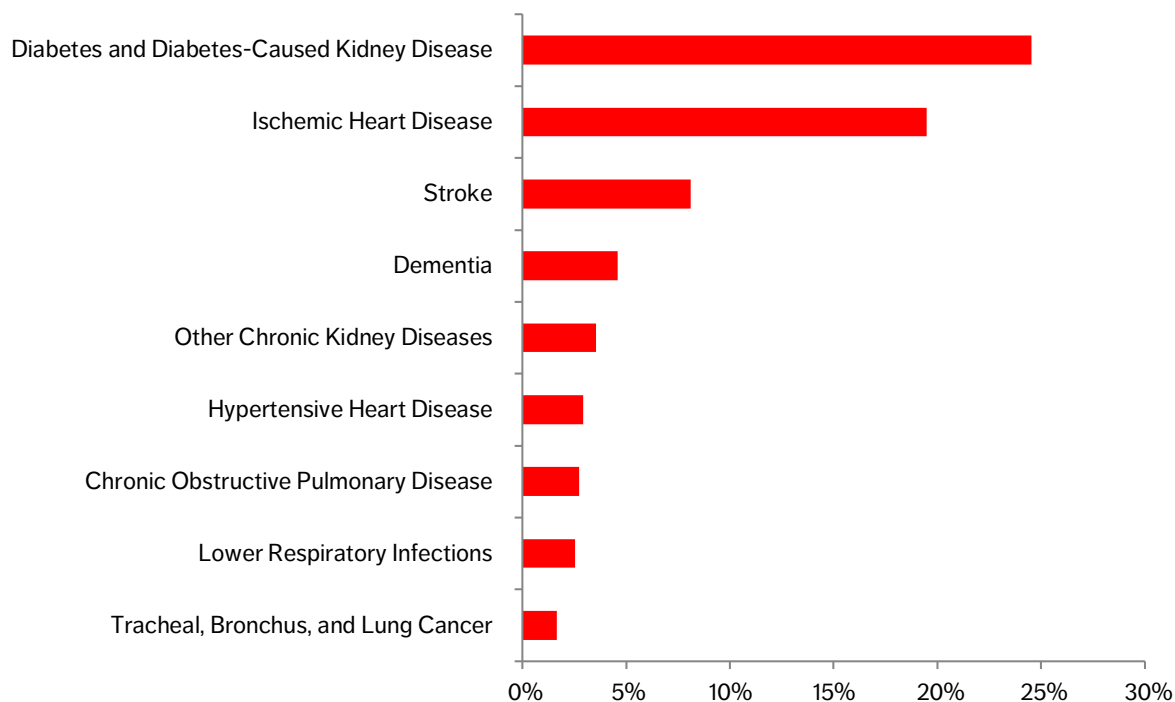
Source: World Health Organization
Global Health Observatory

has been identified as a key area needing attention. A lively discussion is occurring on how best to care for older people within the system. Minister Husnoo favors caring for older adults in general medical wards with other patients rather than in separate geriatric wards. “We don’t want to have a ward [as] happens in some places where people are dumped there,” he said. Instead, he emphasized a desire to “treat them” and “send [them] back to the community.” Broad efforts to foster older adults’ ability to return

to their communities following treatment include an allowance for informal caregivers and free, in-home medical visits for older adults who are confined to their beds.

As infectious diseases have become less prevalent, the public health care system has shifted its focus over the past two decades to non-communicable diseases (NCDs), which today account for 80 percent of the health budget.¹⁰⁴ The country offers free screening for NCDs, including diabetes,

Figure 8. Major Causes of Death in Mauritius



Source: University of Washington Institute for Health Metrics and Evaluation

and people can receive NCD tests in any health center in the country's five regions.¹⁰⁵ Mauritius has adopted the World Health Organization's 2008-2013 Action Plan on non-communicable diseases, and has set up an international advisory committee to advise on preventing and controlling diabetes, in particular.¹⁰⁶ Though there are human resources, protocols, and guidelines in place, a 2016-2017 WHO report noted that access, integration, and coordination still need improvement, and the organization has provided funding for training on diabetes care and provided diabetes-related supplies.¹⁰⁷ The Mauritian government

is in the process of implementing a National Service Framework for diabetes, focused on prevention of diabetes and its complications, and ameliorating the lives of those with complications from the disease.¹⁰⁸ On the prevention side, it added a sugar tax to soft drinks in 2013,¹⁰⁹ and has national action plans on tobacco smoking, physical activity, and nutrition.¹¹⁰

Age-related diseases, such as dementia, are also poised to demand greater funding and focus. The 2014 Observatory on Ageing report found major gaps in the capacity of

the current system to meet these needs, namely:

- Lack of specialized, tailored care and activities for those living with dementia in residential care facilities;
- Lack of awareness of dementia and Alzheimer's disease by managers and formal caregivers;
- Lack of support for informal caregivers; and
- Insufficient interaction between health professionals, management, and caregivers, with families not involved in the development of care plans.

