COUNTRY DIAGNOSTIC STUDY ON LONG-TERM CARE IN TONGA

NOVEMBER 2021

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On the cover: Tongan traditional practices require members of the family to care for their parents and older people. This has been challenged by migration of adult children and young people for employment and educational opportunities. As the proportion of older people in the population is increasing, it is important to develop policies and plans for long-term care services for older people (photos from ADB Photo Library).

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FOREWORD

Rapid aging in Asia and the Pacific has put the region at the forefront of one of the most important global trends. The demographic shift is largely the result of both increased longevity and decreased fertility rates, which are both examples of development success. The change is happening at an unprecedented pace: in 2020, 13% of the population in the Asia and Pacific region was aged 60 and above, and by 2050, it is expected to increase to 24%, or roughly 1.3 billion people. At the same time, traditional family support systems are weakening due to increased migration, urbanization, decreasing family sizes, and expanding female labor market participation. Even when family care support is available, people with complex care needs and their caregivers require additional support.

The demographic, economic, and social trends are resulting in a growing need to establish and finance long-term care (LTC) services and develop the enabling environments to support older people to age well and help families and communities to care for their older citizens. The development of models of care that are affordable, sustainable, accessible, efficacious, and adapted to local contexts is sorely needed.

The window of opportunity to plan for, prepare, and adapt to the needs of aging populations is now. There is great diversity among countries in the region. Some are aging at a fast rate and need to adapt quickly; others will age slower, but will end up with very large older populations. What is common, however, is that countries in the region will see change in the coming years and need to prepare for it. The coronavirus disease (COVID-19) pandemic and its disproportionate impacts on older persons and on existing care systems have illustrated how important it is to strengthen existing systems and develop new capacities.

The Asian Development Bank (ADB) has a growing portfolio on LTC, and is working to capitalize on opportunities of increased population longevity and help mitigate the social and fiscal risks of population aging. In May 2016, ADB approved the regional capacity development technical assistance for the Strengthening Developing Member Countries' Capacity in Elderly Care project, to help increase the capacity of developing member countries to design policies and plans for the improvement of their LTC services. The six diverse countries included in this regional technical assistance are Indonesia, Mongolia, Sri Lanka, Thailand, Tonga, and Viet Nam.

The technical assistance aims to (i) build a knowledge base in the region for the development of LTC systems and services; (ii) improve the capacity of officials and other stakeholders in these countries to design and implement strategic LTC plans; and (iii) create a network for disseminating knowledge, good practices, and expertise.

This country diagnostic study aims to help strengthen the knowledge base on emerging LTC policies, programs, and systems in Tonga. The study outlines findings on the current situation of LTC with regard to the need for care and the supply of care, regulatory and policy frameworks, service provision, quality management, human resources, and financing. Analysis, conclusions, and recommendations concerning LTC system development are also included and have been informed by an in-country consultative process.

Population aging is a key megatrend of the 21st century, and how the Asia and Pacific region adapts to this trend will be an important factor in the continued development of the region. ADB is committed to working with our members on this journey.

Bruno Carrasco

Director General concurrently Chief Compliance Officer
Sustainable Development and Climate Change Department
Asian Development Bank

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The Tonga country diagnostic study has been a collective effort, and ADB extends its gratitude to the consultants who contributed to the completion of the diagnostic report: Tony Fakahau and Sione Talanoa Fifita. ADB is thankful to HelpAge International's team of consultants, consisting of Meredith Wyse as team leader (currently senior social development specialist, SDCC), and Wendy Holmes, international elderly care health specialist, for their helpful comments throughout the conduct of the study; and Usa Khiewrord, Caitlin Littleton, Peter Morrison, Tassanee Surawana, and Rachanichol Arunoprayote, for administering and guiding the diagnostic study team.

ADB expresses its huge appreciation to the representatives from relevant government agencies, health-care service providers, churches, and nongovernment organizations who participated in the interviews and focus group discussions.

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ABBREVIATIONS

ADB	Asian Development Bank
ADL	activities of daily living
CDS	country diagnostic study
ESCAP	Economic and Social Commission for Asia and the Pacific (United Nations)
FGD	focus group discussion
IADL	instrumental activities of daily living
KII	key informant interview
LTC	long-term care
NGO	nongovernment organization
NRBF	National Retirement Benefits Fund
RSE	Recognised Seasonal Employer (New Zealand)
SWOT	strengths, weaknesses, opportunities, and threats
SWP	Seasonal Worker Programme (Australia)
TSDF	Tonga Strategic Development Framework
TSSP	Tonga Social Service Pilot
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The Kingdom of Tonga is characterized by the United Nations as a small island developing state due to features such as its geography, remoteness, high migration rate, and reliance on remittances and foreign aid. Tonga has a land area of 748 square kilometers. In 2020, it had a population of 100,000,¹ with a median age of 21 years. The population is made up of 97% indigenous Tongans and 3% foreigners, including people from the People's Republic of China, India, and European countries. The economy is based on Tonga's small agriculture sector; tourism; and the large public sector, which is the biggest employer in the Kingdom. Tonga relies heavily on remittances, which are estimated by the Asian Development Bank at 37% of the gross domestic product. Income per capita was \$5,000.

Long-term care (LTC) for older people in Tonga consists primarily of home-based care provided by family members.² Formal LTC remains underdeveloped, but Tonga has an aging population, which means that the Government of Tonga and care providers must prepare for both present and future needs.

The research for the country diagnostic study (CDS) used both quantitative and qualitative methods, with data collection and analysis based on key informant interviews and focus group discussions with stakeholders from the government, nongovernment organizations (NGOs), older people, family caregivers, and care workers. Information from online research involving existing data was also included. The CDS also used Tongan cultural methods in research and engagement with participants.

The literature on LTC in Tonga is limited. Most of the data are restricted to national statistics, including health and social information published by the Tonga Department of Statistics, Ministry of Internal Affairs, Ministry of Health, and Ministry of Finance and National Planning. There is some research conducted by the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to develop aging population reports. No specific studies have previously been undertaken on Tongan older people or on LTC.

In 2017, life expectancy in Tonga for people aged 60 and above was 70.2 years for men and 76.2 years for women.³ In the same year, the “oldest-old” (above 80 years) population was estimated at 22.5% of all those aged 60 years and above. In 2019, those over the age of 60 made up 5.9% (6,136) of the total population of 104,000, and this is expected to reach 8.9% (11,926) by 2050.⁴ The majority of

¹ Asian Development Bank (ADB). 2020. *Key Indicators for Asia and the Pacific 2020*. Manila. <https://www.adb.org/sites/default/files/publication/632971/ki2020.pdf>.

² In this report, the term “long-term care” is used interchangeably with “aged care,” which is the preferred term in Tonga.

³ ADB. 2019. *Key Indicators for Asia and the Pacific 2019*. Manila. <https://www.adb.org/sites/default/files/publication/521981/ki2019.pdf>; and UN Economic and Social Commission for Asia and the Pacific (ESCAP). 2016 ESCAP Population Data Sheet. <https://www.unescap.org/sites/default/files/SPPS%20PS%20data%20sheet%202016%20v15-2.pdf>.

⁴ See draft inception report of TA 9963: Strengthening Social Protection in the Pacific. September 2020, page 3, para 1.

older persons (71%) live in rural areas and the outer islands, while 29% reside in urban areas. The level of poverty among older people (i.e., living on less than \$1.90 a day) is 22.1%, with those in the rural areas and the outer islands affected more than urban residents. The gap between the rich and poor is significant.

The need for aged care is evident from the research, supported by interviews with older people, caregivers, and stakeholders; and further supported by responses obtained during a national consultation event held for this study. Older people at the national consultation event lamented the fact that their views were not considered by their own families because they were old. Moreover, overseas migration is increasing, with older persons being left behind.

Stakeholders working in aged care report that international agencies are more interested in youth programs. The government's policy focus is predominantly on the younger generation, despite the recent implementation of the Social Welfare Scheme for the Elderly. Care for older people has not received the necessary attention from policy makers, and this is at least partly due to the traditional view that aged care is a family obligation. However, without more aged care programs and budget support from the government and international agencies, the challenge of the older population will grow, while the lack of specific legislation to protect older people will leave them vulnerable to abuse.

Service provision in Tonga is limited to a national older persons home care program delivered by Ma'a Fafine mo e Famili, an NGO, to 200 older persons. The Mango Tree Centre provides rehabilitation for up to 10 patients once a week. The main hospital is the primary health-care provider for older people, along with a few private clinics. The Naunau 'o e 'Alamaite Tonga Association (national disability organization) and the Red Cross also provide support. The national psychiatric unit does not have the appropriate facilities, but has to accept admissions of older people patients suffering from dementia and accommodate them with general mental health patients. The main hospital is not equipped for respite care for older people, but it often has to provide care when a family can no longer cope. There is no proper residential facility for older people, except for a small residential home used as a rest home for five homeless older people provided by the Loving Heart of Good Samaritan organization.

The government's main policy document is the Tonga Strategic Development Framework, 2015–2025, which identifies older people under "Organisational Outcome 2.7" as a priority group, alongside the disabled, young, and those considered vulnerable.⁵ This framework, which guides policy decisions, requires government departments to include older people in their planning as a priority group. The Social Welfare Scheme for the Elderly is providing much-needed relief during the difficult economic conditions caused by the coronavirus disease (COVID-19) pandemic, and is popular. While **Tonga still lacks the legal framework required for LTC that could ensure that the dignity, freedom, and rights of older people are protected, the Prime Minister launched the Aged Care National Strategic Plan, 2020–2024 on 11 August 2020, which was prepared under TA 9111: Strengthening Developing Member Countries' Capacity in Elderly Care.**

Given the lack of a quality accreditation system for LTC, the standard of care provided by existing service providers cannot be measured. Training is an area of concern. A local training provider is needed to improve the skills of care workers and prepare family caregivers to provide appropriate and safe home care support. The national home care service provider has given care workers experience, but the workers do not receive accredited training or formal qualifications.

⁵ Government of Tonga, Ministry of Finance and National Planning. 2015. *Tonga Strategic Development Framework 2015–2025: A More Progressive Tonga; Enhancing Our Inheritance*. Nuku'alofa. p. 69. <https://www.adb.org/sites/default/files/linked-documents/cobp-ton-2017-2019-ld-03.pdf>.

The government is spending \$1.6 million per year on the Social Welfare Scheme for the Elderly.⁶ This scheme, which received a budget of T\$500,000 (\$208,000) in 2019, provides home care services to up to 200 older persons, delivered by an NGO contracted by the government. Health care for older persons is included in the general pool of funding, but the exact amount cannot be quantified. However, estimates can be made based on the older population growth rate and health cost trends since 2010. This CDS estimates the annual cost for older people health care at \$1.44 million. Health care is free and easily accessible to older people on the main island, Tongatapu, but not for those living on the remote islands due to lack of access.

Reflections from the key informant interviews and focus group discussions provided similar views on the following:

- (i) the establishment of older people centers in villages or regions for activities and care support;
- (ii) provision of older people activities on a regular basis, such as exercise, cultural events, and day trips;
- (iii) a training requirement for family caregivers and care workers;
- (iv) a public promotional campaign on the situation of older people and their need for appropriate care;
- (v) legal protection for older people;
- (vi) coordination of services for older people;
- (vii) policy development support for government agencies; and
- (viii) a dedicated government unit for older people.

The findings of the CDS and the feedback from the national consultation event with stakeholders showed support for the development of proper training for care workers and family caregivers to improve the quality of care being provided. An accredited quality management system will also support service providers, as well as protect older persons. A legal framework may be required to protect older persons from abuse and neglect, given the cases that have appeared in court.

Financing LTC could become a major issue in the future, based on this study's projections regarding the growing older population and rising cost of care. There are a number of options for funding LTC—for instance, from social welfare benefits and retirement funds—but planning needs to start now, as the cost of health and social service care for older persons is projected to rise significantly over the next 3 decades.

⁶ Government of Tonga, Ministry of Finance. 2019. *Budget Statement 2019/20: Our Country Our People*. Nuku'alofa. p. 67. <http://finance.gov.to/sites/default/files/2020-09/Budget%20Statement%202019-2020.pdf>.

I. BACKGROUND

1.1 Introduction

Tongan people are proud of their culture, which includes the traditional duty of taking care of loved ones. Traditional norms and cultural responsibilities define how family members respect each other and protect the vulnerable in Tonga's hierarchical society. Older people in the community are the keepers of tradition and holders of historical records, so they are the cornerstone of Tongan society. Tongan traditional practices require adult children and younger members of the extended family to care for their parents and older people. However, this has been challenged by the migration abroad of adult children and young people for employment and educational opportunities. Increasingly, others from the extended family have to step in and provide care, and the number of older people who have no caregivers or access to formal care workers is increasing. The proportion of older people in the population is also increasing. For these reasons, it is important to develop policies and plans for long-term care (LTC) services for older people.

This country diagnostic study (CDS) aims to contribute to the building of an in-depth knowledge base on emerging LTC policies, programs, and systems. Therefore, the CDS sought to gather relevant data, review policies and plans, and explore the viewpoints on LTC for older people in Tonga and other countries, in order to provide an understanding of LTC in Tonga and build capacity for policy making and planning. The study drew on the experiences and opinions of older people and their families, and of stakeholders within the government, nongovernment organizations (NGOs), and the private sector.

The report begins with an examination of the need for care and the supply of care. This is followed by the findings regarding the state of LTC in Tonga based on five main areas: policy and governance, service provision, quality management, human resources, and financing. The report concludes with an analysis of the existing system and recommendations on how to improve it.

1.2 Definition of Long-Term Care

The *World Report on Ageing and Health*, published by the World Health Organization (WHO) in 2015, defines LTC as

the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity (emphasis added).¹

¹ WHO. 2015. *World Report on Ageing and Health*. Geneva. p. 127. https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=248BBCFAF097A273D6837EE1FF331F24?sequence=1.

The Tongan translation is as follows:

Ko hono tokangaekina e kau matu'otu'a he lele loloa ko e taha ia e ngaahi ngaue 'oku fakahoko 'e ha ni'ihiki ke fakapapau'i ko e kakai ko ia 'oku nau tu'u angai matu'u tamaki ki ha mole lahi tu'uloa 'o honau ivi lavame'a, ke nau kei ma'u pe ha tu'unga te nau kei lava me'a pe, fakatatau ki he 'enau tefito'i totonu fakaetangata, ngaahi tefito'i tau'atina, pea mo honau ngeia fakaetangata.

In the absence of a formal Tongan definition of LTC, this report uses the definition provided by WHO.

A national consultation event for this study, which took place on 26 July 2017, adopted the WHO definition of LTC, and it was included in the Prime Minister's speech. The main goal of the LTC system is to maintain (or improve) the levels of functional ability in older people who have, or are at high risk of having, significant losses of capacity. This can be achieved in two ways:

- (i) optimizing the recipient's trajectory of intrinsic capacity; and
- (ii) compensating for a loss of capacity by providing the environmental support and care needed to maintain functional ability at a level that ensures well-being.

1.3 Country Context

The Kingdom of Tonga is categorized as a "small island developing state."² Tonga's population of 99,600 in 2019 had fallen from 100,100 in 2018 due to the migration of seasonal workers to Australia and New Zealand.³ Large-scale migration to the United States, Australia, and New Zealand in the 1960s resulted in more Tongans living abroad than in Tonga.⁴ Around 70% of the population lives on the main island, Tongatapu, and the rest is spread out among the remote island groups of Vava'u, Ha'apai, 'Eua, and Niua.

Tonga is a conservative Christian nation with strong cultural traditions and a hierarchical system. It is a constitutional monarchy, with the King as head of state and commander-in-chief of the armed forces. Parliament operates as a unicameral legislative assembly consisting of 26 elected members, including 17 peoples' representatives and 9 members selected from among the 33 hereditary nobles. The Prime Minister is elected by the Legislative Assembly and formally appointed by the King. Tonga experienced major sociopolitical changes in the early years of this century that led to political reforms, which, in turn, resulted in 2010 in the establishment of a democratic government for the first time, elected by commoners and nobility.

Tonga's gross domestic product (GDP) in 2020 was \$500 million and is expected to contract by 5.3% in 2021, and grow by 1.8% in 2022. Overall unemployment rate was 4.4% in 2020 with women unemployment rate higher at 3.7% compared with 2.6% for men. Laborers from rural areas participate in New Zealand's Recognised Seasonal Employer (RSE) scheme and the Australian Seasonal Work Programme (SWP), which are generating significant remittances for Tongan families. See Box for the latest available data on selected indicators for Tonga.

² United Nations Department of Economic and Social Affairs (UN DESA) et al. 2017. *World Economic Situation and Prospects 2017*. New York. https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/2017wesp_full_en.pdf.

³ Asian Development Bank (ADB). 2020. *Key Indicators for Asia and the Pacific 2020*. Manila. <https://www.adb.org/sites/default/files/publication/632971/ki2020.pdf>.

⁴ P. Taufatofua. 2011. *Migration, Remittance and Development Tonga*. New York: Food and Agriculture Organization (FAO) of the United Nations. <http://www.fao.org/3/a-an477e.pdf>.

Box: Country Context—Tonga

Item	Statistics
Population (2020) ^a	100,000
Over 60 years of age (%)	5,876 (5.9%) ^a
Density ^b	149 people/km ²
Ethnic groups	
Indigenous Tongans	97%
Chinese, Indian, European, and Others	3%
Religion	
Free Wesleyan Church of Tonga	36%
The Church of Jesus Christ and Latter-Day Saints	18%
Roman Catholic	15%
Free Church of Tonga	12%
Geography	Small island nation
Climate	Tropical
Government	Constitutional monarchy with unicameral legislative assembly
Literacy rate, 2019 (adult, ages 15 and older) ^c	99.4%
Economy GDP ^b	Total = \$500 million (2020) Per capita GDP = \$5,000
Proportion of population below the national poverty line ^d (2015)	22.1%
Major sources of income	<ul style="list-style-type: none"> Overseas remittances RSE (New Zealand) and SWP (Australia) Plantation and subsistence agriculture (squash, coconuts, kava, bananas, and vanilla beans)
Personal remittances received, 2019 (% of GDP) ^a	37.1%
Old-age pension recipients, 2019 (% of statutory pension age) ^c	73.3%
Unemployment rate ^a (2020)	4.4%
Women's participation in paid workforce, 2019 (ages 15 and older) ^c	45.7%
Urbanization, 2019 (urban population/total population) ^b	22.6%
Net migration (2019) ^c	–7.7% per 1,000 population
Fertility rate (live births per woman), 2018 ^b	3.6
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease ^a (2019)	24.8%
Some historical events	<ul style="list-style-type: none"> 1875 – Constitution adopted 1960 – Migration to New Zealand and Australia, and the United States begins 1970 – Joined Commonwealth

GDP = gross domestic product, km² = square kilometer, RSE = Recognised Seasonal Employer, SWP = Seasonal Worker Programme.

Sources:

^a Asian Development Bank. 2021. *Basic 2021 Statistics*. Manila. <https://www.adb.org/publications/basic-statistics-2021>.

^b Asian Development Bank. 2020. *Key Indicators for Asia and the Pacific 2020*. Manila. <https://www.adb.org/sites/default/files/publications/632971/ki2020.pdf>.

^c United Nations Development Programme. 2020. *Human Development Report 2020*. New York. <https://report.hdr.undp.org>.

^d Taken from <https://www.adb.org/offices/south-pacific/poverty/tonga> (accessed 7 July 2021).

Tonga has a high Human Development Index of 0.726, reflecting the country's high life expectancy and educational standards.⁵ This compares to 0.725 in neighboring Samoa and 0.704 in the Marshall Islands. However, it is a concern that the proportion of the population living below the poverty line is 22.1%. This is higher than in Samoa, where 18.8% of the population lives below the basic needs poverty line.⁶ Despite the Government of Tonga's efforts to deliver health, social, and education services to the outer islands, the inequality of opportunity and access to infrastructure there—including water, energy, communications, and transport—remain a problem due to the islands' geographical remoteness.

⁵ United Nations Development Programme. 2020. *Human Development Report 2020*. New York.

⁶ Government of Samoa, Samoa Bureau of Statistics, and UNDP Pacific Centre. 2016. *Samoa Hardship and Poverty Report: Analysis of the 2013/14 Household Income and Expenditure Survey*. Apia. <https://www.ws.undp.org/content/samoa/en/home/library/samoa-hardship-and-poverty-report.html>.

II. METHODS

2.1 Research Design and Approach

A consultation meeting with key stakeholders took place in February 2017 before the conduct of the CDS, to identify country priorities and analyze the gaps in knowledge needed for planning LTC services.

In May and June 2017, the authors of this study undertook a literature review; analysis of secondary data; and a review of laws, policies, and regulations relating to aged care. They also conducted key informant interviews (KIIs) and focus group discussions (FGDs) with older people and caregivers (Figure 1). The initial findings were presented to stakeholders at a national consultation event held in Nuku'alofa, Tonga, on 27 July 2017. Feedback and responses to the findings at the event have been incorporated into this report.

Figure 1: Conceptual Framework of the Tonga Country Diagnostic Study

CDS = country diagnostic study, NGO = nongovernment organization.

Source: Authors.

The research approach was based on the Kakala Framework, which guided the collection and analysis of the data.⁷ *Kakala* is the Tongan word for “garlands.” The methodology reflects the different stages of making a garland, beginning with *teu*, which means “to prepare,” i.e., to plan the arrangement of the flowers. Next is the *toli*, which means “to pick” the flowers. This is followed by *tui*, which means to weave or string the flowers into a garland. *Luva* is the gifting of the garland to the wearer during a special occasion. *Malie* is the appreciation shown by the recipient for the garland. Finally, *mafana* is the feeling of satisfaction with a job well done. These concepts also represent the different stages of this study’s research, as provided in Table 1.

Table 1: Kakala Framework for the Research Process

Stage	Brief Meaning	Process
<i>Teu</i>	To prepare (planning stage)	Conceptualizing, designing, and planning the CDS
<i>Toli</i>	To pick the flowers (data collection stage)	Data collection stage. CDS used key informant interviews, focus group discussions with stakeholders, desktop research analysis, and case studies.
<i>Tui</i>	String the garland (analysis stage)	Analysis of themes from the interviews and focus group discussions, as well as data from desktop analysis
<i>Luva</i>	Gift from the heart (reporting and dissemination)	Writing up the results of the analysis and review by stakeholders before finalization
<i>Malie</i>	Appreciation of performance (evaluation throughout)	Evaluating the research method throughout the investigation
<i>Mafana</i>	Warmth, touching the emotions (satisfaction)	The final results to be reported back to the stakeholders and a final evaluation undertaken

CDS = country diagnostic study.

Source: S.J. Fua. 2014. Kakala Research Framework: A Garland in Celebration of a Decade Rethinking Education. In M. ‘Otunuku, U. Nabobo-Baba, and S.J. Fua, eds. *Of Waves, Winds & Wonderful Things: A Decade of Rethinking Pacific Education*. Suva, Fiji: University of the South Pacific Press.