In its 2017-2021 Health Sector Strategy, the government committed to developing and implementing an Action Plan on Dementia, but, thus far, the primary actor addressing this challenge is one NGO: Alzheimer Association Mauritius. Since 2004, the organization has run the only day center for older adults suffering from Alzheimer's or dementia, and focuses on supporting families. Though the day center serves just 60 people each week, the organization hopes to expand its reach with a larger, more centrally located facility. It also plans to launch Mauritius' first early dementia diagnosis clinic this year, which will not only facilitate early treatment, but also start to provide better statistics on the prevalence of Alzheimer's and dementia in the country. "We'll start to have data on early diagnosis; we'll have numbers," said Dr. Ameenah Sorefan, President of the Association. Neurologists, physicians, and psychiatrists

will be able to refer patients to the clinic for specialized evaluation. Sorefan hopes for greater governmental integration in the future, advocating the incorporation of the dementia day center model in existing government-run centers for older adults and the creation of similar centers run by other NGOs.

Long-Term Care

The Mauritian government and the country's NGOs have been working to improve long-term care, as demand grows amid changing family structures and extended lifespans. Nearly 99 percent of older adults lived outside of institutions as of the 2011 census,¹¹¹ but support for informal caregiving is limited to a monthly caregiver's allowance of MUR 3,000 (USD 87) and training.¹¹²

The government has made progress on regulating the country's limited network of formal long-term care facilities to ensure a higher quality of care. In 2003, the government passed acts to establish a series of standards and enforcement of residential facilities.¹¹³ In 2015, while the United Nations recognized that the number of affordable private retirement homes had grown, it also noted that the number of public retirement homes available was "grossly insufficient."¹¹⁴ As of 2015, there were just 22 charitable institutional homes that provided nursing, paramedical assistance, and weekly medical visits.¹¹⁵

Since 2010, the government has been ramping up efforts to train caregivers. In 2010, the government launched a six-month training course for formal caregivers¹¹⁶ and added a short training course in 2013. Close to 450 informal caregivers and 200 formal caregivers were trained that year.¹¹⁷

The government is also working with training service MobiQual to extend its reach. Working with the government's Mauritius Qualifications Authority, MobiQual offers formal caregivers courses in specific topics related to older adults' health, including depression, older age well-being, nutrition, palliative care, and Alzheimer's disease. A neuropsychologist, along with four doctors, leads courses for leaders of residential care homes, nurses, paramedics, and other caregivers. "There is a big need for training, training in the different fields, training of doctors, of GPs, of those who in their practice have to meet with the elderly," said Pascale Dinan, head of the MobiQual initiative and Groupement FIAPA in Mauritius. Recognizing the value of quality care at home, MobiQual this year has shifted focus from formal to informal care training, adapting its course framework to the reality of where many of Mauritius' older people receive care.

Where MobiQual has taken a distinctly medical approach to train residential caregivers, Living Change, a new effort gives a greater personal focus on the needs of older adults as individuals. That

"There is [a] big need for training, training in the different fields, training of doctors, of GPs, of those who in their practice have to meet with the elderly."

– PASCALE DINAN, Head of MobiQual

new initiative is the combined effort of two occupational therapists who hope to bring an individual-centered approach to Mauritius' residential care homes. The method is inspired by the so-called Eden Alternative approach, developed by a U.S. physician, with which Living Change's Founder, Charlene van Zyl, became familiar in South Africa.¹¹⁸ "We don't treat a person like 'okay he's bed-ridden and [has] Alzheimer[s].' That person has a name, he has a story, he has a background, has his likes and dislikes," said Living Change's Zoya Janabadi. The organization plans to begin operating this year, and has already hosted a three-day training course with a visiting expert from South Africa that was attended by managers of homes, therapists, ministry workers, and a doctor.

Formal care quality presents another challenge and can vary substantially among facilities.¹¹⁹ Though the Residential Care

Homes Act represents a laudable effort to ensure high quality of care, its effect has been tempered by the fact that it monitors only registered retirement homes. Only 27 homes had registered as of 2015—all homes legally required to do so,¹²⁰ but many continue to operate without registering, effectively bypassing government-enforced quality control.¹²¹

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