2.2 Literature Review

As part of the CDS, the authors conducted a review of the literature to gauge the extent of the existing research and information on LTC in Tonga. They started with an online search using variations of relevant terms such as “Tonga elderly care,” “Tonga long-term care,” “Pacific elderly care,” “health of older people,” and “social protection” on the PubMed and Google Scholar databases, as well as on the wider internet. They found no studies specifically on LTC for older people in Tonga. However, there were studies on health conditions, mortality, causes of death, and health promotion that have some relevance to LTC planning. And there were ample internal studies and reports on LTC as well as accounts of experiences in other countries that could be applied to Tonga’s case. A search for studies on Tongan LTC abroad produced a few studies from the United States and New Zealand on the experiences of older person migrants from Tonga.

The authors also did a review of government surveys and reports produced by international bodies.

Key sources were the 2016 census data and household surveys from the Tonga Department of Statistics; the Ministry of Health information system; general reports and studies produced by government departments; available data and reports from United Nations (UN) agencies, including the World Health Organization (WHO),

⁷ S.J. Fua. 2014. Kakala Research Framework: A Garland in Celebration of a Decade Rethinking Education. In M. ‘Otunuku, U. Nabobo-Baba, and S.J. Fua, eds. *Of Waves, Winds & Wonderful Things: A Decade of Rethinking Pacific Education*. Suva, Fiji: University of the South Pacific Press.

the Economic and Social Commission for Asia and the Pacific (ESCAP), and the UN Department of Economic and Social Affairs (UN DESA); data from the World Bank; and selected indicators from the Asian Development Bank (ADB), including information on the ADB-supported community home care pilot.

2.3 Qualitative Studies

2.3.1 Key Informant Interviews

Key stakeholders were identified and interviewed, including health-care service providers (public, private, NGO, community group), various government agencies at the local and national levels, town officers, and village councils at the grassroots level. The “Talanoa Method” was used to engage stakeholders in discussions, as this method is more appropriate for communicating in a culturally appropriate manner.⁸ *Talanoa* means “talking” or “conversing” between two parties.⁹

2.3.2 Focus Group Discussions

The FGDs were held with older people, their family members, and caregivers, using the *talanoa* method to delve into the levels of existing care and the sensitive issues around LTC. These discussions provided case studies, stakeholder opinions, and stories that were illustrative of the LTC situation in Tonga.

2.4 Ethical Considerations

The FGDs were conducted with small groups, which in Tongan culture are more suitable for discussions on sensitive topics. The facilitators provided potential participants with a clear written explanation of the purposes of the study and the organizations involved. Informed written consent from all the participants was obtained, including permission to record the discussions. The participants were assured that the discussions would be kept confidential and that all identifying information would be removed from transcripts and notes. With their consent, referral to appropriate health or social welfare services was arranged by the facilitators for participants who had revealed problems.

⁸ T.M. Vaiotei. 2006. Talanoa Research Methodology: A Developing Position on Pacific Research. *Waikato Journal of Education*. 12. pp. 21–34.

⁹ It can also be called *fono*, which means “meetings great or small” in Tongan.

III. FINDINGS

3.1 Need for Care

There is a lack of research data about LTC in Tonga, and no national aging population survey has taken place. Some relevant information is available from the 2016 national census, hospital admission data, and the Tonga Demographic Health Survey 2012. Some village councils such as those of Houma and Ha'apai, and some church organizations keep records of their older members.

3.1.1 Demography

In 2019, Tonga recorded a population of 99,600, with 73% residing on Tongatapu, 14.5% in Vava'u, 6.4% in Ha'apai, and 4.9% in 'Eua and the Niua island groups. Population density is 153.3 people per square kilometer. The population of Tongatapu is increasing rapidly due to inward migration from the outer islands for employment opportunities and education. The majority of the population in all the islands lives in rural areas (77%). The population growth rate has been -0.5%, but the total population is projected to grow to 140,000 by 2050.¹⁰

Tonga is starting to experience population aging. In 2017, 8.8% of the population (9,035) was estimated to be 60 years and older, with 4.8% of the population in the “young old” group (60–69 years), 2.8% in the “middle old” group (70–79 years), and 1.1% in the “oldest-old” (80+ years) group.¹¹ The proportion of older people is higher in the outer islands than on Tongatapu. Only 29% of older people live in the urban area of Nuku'alofa, with the rest living in rural areas. Older people in urban areas are closer to health services, and can therefore access support more easily than those in rural areas and outer islands.

Pacific neighbors have similar statistics for those aged 60 and above, such as Samoa (8.1%) and Fiji (9.6%). Tonga has a lower proportion of older citizens than some other countries in the region, such as New Zealand, where 20.8% of the population is estimated to be aged 60 or older.

Projections from the 2016 census indicate that the pace of aging in Tonga will accelerate over time, with women living longer than men.¹² It is projected that, by 2033, 10% of the population will be 60 years or older, and will rise to 13% by 2050.

¹⁰ United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). 2016 ESCAP Population Data Sheet. <http://www.unescap.org/resources/2016-escap-population-data-sheet>.

¹¹ Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa.

¹² UN DESA, Population Division. 2015. *World Population Ageing 2015*. New York. https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf.

In 2017, life expectancy at birth in Tonga was estimated to be 70.2 years for men and 76.2 years for women. Table 2 and Figure 2 highlight the actual and projected percentages of older people in total population by age group from 1990 to 2025, and the 2017 age and sex distribution projections based on the 2016 national census of population and housing. Table 3 provides key indicators related to population aging (actual for 2016 and projected for 2050).

Table 2: Percentages of Older People in Total Population, by Age Group and Sex, Actual or Projected, 1990–2050

Age Group	1990		2000		2010		2030		2050	
	M	F	M	F	M	F	M	F	M	F
60–69	4.0	4.6	4.3	5.1	3.7	4.2	5.2	6.2	5.3	6.0
70–79	1.9	2.2	2.3	3.1	2.4	3.1	2.7	4.1	4.1	6.3
80+	0.5	0.8	0.7	1.1	0.9	1.7	0.8	1.9	1.1	2.7
Total	6.4	7.6	7.3	9.3	7.0	9.0	8.7	12.2	10.5	15.0

F = female, M = male.

Source: United Nations Department of Economic and Social Affairs (UN DESA) et al. 2017. *World Economic Situation and Prospects 2017*. New York.

Figure 2: Age and Sex Distribution Projections for 2017, Based on the 2016 Census

Source: Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa.

Table 3: Key Indicators Related to Population Aging, 2016 and 2050

Tonga Population Indicators	2016 (unless otherwise indicated)	2050 (projected)
Crude birth rate	23.9 births per 1,000 population	
Crude death rate	6.0 deaths per 1,000 population	
Total fertility rate	3.6 live births per woman	
Life expectancy at birth: male	70.2 years	
Life expectancy at birth: female	76.2 years	
Healthy life expectancy at birth: male (2015)	64.2 years	
Healthy life expectancy at birth: female (2015)	67.9 years	
Urban population	23.8%	
Older persons living in urban areas	20%	
Age distribution: 0–14 years	36.3%	
Age distribution: 15–64 years	57.8%	
Age distribution: 65+ years	5.9%	
Speed of aging (years taken for the % of persons aged 65+ to double)	2027–2070 (43 years)	
Tipping point of working-age population (year when % of population aged 15–64 of total population starts to decline)	2065	
Old-age support ratio, 2016 (number of persons 15–64 years old per person aged 65 and older)	9.9	6.2
Labor force participation rate of population ages 65+: male	53.2%	
Labor force participation rate of population ages 65+: female	29.1%	
Population of older adults: ages 60+	8.3%	12.9%
Percentage oldest-old population	22.5%	16.6%

Source: United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). 2016 ESCAP Population Data Sheet. <http://www.unescap.org/resources/2016-escap-population-data-sheet>.

3.1.2 Living Arrangements

There are 18,156 households in Tonga, with 71% on Tongatapu. The average household comprises 5.4 members, with men predominantly leading the family. At least 33% of all households have a person aged 65 and over living with them.¹³ Based on the number of older people aged 60 years and more, on average, each household has two older members.

¹³ Government of Tonga, Tonga Statistics Department, and the Secretariat of the Pacific Community. 2017. *Tonga Household Income and Expenditure Survey 2015/2016: Full Report*. Nuku'alofa, Tonga, and Noumea, New Caledonia. http://prdrse4all.spc.int/sites/default/files/02_hies_2016.pdf.

Older persons with no children or small families often have no close relation to serve as caregiver, and sometimes they have to rely on distant relations or neighbors. Of all the households in Tonga, 6.4% consist of one person, while 9.1% consist of a husband and wife only.¹⁴ The older people living alone often experience extreme poverty, and some are bedridden. Care workers have reported many cases of highest need in rural areas and the remote islands.

3.1.3 Intergenerational Relationships

Older persons may play a role in raising their grandchildren while the parents work, locally or abroad.

Service provider stakeholders at the CDS consultations raised concerns about the effects this practice may have on the older people, especially when the older people were physically unwell and poor. They felt that these duties affected the quality of life of the older people. More work was required to facilitate the transfer of cultural knowledge from grandparents to grandchildren as a method of building stronger intergenerational relationships. A study on the roles of grandparents in the Tongan community in Hawaii was more positive, finding that grandparents held essential roles as carers, teachers, and creators and preservers of cultural customs and traditions, with relationships with their grandchildren reflecting unconditional love.¹⁵

During the key informant interviews (KIIs), however, older people and family caregivers noted a growing distance between grandchildren and grandparents. Similarly, during the national consultation event, one of the older speakers, Ahio, said that older people wished to build stronger relationships with Tongan youth. The caring of grandchildren by grandparents could thus have positive outcomes for both, through knowledge sharing and the fostering of stronger values. See Appendix 1 for the highlights of the KIIs and FGDs.

3.1.4 Employment and Poverty

The 2016 census identified 3,857 (42.7%) older persons who were no longer in the workforce because they had either retired or were no longer able to continue working. The majority (68%) resided in rural areas, while 32% resided in urban centers (Figure 3).

There are no data available on poverty in Tonga that is disaggregated based on age and sex, but responses from participants at the national consultation event, as well as during KIIs, indicated that poverty was common among older people, especially in rural areas and on the remote islands. **Nationally, about 22.5% of the population lives below the national poverty line.**¹⁶ Only 1% of older Tongans receive employment-related pension; 55.7% of men over the age of 65 and 29.2% of women over the age of 65 have paid jobs (footnote 13).

The wealth gap between rural and urban households is significant. Figure 4 highlights this contrast. Around 33% of the urban population is in the highest wealth quintile, compared with only 16% for rural residents.¹⁷ In 2015, the Gini index, a measure of income inequality, was 37.6 for Tonga, which was higher than the score for Fiji.¹⁸

¹⁴ Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa.

¹⁵ H.F.O. Vakalahi, S.G. Toafa, and K.O. Moala. 2008. Grandparenting in the Tongan Community: A Cultural Model. *Journal of Intergenerational Relationships*. 6 (3). pp. 305–319.

¹⁶ Government of Tonga, Ministry of Finance and National Planning. 2017. *Budget Statement 2017–2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku'alofa.

¹⁷ Government of Tonga, Ministry of Health et al. 2013. *Tonga Demographic and Health Survey 2012: Final Report*. Noumea, New Caledonia: Secretariat of the Pacific Community.

¹⁸ World Bank. Gini Index (World Bank Estimate). <https://data.worldbank.org/indicator/SI.POV.GINI> (accessed 7 April 2020).

Figure 3: Retired or No Longer Able to Work, 2016

Source: Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa.

Figure 4: Distribution of Wealth, 2012
(%)

Source: Government of Tonga, Ministry of Health et al. 2013. *Tonga Demographic and Health Survey 2012: Final Report*. Noumea, New Caledonia: Secretariat of the Pacific Community.

The global financial crisis of 2007–2008 strongly affected the economy and reduced the traditional social safety net provided by remittances. The worst affected were the vulnerable groups, including older people, who relied on remittances from family members working in Australia, New Zealand, and the United States. KII and feedback from the national consultation event indicated that economic shocks or natural disasters hit older people harder than the rest of the community due to their physical limitations and vulnerability.

3.1.5 Living Conditions

Most older people live in the family home or with relatives, so the supply of housing is not a major concern for them in Tonga. At least 69% of all households owned their own home, while 5% paid rent, and 24% lived rent-free (footnote 13). However, some family homes were not older people-friendly, as access can be difficult. No agency coordinates housing in Tonga, so the provision of appropriate housing is left to each individual family. Some homes observed during the study were in disrepair and unfit for habitation, their lack of upkeep due to poverty.

Only 67% of all households have access to clean drinking water from a rainwater tank, while 25% source their water from a neighbor's tank and the rest use the village water supply.¹⁹ The lack of access to clean water was a concern for older persons, who feared disease:

“We don’t have a water tank, and I am worried about typhoid. Our neighbors contracted typhoid. Elders like me are vulnerable because we don’t have any money to afford a tank.” – Houma elder

Flush toilets were used by 76% of households nationally; 83% of Tongatapu households had a flush toilet, while the figure was 47% in Ha’apai and 35% in the Niua island groups (footnote 19). Some older people in the remote and rural areas relied on long-drop outhouses. Reports from care workers employed by the organization Ma’a Fafine mo e Famili (For Women and Families) highlighted the need for better bathrooms and cleaner toilets for older people in rural and remote communities.

In Tongatapu, 93% of households had electric power for light, compared with 74% in Ha’apai. People in the Niua island groups had no access to a reliable electricity supply. Around 40% of households in the island groups relied on kerosene or benzene and 57% on solar power for their main lighting source (footnote 13). Older people interviewed for this study had experienced periods without electricity due to financial problems. In the case of the remote islands, older people may have no access to power, so they cooked on open wood fires. This was difficult because they had to collect the wood from their farms and were exposed to air pollution. In Tongatapu, 60% of the households cooked with gas.

Tongatapu and Vava’u each has a waste collection system that covers 46% of households, mainly in their urban areas, while the other outer islands have no waste collection systems. Access to mobile phones was 90%, except for the Niua island groups, where it was 61% of households (footnote 13).

Public facilities and transport are not age-friendly because of access problems. The Ministry of Infrastructure, which controls public facilities and transportation, is considering incorporating age-friendly and disability-friendly policies so that any future public facilities will have to provide appropriate access and safety measures.

¹⁹ WHO and the Government of Tonga, Ministry of Health. 2012. *Health Service Delivery Profile: Kingdom of Tonga 2012*. Nuku’alofa: WHO and Tonga Ministry of Health.

3.1.6 Health and Disability

Noncommunicable diseases are the major cause of morbidity and premature mortality in the Kingdom, and have become one of the main challenges for Tonga's health system.

Tongan men have the highest rate of obesity in the world, followed by Samoans; Tongan women have the second-highest rate of obesity, after Samoan women.²⁰ Lin et al. (2016) reported on the prevalence of type 2 diabetes and obesity in Tonga between 1973 and 2012.²¹ Diabetes prevalence among those aged 25–64 years increased from 5.2% in 1973 to 19% in 2012 (14.8% in men; 21.7% in women), and was projected to reach 22.3% in 2020. Obesity prevalence increased from 56% to 70.2%, and it was projected that by 2020, 64.5% of men and a staggering 80.5% of women would be obese. Obesity is associated with other health problems, and has health and cost implications for long-term care (LTC) services. Moving heavy and immobile older people to provide care, such as washing and toilet use, can be hazardous for family caregivers and formal care workers, who may need to work in pairs or to have adapted beds and mechanical hoists available.

As of 2012, the deaths of about 60% of men and 58% of women were attributed to cardiovascular disease and diabetes.²² Carter et al. (2012) reviewed causes of deaths from medical certificates between 2001 and 2008, and found a rise in age-specific mortality from a range of noncommunicable diseases, especially diabetes, lung cancer, and cardiovascular diseases in those under 64 years of age.²³

In 2012, prevalence of hypertension among those aged between 45 and 64 years was 47.5%.²⁴ International studies have shown that the prevalence of hypertension increases with age, and is often responsible for chronic kidney disease among the oldest-old.²⁵ Since the incidence of noncommunicable diseases increases with age, it is likely that in Tonga, as elsewhere, these are the most common conditions affecting the quality of life and mortality for older age groups. The lack of data on older people is an indication of a lack of awareness about the significance of such data.

These issues have serious implications for the health of older people and the need for LTC in the future (Table 5).

Figure 5 shows the numbers of older persons estimated to be affected by disability, by age group and setting.

Disabilities are more common in the 75+ age group, so the numbers for that group are greater, even though the proportion of older people who are aged 75 years and older is small. Vision and walking disabilities are the most common, with similar patterns among all the older age groups.

²⁰ M. Ng et al. 2014. Global, Regional, and National Prevalence of Overweight and Obesity in Children and Adults during 1980–2013: A Systematic Analysis for the Global Burden of Disease Study 2013. *The Lancet*. 384 (9945). pp. 766–781.

²¹ S. Lin et al. 2016. Diabetes and Obesity Trends in Tonga over 40 Years. *Asia-Pacific Journal of Public Health*. 28 (6). pp. 475–485.

²² Government of Tonga, Ministry of Health. 2012. *Annual Report to the Minister of Health*. Nuku'alofa.

²³ K. Carter et al. 2012. Causes of Death in Tonga: Quality of Certification and Implications for Statistics. *Population Health Metrics*. 10 (1). p. 4.

²⁴ WHO, Western Pacific Region. 2012. *Kingdom of Tonga NCD Risk Factors STEPS Report*. Suva, Fiji. https://www.who.int/ncds/surveillance/steps/2004_TongaSTEPSReport.pdf.

²⁵ T.M. Alhawassi, I. Krass, and L.G. Pont. 2015. Prevalence, Prescribing and Barriers to Effective Management of Hypertension in Older Populations: A Narrative Review. *Journal of Pharmaceutical Policy and Practice*. 8 (1). pp. 1–6.

Table 4: Life Expectancy and Healthy Life Expectancy at Birth and at Age 60, by Sex, 2010
(years)

	Males	Females
Life expectancy at birth	69.7	75.4
Healthy life expectancy at birth	58.9	63.2
Years in ill health expected at birth	10.8	12.2
Life expectancy at 60 ^a	16.3	20.9
Healthy life expectancy at 60 ^a	11.8	13.8
Years in ill health expected at 60	4.5	7.1

^a The original source for healthy life expectancy at 60 is the Global Burden of Disease Report 1990–2010. More recent data are not currently available. Therefore, the figures for life expectancy at 60 are also for 2010, to enable a meaningful calculation of estimated years spent in ill health.

Sources: Global Burden of Disease Collaborative Network. 2012. Global Burden of Disease Study 2010 (GBD 2010): Results by Cause 1990–2010. Seattle, United States: Institute for Health Metrics and Evaluation; and World Health Organization. http://www.wpro.who.int/topics/ageing/ageing_fs_tonga.pdf.

Figure 5: Estimated Numbers of Older People Affected by Disability, by Age Group and Location, 2011

continued on next page

Figure 5 continued

Across all older persons in Tonga aged 65+, about two-thirds do not have any difficulty with vision. However, 26% have some difficulty, and 7% have a lot of difficulty or are unable to see. Figure 6 shows that the proportion of those with a lot of difficulty or inability to see increases with age, as expected.

Compared with difficulties with vision, the proportion of older persons in Tonga aged 65+ with hearing difficulties is lower as highlighted in Figure 7. About 16% of the total older persons population has either some difficulty, and 5.5% a lot of difficulty or inability to hear. At older ages, the proportion of any difficulty increases, with about 10% of those aged 75+ having a lot of difficulty or inability to hear, a proportion similar to severe vision difficulties at this age.

Figure 7: Difficulty with Hearing among Older Persons in Tonga, by Age, 2016

Source: Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016. Census of Population and Housing*. Nuku'alofa.

About 17% of older persons in Tonga aged 65+ have a lot of difficulty or are unable to walk or climb, with an age gradient as expected (Table 5). About 9% have a lot of difficulty or are unable to self-care, with the proportion low at 3.5% among the younger age group of 65–69, increasing to 6% among those aged 70–74 and considerably higher at 15% among those aged 75+.

Table 5: Difficulty with Walking or Climbing Steps, and Self-Care among Older Persons in Tonga, by Age, 2016

Walking or climbing steps	Total 65+	65–69	70–74	75+
No difficulty	60.1	74.4	65.3	44.8
Some difficulty	23.3	17.2	22.1	29.2
A lot of difficulty / cannot do	16.6	8.4	12.7	26.0
Self-care	Total 65+	65–69	70–74	75+
No difficulty	76.5	89.6	80.8	62.9
Some difficulty	14.6	6.9	13.2	21.9
A lot of difficulty / cannot do	8.9	3.5	6.0	15.3

Source: Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016. Census of Population and Housing*. Nuku'alofa.

The proportion of older persons in Tonga aged 65+ who have a lot of difficulty remembering or concentrating is about 5%, with the proportion lowest among those aged 65–69 at about 1%, and rising with age to nearly 9% among those aged 75 years and older. In comparison, the proportions with difficulty in communicating in the usual language are lower, with about 3% of the total population of older adults having a lot of difficulty or inability (Table 6).

Table 6: Difficulty with Memory or Concentration, and Communication among Older Persons in Tonga, by Age, 2016

Difficulty remembering or concentrating	Total 65+	65–69	70–74	75+
No difficulty	79.4	91.6	82.3	67.3
Some difficulty	15.8	7.0	14.4	24.0
A lot of difficulty / cannot do	4.8	1.4	3.3	8.7
Communication in usual language	Total 65+	65–69	70–74	75+
No difficulty	90.7	96.2	92.3	85.0
Some difficulty	6.1	2.3	5.3	9.8
A lot of difficulty / cannot do	3.2	1.5	2.4	5.2

Source: Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016. Census of Population and Housing*. Nuku'alofa.

3.1.7 Influences on Current Cohort of Older People

During the 1960s and 1970s, many Tongans emigrated to Australia, New Zealand, and the United States for employment opportunities. In the mid-1980s, New Zealand offered visa-free travel that was taken up by many Tongan citizens, causing a spike in migration. Mass migration has continued since, with the younger generation also moving abroad for employment opportunities. Older people in the outer islands are migrating to the main island with their children for better opportunities.

3.1.8 Case Studies Reflecting Demand for Care

The following case studies were selected from KIIs and focus group discussions (FGDs) to present the range of needs and environment that older people experience, and to highlight the issues they face on a daily basis. Names, ages, and places have been changed to protect the identities of families. Also see Appendix 1 for the summary of reflections from the KIIs and FGDs.

3.1.9 Advocacy

There are currently no agencies in Tonga that advocate for older people, as there are in New Zealand, such as Aged Concern or the Citizens Advice Bureau. Public debate about LTC is limited because of cultural sensitivities. One result of the national consultation event associated with this study was the recommendation for a public education campaign, so that the public, government officials, and decision-makers could change their attitudes toward care for older people. Stakeholders held the view that more attention has to be given to the situation of older people, including their care needs. They said that the government and churches need to know that this is a growing problem and that the culture and values of the people are changing. Participating nongovernment organizations (NGOs) recommended partnering with the government to conduct public awareness campaigns to change the attitudes of the public toward older people and LTC, similar to the tobacco prevention campaign carried out by Tonga's Ministry of Health.

“Ageism is an issue, and a public campaign should target this negative attitude towards long-term care.”
– Elder representative at the national consultation event

Case 1: Care in Poverty

Living Situation

Seini, 72, lives with her son and daughter-in-law in a poor urban neighborhood. She lives in a small shack behind her son and daughter-in-law's house. The bathroom and toilet facilities are located outside the building. The family lives below the poverty line.

Basic and Instrumental Activities of Daily Living

Seini is physically immobile, so she relies on her daughter-in-law to help with her activities of daily living, including, for example, standing up from a seated position, eating, and washing; and with her instrumental activities of daily living, such as shopping, cooking, and handling money. After carrying out her caregiving tasks, the daughter-in-law returns to her normal household activities of weaving, cooking, and cleaning. Seini's son is employed and earns T\$180 (\$80) every 2 weeks.

Support Systems

The mother belongs to the Free Wesleyan Church, one of the largest churches in Tonga, while the son and daughter-in-law are members of the local Gospel Church. Even though the mother is immobile, she still fulfills all her church *kavenga* (obligations), such as *misinale* (yearly church offering) and *li kuata* (quarterly church offering). The mother also contributes to village *kavenga*. She receives a monthly visit from the church reverend, but gets no other support from any other agency or relatives.

Health Problems

Immobility. Seini relies on her son and daughter-in-law for care because she has lost all feeling in her lower body and is bedridden.

Infections. The lack of hygienic resources in the home causes infections. At times, the daughter-in-law is overwhelmed with the household tasks, as well as caring for Seini.

Lack of nutrition. Due to its limited income, the family does not have enough food or nutritious meals for Seini. Often, the family only has enough money for one meal a day.

Severe pain. The son and daughter-in-law are not trained in caregiving, so they do not know how to move Seini in such a way as to avoid pain and bedsores. Sometimes, they unintentionally hurt Seini when trying to move her to a more comfortable position.

Conclusion

The level of care provided for the mother is inadequate and is reducing her quality of life. The family is doing the best it can within the capabilities and financial resources it has, but Seini's health is worsening.

In the absence of external help, the family is struggling. The daily caregiving tasks are difficult, and as there is no external help, the situation will only get worse. The family continues to meet the church *kavenga* for the mother, despite not being able to afford it, so this is an extra burden. Both the son and the daughter-in-law need training on how to better care for their Seini, as well as access to medical knowledge and support with regard to preventing pain and infections.

This case highlights the lack of long-term care for elders and the plight of many families, especially the poor, who do not have the financial resources to provide care for their elders.

Case 2: Abuse of Older People

Living Situation

Mele is 78 years old, and was encouraged by her family to return from the United States to live with her daughter and her daughter's three children in Tonga.

Difficulties with Activities of Daily Living

Mele is starting to experience the onset of dementia, and her daughter assists her with both basic and instrumental activities of daily living. However, the daughter also works to support her own three school-age children, and does the cooking while her children clean the house. The daughter's weekly wage of T\$160 (about \$71) plus Mele's monthly T\$65 (about \$29) social welfare payments are the family's only sources of income.

Physical and Financial Abuse

Mele knows about her social welfare payment, but has never received it. She complains to visitors about not receiving it, and about not being able to make decisions on what it should be used for. This has caused a rift between Mele and her daughter. Mele has also complained about being physically beaten and verbally abused.

She would often leave the house for walks just to avoid a confrontation, until someone would lead her back home. One day, a neighbor witnessed the daughter beating Mele in the shower, and called the police.

Reporting Abuse

After receiving the report concerning the daughter's abusive behavior, a police officer visited the home to investigate. After speaking to Mele and the daughter, the officer left without taking any further action. The daughter was angry at Mele for attracting police attention, so she assaulted her again, causing injury to her face and body. This case highlights the lack of elder abuse reporting processes, which means that elders are vulnerable to abuse without any sort of protection.

Conclusion

Family caregivers need training, while government needs to develop legislation to protect elders and to ensure that reporting systems are in place to protect them from all forms of abuse.

Sugden et al. (2017) found that **a mass media anti-tobacco campaign using adapted materials from developed countries had been effective.**²⁶ The authors shared practical steps for adapting the campaign to also strengthen health literacy, change attitudes, support enforcement strategies, and set an agenda for policy changes in Tonga. A similar strategy would also be useful for the LTC issue as a means of creating public awareness about the problems facing older people in general, and of changing attitudes toward caregiving.

"The Tongan government must ensure that adequate support is provided for families to look after their aging relatives, and that provision is made for adequate health-care facilities for a growing older population." – Ata'ata Finau, government statistician

²⁶ C. Sugden et al. 2017. Developing Antitobacco Mass Media Campaign Messages in a Low-Resource Setting: Experience from the Kingdom of Tonga. *Tobacco Control*. 26 (3). pp. 344–348.

3.2 Supply of Care

In Tonga, it is traditional for families to care for older people, and the majority of care provision is through family carers. Some families with an older person to provide care for may opt to have working-age adults remain in the workforce, and to therefore leave caregiving duties to grandchildren or relatives. Families with the means to do so may opt to hire private care workers. The cost for private care workers is still relatively low, between T\$3 and T\$5 per hour, according to interviews with stakeholders. There is some provision of home care through national older persons home care program, but formal care is otherwise very limited.

3.2.1 Impact of Migration

Internal migration of working-age adults from the outer islands to Tongatapu is reducing the number of family caregivers. In addition, New Zealand's Recognised Seasonal Employer (RSE) scheme and Australia's Seasonal Worker Programme (SWP) recruit a total of about 6,000 workers from Tonga,²⁷ mostly from the country's rural and remote regions, for short-term employment. The RSE disrupts the care of some of the older relatives of these seasonal workers, but the contracts are short-term, with the workers returning after at most 7 months. Similarly, under the SWP, the workers are away for only 6 months. The more lasting impact comes from overseas migration for longer-term opportunities. In 2013 alone, at least 5,436 (5.3% of the total population) migrated overseas on a permanent basis.²⁸ Older family members are often left behind in lonely and sometimes vulnerable situations, especially if they are physically impaired. Increasingly, relatives from the extended family have to step in and provide care. This can work, but it sometimes creates extra difficulty for the caregivers and the older persons with complex needs. The social and cultural changes of a modernized Tonga, along with the coronavirus disease (COVID-19) epidemic, makes it even more important to provide services that will support the efforts of communities and families to care for the older persons.

"Loneliness is the worst problem at my age. It seems like I am a burden to everyone. My children are living in New Zealand, and I have to fend for myself. The neighbors help when they can, but I'm alone."

– Older person from Ha'apai

"The most heartbreaking cases are the older people who have no children or family. I have two cases in my portfolio, and it is so sad seeing the couple struggle to do the most basic tasks. The only support they get is from neighbors and the occasional visit by the church pastor. They are extremely reliant on me for everything, including food, so I buy it with my own money because they have no family." – Care worker in rural Ha'apai

3.2.2 Other Domains in Care Ecosystem

Health-care system. Tonga has a universal health-care system that is free to all citizens, but is not equipped to handle LTC for older people. There is a dual system of medicine—traditional Tongan medicine (*faito'o fakatonga*) and Western medicine (*faito'o fakapalangi*). Traditional medicine use is more prevalent in the rural areas and remote islands. The national hospital is based in Nuku'alofa, and is the main hub for emergencies, surgery, primary care, and dental services for the people of Tongatapu. Rural areas are serviced by 14 community health centers based in the main regional villages. The remote islands are supported by three community hospitals based on the island of 'Eua and in the Vava'u and Ha'apai island groups. The location of community

²⁷ The RSE recruits Pacific workers for short-term employment in New Zealand in the horticultural and agricultural industries (fruit picking). The scheme provides economic benefits for the Pacific nations through remittances while filling a need for seasonal workers in New Zealand.

²⁸ ADB. 2015. *Pacific Opportunities: Leveraging Asia's Growth*. Manila..

health centers means that most people can access health services within a 1-hour walk. The majority of health-care services are provided by government, but there is a small number of private health-care providers, including general practice clinics, pharmacies, and traditional healers. Outpatient contact rates are low, but the annual hospitalization rate is relatively high at 10%, due to patients bypassing the lower-level services in favor of hospitals. The Tonga Household Survey showed that expenditure by households on health care is very low, about \$575 or 0.002% of total household expenditure. The main health-care burden for Tonga is noncommunicable diseases, which make up four of the five leading causes of mortality. Details of Tonga's health-care facilities and services are given in Appendix 2.

Health promotion. The Ministry of Health's initiatives to promote good health are implemented by the Tonga Health Trust, and target the general population with information on diabetes, smoking, family planning, typhoid, and nutrition; but there are no health promotions targeted specifically at people who are middle-aged or older. The ministry has the potential to deliver older people-specific services, which should address such topics as preparation for healthy aging, avoiding exposure to cooking smoke, and pelvic floor exercises for preventing or managing incontinence, in addition to the usual health messages about nutrition, physical exercise, the dangers of smoking, and the need to reduce alcohol intake.

Social welfare services. The NGO sector delivers social services for older people and disabled citizens under contract to the Social Protection and Disability Unit of the Ministry of Internal Affairs. In 2017–2018, the government budget for vulnerable people, including social protection projects for older people, amounted to \$6.65 million. The government's vision for social protection and disability for 2017–2030, as stated in the Budget Statement 2017–2018, is "to maintain a Tonga where vulnerable person hardships and difficulties are reduced with social protection schemes, social policies and social programmes aiming to improve quality of life by 2030" (footnote 30). The strategy is to ensure increasing institutional care and more support services, with a special focus on strengthening social protection and poverty-alleviation programs for village communities. NGOs also provide some support for older people, such as food, equipment, funds, and rehabilitation. There are only a few NGOs working with older people, so this is an area that needs further development.

3.3 Policy and Legal Framework

3.3.1 Policy Landscape

The government's main policy instrument is the Tonga Strategic Development Framework 2015–2025 (TSDF), which has guided policy decisions and project implementation since 2015. All government agencies follow the TSDF, and projects must align with its vision, pillars, and outcomes. To achieve the TSDF vision, seven national outcomes are identified that aim to contribute to a more inclusive, sustainable, and development-focused nation that is fairer to all:

- (i) a more inclusive, sustainable, and dynamic knowledge-based economy;
- (ii) more inclusive, sustainable, and balanced urban and rural development across island groups;
- (iii) more inclusive, sustainable, and empowering human development with gender equality;
- (iv) more inclusive, sustainable, and responsive good governance, with law and order;
- (v) a more inclusive, sustainable, and successful provision and maintenance of infrastructure and technology;
- (vi) a more inclusive, sustainable, and effective land administration and environmental management, and resilience to climate and risk; and
- (vii) more inclusive, sustainable, and consistent advancement of Tonga's external interests, security, and sovereignty.

There are 29 organizational outcomes supporting the national outcomes, grouped as three institutional and two input pillars of development:

- (i) economic institutions,
- (ii) social institutions,
- (iii) political institutions,
- (iv) infrastructure and technology inputs, and
- (v) natural resource and environment inputs.

Regarding the second institutional pillar, social institutions, Organisational Outcome 2.7 is “Better care and support for vulnerable people that ensures that the elderly, the young, disabled and others with particular needs continue to be supported and protected despite shrinking extended families and other changing social institutions.”²⁹ This pillar provides the direction for government programs that aim to support older people as a vulnerable group.

The Tonga Strategic Development Framework Vision

“A more progressive Tonga supporting a higher quality of life for all.” – Tonga Strategic Development Framework (2015)

3.3.2 Stakeholder Landscape

In 2017, the Prime Minister of Tonga also headed the Ministry of Internal Affairs, which coordinated all government services and support for senior citizens.

“I want to convey our full support to provide better care services for older people throughout the Kingdom. We have started our assistance by increasing the social welfare benefits for older people in the 2017–2018 budget. The government is aware of the problems experienced by older people and their families struggling to provide home care support in order to meet our cultural responsibilities.” – Prime Minister Samiuela ‘Akilisi Pōhiva, national consultation event, 27 July 2017

Table 7 summarizes the policies related to the care of older persons. The main coordination agency for government-sponsored services is the Social Protection and Disability Unit, within the Ministry of Internal Affairs. The unit works alongside the National Retirement and Benefit Fund, as well as with social service providers.

The Ministry of Health is responsible for universal health care for all citizens, including older people.

It does not have a specific policy for older people, and according to the key informant interviews (KIIs) with the leadership, the government is considering how to provide better access to hospitals for older people. The community health clinics are attached to the main hospital, Vaiola Hospital, in Nuku‘alofa, and they can provide outreach mobile services to older people who cannot travel from rural areas to the capital. The government has identified noncommunicable diseases as one of its main target areas for the Ministry of Health’s key performance measures. It has also implemented a second set of reforms using taxation to combat high-fat and high-sugar foods as part of an effort to curb the rise in noncommunicable diseases.³⁰ Feedback from the interviews with health officials indicate that older people are not specifically targeted by these programs, despite the fact they have the highest prevalence of hypertension and diabetes.

²⁹ Footnote 4, p. 69.

³⁰ Government of Tonga, Ministry of Finance and National Planning. 2018. *Budget Statement 2018/19: Recovery with Greater Resilience*. Nuku‘alofa.

Table 7: Policies Related to the Care of Older People

Policy	Description	Outcome
Tonga Strategic Development Framework (TSDF) 2015–2025	The policy in question here relates to Organisational Outcome 2.7, listed in the TSDF, under Pillar 2, which covers social institutions.	The wording of Organisational Outcome 2.7 is as follows: “Better care and support for vulnerable people that ensures the elderly, the young, disabled, and others with particular needs continue to be supported and protected despite shrinking extended families and other changing social institutions.” ^a
National Retirement Benefits Scheme—social welfare (2010)	This policy is based on the provisions of the National Retirement Benefits Scheme Act 2010.	Provides a monthly payment of T\$65 (and over) for elders aged 70 years and over (recently lowered from 75) who are not employed.
National Retirement Benefits Scheme—retired employees (2010)	This policy is based on the National Retirement Benefits Scheme Act 2010.	This is the retirement benefit contribution fund for 9,596 employees in the public, private, and nongovernment-organization sectors. Members also contribute to an in-house life insurance scheme. Every year, those who retire begin to receive their retirement benefit payouts.
Establishment of the Social Protection and Disability Unit (2015)	The Social Protection and Disability Unit was established at the Ministry of Internal Affairs under the government’s TSDF policy on vulnerable communities. The unit is in charge of the government’s support efforts for older people.	The government’s vision is to provide better care and support services for vulnerable citizens such as older people, the poor, and particularly persons with disabilities, and to ensure that they continue to be supported and protected, despite the shrinking support of extended families and other social institutions. The strategy is to ensure that there is increasing institutional care and support services for older people, the poor, persons with disabilities, and other vulnerable groups. ^b
Universal Health Policy	Tonga’s Universal Health Policy is overseen by the Ministry of Health.	All health and dental care is provided free throughout the Kingdom. Older people are included under this policy.
Tonga Social Service Pilot (until the end of July 2017)	Home care program delivered to highest-needs older people and disabled under the government’s social protection policy, as part of the TSDF	Under the pilot scheme, home-based care was provided to 150 older people and disabled patients in Tongatapu and Ha’apai by the organization Ma’a Fafine mo e Famili.
Aged Care program	The home care program previously piloted was rolled out nationwide to help highest-needs older people.	Provide home-based care to up to 200 older people assessed with the highest needs out of 800–1,000 older people and disabled citizens. The program is currently delivered in Tongatapu and Ha’apai.
Ministry of Infrastructure	There is an initiative by the Ministry of Infrastructure to make all public buildings adhere to the building code, to contribute to the outcomes of the TSDF.	All new government buildings are to be made wheelchair accessible. No time frame has been given, as it is still in the discussion phase.

^a Government of Tonga, Ministry of Finance and National Planning. 2015. *Tonga Strategic Development Framework 2015–2025: A More Progressive Tonga; Enhancing Our Inheritance*. Nuku’alofa. p. 69.

^b Government of Tonga, Ministry of Finance and National Planning. 2016. *Budget Statement 2016/17*. Nuku’alofa.

Other sources: Government of Tonga, Ministry of Finance. 2019. *Budget Statement 2019/20: Our Country Our People*. Nuku’alofa; and interviews with the directors of the Ministry of Health, Ministry of Internal Affairs, Ministry of Infrastructure, and of the organization Ma’a Fafine mo e Famili.

The Social Protection and Disability Unit coordinates the publicly funded services. Coordination is one component of social protection for the older persons. The other three —health, financial, and social services— make up the key support mechanisms for aged care. A formalized system is required to pull the stakeholders together under a common banner, and it was recommended at the national consultation event that a national strategic plan for the aged care sector needs to be developed to provide guidance for all stakeholders on care provision.

3.3.3 Legislation

The National Retirement Benefits Scheme Act 2010 is the only Tongan legislation that is specifically aimed at older people.

Recognizing the problems of poverty experienced by older persons, the government launched, on 1 September 2012, a Social Welfare Scheme for the Elderly under the National Retirement Benefits Scheme Act 2010, with the Ministry of Finance as the lead agency.

The government directly funded the Social Welfare Scheme for the Elderly at a cost of T\$1.4 million (\$582,000), which provided T\$65 (\$27) per month for citizens aged 75 years and above.³¹ This decision was groundbreaking for a small developing island state, especially one with a small population base and tight revenue streams. The policy rationale was sound and based on a growing problem among vulnerable older people. Tonga is the only small developing island state in the Pacific that has introduced such a program. In the 2017 financial year, the government announced a lowering of the eligibility age from 75 to 70 years, due to the hardship and poverty among older people. The government expects the numbers of older and severely disabled recipients to increase due to the growing number of people affected by noncommunicable diseases, unless more effort is focused on healthier lifestyles.³² At the end of June 2018, there were 4,105 eligible older people receiving the social welfare benefit, costing T\$3.8 million (\$1.6 million).³³

3.3.4 Legal Protection from Abuse and Neglect

Like most other Pacific nations, **Tonga does not have any laws specifically to protect older people and no formal system for reporting abuse.** New Zealand, for example, has the Protection of Personal and Property Rights Act 1988, which allows vulnerable people to appoint one or more representatives to have enduring power of attorney. The act also allows the courts to appoint a person as a welfare guardian for the vulnerable. In the NGO stakeholder interviews and at the national consultation event, many participants mentioned that there were increasing numbers of unreported cases of older people abuse and neglect, especially within families living in poverty or living in rural areas. They felt that there should be separate laws to protect vulnerable groups, especially the older persons, and a formal abuse reporting process.

“We have laws for animals, laws for driving, laws for swearing, and pretty much laws for everything and anything except laws to protect us older people from being abused and left to fend for ourselves when we are old!” – 81-year-old resident of Hahake District

³¹ Government of Tonga, Ministry of Finance and National Planning. 2013. *Budget Statement 2013-2014: Continuing to Create Opportunities by Building on Inclusive Sustainable Growth*.

³² Government of Tonga, Ministry of Finance and National Planning. 2017. *Budget Statement 2017-2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku'alofa.

³³ Government of Tonga, Ministry of Finance and National Planning. 2020. *Budget Statement 2019/20: Our Country, Our People*. Nuku'alofa.

NGO stakeholders also mentioned that, sometimes, a caregiver is emotionally abused by the older people they care for, or is unable to have sufficient time off to look after his or her own needs. Moreover, some carers have been admitted to the hospital due to injuries caused by the heavy lifting of older people. **Support for caregivers is important in its own right, and is a way to reduce the stress they endure that might otherwise result in their mistreating the older people under their care.**

KIIs with officials from the relevant ministries, including the ministers, indicate that **care for older people is considered to be part of the universal social services already provided by the government, so no dedicated legislation is being planned for long-term care (LTC).** The respondents understood the need for legislation specifically to protect older people and enforce standards for LTC, but nothing has yet been done.

“The sector needs direction and guidance, so we recommend developing a national strategic plan with strategies that NGOs and government agencies can follow in order to provide proper care for our elders now and into the future.” – National consultation group feedback

3.3.5 Perspectives on the Increasing Demand for Aged Care Services

The different perspectives of older persons, their families, and other stakeholders that emerged from the KIIs and focus group discussions (FGDs) conducted for this study are summarized in Table 8.

Table 8: Perspectives on the Demand for Aged Care

Questions	Responses
What is driving the demand for care?	<p>The drivers for demand are</p> <ul style="list-style-type: none"> • growing older population, • poverty, • cases of abuse and neglect of older people, • lack of support services for older people, and • the breakdown in traditional caregiving for elderly parents due to work opportunities and migration.
Who should be responsible for care services?	<ul style="list-style-type: none"> • Traditional Tongan culture dictates that adult children and other family members are responsible for the care of their elderly. However, the impacts of emigration, the cash economy, and employment opportunities are challenging that tradition. • Most families want to retain the responsibility for caring for their older members, but they want support from the government in the form of training and advice on caring for them. • Families that are struggling to care for older relatives would prefer that the government take on the responsibility for care services. • Government leaders believe that the responsibility for care rests with each family, in order to maintain local tradition. Government’s role would be to provide support services, training, and funding. • The resources required for rest homes and residential facilities, including their personnel, are beyond the government’s financial capacity. • NGOs are willing to provide rest homes or residential facilities, given their observations at the grassroots level. Frontline staff members believe that there are acute cases of older people requiring residential support and care. NGOs believe that they have the skills, so the government could partner with them to provide care for the aged. • Private sector representatives have expressed an interest in the future of residential facilities for older people. Participants at the national consultation event conducted for this study discussed the potential of smaller rest homes that could house fewer than six older people, similar to the Good Samaritan House, as they would be easier to fund and manage.

continued on next page

Table 8 continued

Questions	Responses
What needs to be done?	<p>Stakeholders from all sectors agreed on the following points:</p> <ul style="list-style-type: none"> • Aged care services are needed in Tonga. • The standard of care needs to match international levels. • A quality accreditation system is needed for future care providers. • Training for family caregivers, as well as potential paid care workers, is necessary. • There is a need for more age-specific services in the areas of health, legal assistance, housing, transport, public amenities, and social protection. • Sufficient resources need to be allocated to aged care services. • Community centers for older people should be established in villages or regions, and they should offer activities. • Coordination services are essential.
Why are better LTC services needed?	<p>Better LTC services are needed to</p> <ul style="list-style-type: none"> • improve the quality of life for older people, • provide an environment that enables older persons to participate in all areas of society, and • prepare the nation for an increase in the elderly population.

LTC = long-term care, NGO = nongovernment organization.

Source: Interviews with caregivers, older persons, and other key informants conducted for the Tonga country diagnostic study conducted by the Asian Development Bank.

3.4 Service Provision

Figure 8 shows the elements of the Tongan older persons care support system based on the findings of this study. The *toulekeleka* (elderly person), at the center of the diagram, is supported directly by the family, which includes a wife or husband, adult children, and extended family. They all live within the *kolo* (village), which is linked to the *fonua* (nation), because the family has traditional and cultural obligations to both. In the same circle is the church, whose influence is directly felt by all family members. The outer circle represents key support services. Most of the older persons in Tonga continue to rely on family, church, and village for their well-being.

In July 2012, the Asian Development Bank implemented a project with financing from the Japan Fund for Poverty Reduction amounting to T\$300,000 (\$125,000) per year to design home care services for older persons.³⁴ The project was known as the Tonga Social Service Pilot (TSSP), and it targeted 140 older persons aged 65 years and over in rural and remote villages in Tongatapu and Ha'apai. The pilot has since been rolled out as the national aged care service by the Ma'a Fafine mo e Famili organization, serving 190 older persons with the highest needs based on their assessments. The total annual cost of the home care service is T\$500,000 (\$208,000), funded directly by the government through the Ministry of Internal Affairs.³⁵ Other services that support the older persons are limited to a few NGOs and the national health system. Older people in outer island communities struggle to access much-needed services, and are thus at risk when they are unwell or disabled. There are no dementia-specific support services for the older persons and their families, and this is a major concern in terms of service gaps for older people. There are no official data available about the unmet needs of older people. KIIs, FGDs, and discussions at the national consultation event highlighted a concern that the care needs of many older people were not being met.

³⁴ Government of Tonga, Ministry of Finance and National Planning. 2012. *Budget Statement 2012-2013: Creating Opportunity in Extraordinary Times*. Nuku'alofa.

³⁵ Deputy Secretary Lu'isa Manu'ofetoa, Ministry of Internal Affairs. 14 April 2020.

Figure 8: Tonga Aged Care Support System

NGO = nongovernment organization, NR = national retirement.

Note: Ma'a Fafine mo e Famili is an NGO.

Source: Authors.

Table 9 presents an outline of the services provided, delivery model, and number of people served (where available) for every type of care service for the older persons.

3.4.1 Home Care Visits

A Tongan NGO, Ma'a Fafine mo e Famili, has piloted a donor-funded and government-controlled home care support pilot program. However, the program is only scratching the surface of the care needs in the area it is covering: the main island, Tongatapu, and the Ha'apai island group. In 2017, the program was able to assist only 150 older people with high needs and disabled residents. The program has been evaluated and found to be effective, and the government has increased the budget allocation to roll it out nationwide. In 2019, the program was rolled out, targeting the older persons with the highest level of dependency, reaching 200 people.

The program does not have a formal arrangement with the main hospital, Vaiola Hospital, in Nuku'alofa, so **there should be better coordination to ensure that the older persons with high needs can be referred for immediate assistance.** The accessing of health care is left to each older person's family to arrange.

One of the requests from the older persons and their family caregivers was for health workers to conduct home visits to older people who are bedridden. The director of health pointed out during an interview that home visits were part of health workers' duties, and that they could accommodate the needs of older persons care. Participants in the national consultation event also aired their views on this matter, asking for more home visits by doctors and nurses to reduce the burden on the older persons and their families.

Table 9: Types of Care Services for Older People

Type of Service	Delivery Model	Number of Patients
Informal family care	In the home by family caregivers	All dependent older family members
Informal residential community care	The Good Samaritan House, a residence in 'Anana with one volunteer worker and his family caring for homeless older persons (run by the Loving Heart of the Good Samaritan NGO)	Five residents
Formal home-based care	Publicly funded old-age home care services in Tongatapu and Ha'apai, delivered by the NGO Ma'a Fafine mo e Famili (with a staff of 73), contracted by the government	Up to 200 older persons and other persons with disabilities It is estimated that up 800–1,000 older persons nationwide could benefit from expanded services, currently limited by budget and challenges in delivering care on the outer islands.
Rehabilitation	Mango Tree Centre, a church NGO, provides disability support for older stroke patients who are cared for by volunteer physiotherapists.	Up to 12 people
Mental health and dementia treatment	The psychiatric unit of Vaiola Hospital, in Nuku'alofa, has a residential facility for mental health patients that receives some dementia patients abandoned by their families. However, the residential facility is hindered by a lack of training and equipment.	Fewer than 10 beds available
Health care	Outpatient and inpatient hospital care; temporary care for cases of neglect	Limited beds available
Advocacy for elders with disabilities	Naunau 'o e 'Alamaite Tonga Association, a disability support and advocacy group	All older people
Disability services	'Api ko Alonga, a respite center and agency for the disabled	All disabled, including disabled older persons
Provision of assistive devices and supplies	Equipment, food, and supplies from the Red Cross, especially during natural disasters; food, cash, and personal items from the Church of Jesus Christ of Latter-Day Saints, Salvation Army, Free Church of Tonga, Caritas (Catholic), Pununga Mo'ui Foundation, Free Wesleyan Church of Tonga, Islamic faith-based organizations, and others	Not known
Vision care	Eye clinics at Vaiola Hospital, in Nuku'alofa, and the district hospital in Vava'u, funded by the Fred Hollows Foundation	<ul style="list-style-type: none"> • 829 eye screenings • 268 cataract surgeries

NGO = nongovernment organization.

Source: Interviews with civil society organizations such as Ma'a Fafine mo e Famili and the Tongan Women's Crisis Centre, as well as other key stakeholders.

3.4.2 Lack of a System to Provide Assistive Devices and Incontinence Supplies

Interviews with NGOs and family caregivers identified a lack of assistive devices such as wheelchairs, commodes, walkers, and other support resources throughout Tonga. Eyeglasses and hearing aids are hard for older people to obtain because they are not provided as part of the core health services. Those requiring eyeglasses or hearing aids typically wait until the arrival of international teams of volunteer hearing and eyesight specialists, who visit the Kingdom once or twice a year. They normally bring eyeglasses and hearing aids for those in need. In the meantime, older people with vision problems can try their luck with cheap eyeglasses sold at the local stores as a temporary solution, while those with hearing problems must wait for the international specialists. Incontinence supports such as diapers are expensive, and it is up to each family to acquire them.

3.4.3 Dementia and Mental Health Problems

Currently, there are limited services available for persons with dementia. In some cases, families use the hospital, especially the psychiatric unit, as a respite facility when they can no longer cope with caring for their family member. The psychiatric unit has several full-time older patients in its care. These patients are bathed, fed, helped with toileting, helped with walking, and provided with medication. This care is provided on a temporary, respite basis. The psychiatric unit, and the hospital as a whole, is not equipped to provide LTC, so every effort is made to return patients to their families.

Efforts are being made by the Mental Health Directorate to establish a separate housing facility that would provide care and protection to persons with dementia and other conditions. The Vaiola Hospital Psychiatric Unit hopes to establish this facility to protect older patients, depending on government funding approval. Two older patients were recently confirmed to have died due to injuries from assaults at a hospital psychiatric ward. This situation was discussed at the national consultation event, with many NGO staff members and older persons advocates demanding urgent action by the government to build a separate ward for older people, to prevent further deaths and harm. This message has been passed directly to the Ministry of Internal Affairs.

“This is a national shame knowing older people with dementia are being housed at the psychiatric ward, which has caused two confirmed deaths by assault and various beatings by mental health patients. We demand action and that a ward for older people be built immediately!” – The head of a health-related NGO at the national consultation event

There are no community-based services specifically supporting persons with dementia and their caregivers.

3.4.4 Respite Care

There is no dedicated LTC respite center for temporary relief or for help in emergency situations. Families use the hospital or the hospital psychiatric unit when they have emergencies; but, clearly, this solution is inadequate, as these facilities do not provide services designed specifically for older people. They do not have enough beds, staff, or resources to provide LTC.

“I struggle to lift him up, so I would call my sisters to come and help. He is bedridden and the only time we have to move him outside is when we have to go to the hospital for his health checks. It would be so helpful if the doctor visits him here, because it is a struggle getting him to hospital, as we have no car.”
– Family caregiver of bedridden father who had suffered a stroke

There are no community-based services specifically supporting persons with dementia and their caregivers.

3.4.5 Neglect and Abandonment

Hospital health workers have had to look after older people patients abandoned by their families. Some older people are abandoned and receive no help or visitors from their families. Patients are required to bring bedding and other supplies when staying at a hospital, but some families think that it is the state's responsibility to care for older people. Health workers have witnessed family members abuse older family members and take their benefit payments without visiting them at the hospital. These cases put extra pressure on the health system and also highlight the breakdown in the cultural practice of looking after older people.

3.4.6 Gender Considerations in the Provision of Care

The interviews conducted for this study, as well as discussions at the national consultation event, identified the different care needs of men and women that have emerged as a result of Tongan cultural practices.

Family provision of personal care and social care is typically undertaken by women and girls, which may affect school participation or engagement in the paid workforce. However, older women wanted to be cared for by women care workers only, and older men preferred men, especially if they required bathing support. Some family caregivers find it culturally inappropriate to bathe their parents but, as the only caregivers, they have to do it.

One law enforcement officer who was linked to an NGO talked about the need to consider the fact that women are at a greater risk of sexual abuse. There have been incidents in the past where this has occurred. There is also a need to bear in mind that men can be more difficult to care for if they become aggressive.

“We have had cases of older people being sexually assaulted, and the risk to older women is high, especially if they are also suffering [from] dementia.” – Law enforcement officer

At present, no official data have been collected on neglect and abuse cases involving older people. Participants at the national consultation event recommended that new laws be developed to protect older people from all forms of abuse and neglect.

3.4.7 Residential Care

Stakeholders had interesting views on residential care homes. **The majority believed that the place for older persons care is in the family home, and not at residential care homes.** There seems to be a stigma attached to having “outsiders” care for parents, and this is even more pronounced if the parents are moved to residential care. This is regarded by some families as culturally wrong, and as something that brings shame to the family. However, there is a demand for residential home care facilities in some form. The government could start by providing a respite center, and then expand to a residential LTC home if there is enough demand and sufficient resources.

Representatives from the private sector were interested in the discussion, and have sought further dialogue. At the same time, wealthier people may prefer residential care—especially if the quality of care is of a high standard—given they can afford to pay for that service for themselves or their parents.

“Some families think the hospital provides a rest home facility for older people. We often get admissions of older people in severe physical and mental conditions, and the family simply [walks] away and [expects] the hospital staff to provide care! Our health system is not geared for that type of service.”
– Hospital health worker

3.4.8 Knowledge, Attitudes, and Beliefs and Practices

The responses from KIIs and FGDs about the knowledge, attitudes, and beliefs and practices regarding LTC services are summarized in Table 10.

Table 10: Knowledge, Attitudes, and Beliefs and Practices regarding Aged Care

Group	Knowledge	Attitudes	Beliefs and Practices
National policy makers	<p>They understand the need to support older people, but are unsure about the extent of the problems around LTC or about the needs of older people.</p> <p>NGO stakeholders believe the government does not understand the extent of the problems and the degree of the needs of older people.</p>	<p>They have a positive attitude and are keen to explore other support options for older people—subject to financial resources.</p> <p>Some government agencies are unsure if leaders understand the needs of older people, and they feel that they should be one of the top priorities.</p>	<p>The local custom is for adult children to look after their elderly parents, and this should not change. However, the times are changing, especially as children emigrate for employment opportunities, so alternative solutions should be considered for providing care for elders.</p> <p>There are potential opportunities for retirement homes within the next 5–10 years, including small group homes, similar to the Good Samaritan House, that cost less and are easier to set up at the community level.</p>
Bureaucrats	<p>They are aware of the need to have better care for older people, especially as the bureaucrats themselves will retire one day.</p> <p>Many bureaucrats live with their own parents or grandparents, so they understand the level of care required.</p>	<p>They have a positive attitude toward the idea of developing more programs for older people, as many are looking after their parents or grandparents.</p>	<p>They prefer to hire caregivers to look after their parents if they are too busy working. Bureaucrats earning a good salary prefer to hire private caregivers to look after their elderly family members.</p>
National	<p>Nationally, there is an acknowledgment of the plight of older persons and the need for LTC, but there is still a lack of understanding about the extent of the problems around aged care in Tonga.</p> <p>Many tend to think that older people are fine if they have family, but there are many older persons without the traditional safety net or support due to children moving away.</p>	<p>People have a positive attitude toward the idea of having more activities and events for older people.</p> <p>There are people in the community who seem to think that it is the government's job to look after older people, and not their families' responsibility.</p>	<p>The most common belief is that older people should be looked after by their own children, which is the normal practice in Tonga.</p>
Regional	<p>In the rural areas and outer islands, there is a good understanding of the plight of older people and the need for LTC, as due to the level of poverty there and the lack of support.</p>	<p>There is a very positive attitude toward the idea of having more activities for older people delivered regionally.</p>	<p>It is considered paramount to maintain the connection between older persons and their families.</p>

continued on next page

Table 10 continued

Group	Knowledge	Attitudes	Beliefs and Practices
		<p>Regional areas would like better coordination and dedicated centers for aged care.</p> <p>Challenges include finance and finding skilled personnel to deliver LTC that will be sustainable in the long run.</p>	<p>There is support for activities that will promote knowledge transfer between older people and the young.</p>
Families	<p>Families understand the need for better care for their older members.</p> <p>Families will play a lesser role due to the collapse of the traditional practices (i.e., changes in the role of women).</p> <p>Traditionally, the home was the only place for women. This has changed, with women now working and being the main breadwinner in some cases.</p>	<p>Family members would often like to receive training to become better caregivers for their older relatives.</p> <p>They are open to external support if it will provide quality care for their older members.</p> <p>Families would welcome more activities and events to keep their older members happy.</p>	<p>Adult children want to keep their parents at home, to maintain tradition.</p> <p>Some families welcome external care workers, while others prefer to do the caregiving themselves.</p>
NGOs	<p>The response of NGO leaders is similar to those of other NGO representatives. For instance, as one said: “I think the government does not see this as a priority. Even though there is a special division for disabilities within the Ministry of Internal Affairs, their function does not spell out anything specifically for older people.”^a</p> <p>NGO leaders recommended education for families that supported the view that external care workers can be helpful and professional. This will help change families’ attitudes against care workers looking after older people.</p>	<p>There is a need for more education campaigns so that the general public, government officials, and decision-makers change their attitude toward aged care.</p>	<p>Stigma is one of the major obstacles. Families think that looking after their own older members is their own responsibility. Consequently, they do not want to let other people take on that responsibility, in the belief that giving up their role as sole caregivers might not be approved by society.</p>

LTC = long-term care, NGO = nongovernment organization.

^a Key informant interview with the leader of an NGO in Nuku'alofa, 23 May 2017.

Sources: Key informant interviews and focus group discussions.

3.4.9 Long-Term Care Information System

There is no specific information system for LTC. Older patients in the Ministry of Health facilities have case records stored within the system. The Ma'a Fafine mo e Famili home care program uses a paper-based case management system. At the national consultation event, participants identified the need for the older persons to have personal health records, preferably in a system similar to that used in Samoa. These records could be shared with health-care and social welfare professionals.

3.5 Quality Management and Innovation

Currently, there is no registration or accreditation process to become an LTC provider, and no quality management system or guidelines for minimum protocols with regard to care practice. Support for caregivers is not formalized, and there is no system in place to provide capacity building or training.

According to the original Design Document of the Tonga Social Service Pilot (TSSP), **training would be provided for selected government employees in monitoring and evaluating progress over the life cycles of pilot projects.**³⁶ Monitoring and evaluations are conducted every 6 months and are administered by the Social Protection and Disability Unit, under the Ministry of Internal Affairs. The unit contracted an external provider, the Tongan Women's Crisis Centre, to undertake a formal evaluation of the government-funded Ma'a Fafine mo e Famili home care pilot program, in accordance with the TSSP. The evaluation was based on interviews with care workers, caregivers, and older people, and on observations of the evaluators themselves. The data were analyzed and written in a report by the senior evaluators for consideration by the Ministry of Internal Affairs.

The national consultation event recommended the establishment of a formal LTC quality-management system and the designation of training as a top priority.

3.6 Human Resources

Formal LTC for older persons is a new concept in Tonga, and qualified personnel are scarce. Internationally, Tongan caregivers are known to work in Australia, New Zealand, and the United States. Training and education will be critical for the LTC system in Tonga, however. A sector-wide workforce development plan is needed as part of the national strategic plan.

The KIIs highlighted the desire of family caregivers for formal training to be provided by government. No support is in place for informal providers and families, but there is a need and demand from families for training. Given Tonga's high unemployment rate, there is a potential supply of people who could be trained as care workers.

Nurses and doctors have not been trained in providing care for older persons. During their KIIs, health professionals expressed frustration with families who "dump" older person relatives with dementia or health problems on their hospitals. Interviews with NGO and government stakeholders identified the training of care workers and family caregivers as challenges that needed to be addressed. The national consultation event also highlighted the lack of experience and skills among health professionals and NGOs when it comes to LTC for

³⁶ Government of Tonga, Ministry of Internal Affairs. 2012. *Design Document of the Tonga Social Service Pilot*. Nuku'alofa.

older persons. Staff skilled in the delivery and management of LTC are required in order to provide a service that is effective. Family carers also highlight their view that they need training. Workers who could be trained to become care workers include primary health-care professionals, health promotion officers, social workers, and teachers. Feedback from participants at the national consultation event identified the need for a government agency dedicated to older persons care training that could become the coordination point; it could also undertake monitoring and evaluation of the sector while leaving service delivery to NGOs.

“We need quality training for care workers and family caregivers provided by specialist training organizations in the field of long-term care. This is what government could do, while NGOs focus on service delivery.” – Service provider leader at the national consultation event

Table 11 outlines the roles, tasks, and qualifications needed for the LTC sector. Table 12 provides the typical wages for different categories of workers in Tonga.

Table 11: Roles, Tasks, and Qualifications for Long-Term Care

Role	Tasks	Qualifications and Training
Family caregivers	Informal care	Usually very little; but, as family members are the primary contact, great potential to benefit from training
Volunteers	Companionship, assistance with IADL	Varied, typically less than 1 day of training
Volunteers	Assistance with basic ADL	Typically 3–5 days of training
Lower-level care workers (general duty assistant, health aide, health-care assistant, domiciliary worker, caretaker, home visitor)	<ul style="list-style-type: none"> Assistance with ADL and IADL Basic nursing tasks Health promotion 	Various, not internationally standardized
Nurses	<ul style="list-style-type: none"> Treatment and management of health conditions Palliative care Health promotion 	Full-time degree-level course, typically 3–4 years
Care or case workers	Assessment, care planning, case management	Ranging from 3 weeks to 1 year, often drawn from social work or nursing background
Social workers	Case management	Full-time degree-level course, typically 3–4 years
Physiotherapists, speech therapists, occupational therapists	<ul style="list-style-type: none"> Rehabilitation Falls prevention 	Full-time degree-level course, typically 3–4 years; with only two physiotherapists per hospital, insufficient for the need
Pharmacists	Medication review	Full-time degree-level course, typically 4–5 years
Doctors: geriatrician, general practice	Diagnosis and management of medical conditions, palliative care	Full-time degree-level course, typically 5–6 years
Managers	Planning, training, supervision, monitoring, reporting	No standardized qualifications identified; hiring usually based on experience, rather than on qualifications

ADL = activities of daily living, IADL = instrumental activities of daily living.

Sources: Interviews with caregivers, older persons, key informants, and with officials at the Ministry of Health and the Ministry of Internal Affairs.

Ma'a Fafine mo e Famili employs 73 women care workers, aged 30–50 years, providing care to 200 older people and others with disabilities. They receive on-the-job training, but do not have formal qualifications. They have job descriptions, but are not accredited. They earn T\$4.50 per hour, similar to that of junior public servants with limited qualifications. The workers say that they enjoy their role, and the turnover of staff is low. They are very passionate about their roles because of the positive impact they have on their older clients.

The Good Samaritan House residential facility has one manager and two women volunteer caregivers—without formal qualifications, job descriptions, or accreditation—for the facility's five residents. The Mango Tree Centre has four volunteers (two men and two women), including a qualified physiotherapist, and serves 10–12 older people.

Informal care workers hired by individual households to look after an older person earn T\$3.00 per hour. Working conditions are difficult, as carers also clean rooms, prepare meals, wash clothes, wash and bathe the client, and keep the client company for the day. The conditions can be challenging, with some of the homes in poor condition.

Table 12: Typical Wage Rates for Different Categories of Workers

Position	Hourly Wage Rate (T\$)	Annual Salary (T\$)
Care worker (formal)	4.50	9,360
Care worker (informal)	3.00	6,240
Hospital housekeeper	5.37	11,176
Nurse	12.89	26,814
Orderly	4.44	9,240
Health officer	11.42	23,745
Teacher	15.87	33,000
Assistant teacher	13.93	28,986
School cook	4.88	10,164
Town officer	3.76	7,819
Public service entry-level positions	3.20	6,720

Source: Government of Tonga, Remuneration Commission. 2016. *Second Remuneration Report*. Nuku'alofa.

3.6.1 Workforce Management

Management of the workforce is the responsibility of each private service provider, NGO, or government agency. When family members seeking support contact the Ma'a Fafine mo e Famili home care center, the manager and team supervisor assess the older person and allocate a care worker. All older and disabled persons are registered. The manager makes monthly on-site visits to observe the performance of the care workers, and reports on the status and quality of the services delivered. The national manager is considering options regarding accredited training programs for care workers in the future.

3.6.2 Need for Coordination of Services

Responses from KIIs with care workers, family caregivers, and older person participants identified a need for the coordination of care, with calls for a government agency that would have a specific role focusing on LTC for the older persons. At present, the Ministry of Internal Affairs is the coordinating agency for all vulnerable groups, including the disabled, poor, unemployed, socially disadvantaged, and older people. The ministry has a

Social Protection and Disability Unit, which is currently responsible for old-age and disability care. The unit is small, with a team of four working under a deputy secretary. The KIs suggested that the unit does not have the personnel to adequately support the initiatives required for LTC. At the national consultation event, participants recommended the establishment of a dedicated agency with appropriate resources.

3.7 Financing

3.7.1 Tongan Economy and National Budget

The gross domestic product (GDP) of Tonga grew steadily in the 1990s; however, from the mid-2000s, the economy has faced high debt levels, low private sector investment, and the impact of civil disturbances in 2006 and the global financial crisis in the years that followed.³⁷ GDP growth has remained below 4% since 2015, and was forecasted to be 0.2% in 2018. The economy is based on subsistence farming, a small but growing tourism sector, and an underdeveloped fishing industry. Farmers grow cash crops for export to Asia on a small scale, with squash, kava, and other niche produce replacing the traditional copra and banana products. The nation's main source of foreign income is remittances from Tongans living abroad. Tonga has the fourth-highest percentage of GDP from remittances globally, and is the most remittance-dependent country in the Pacific, with remittances accounting for 27.9% of its GDP, compared with Samoa's 17.6% and Tuvalu's 10.7%.³⁸

The short-term hiring of Tongan laborers by New Zealand and Australian farmers under the seasonal employment scheme is boosting remittances and supporting hundreds of poor families throughout the Kingdom. The high rate of remittances reflects the close contact maintained by Tongans who migrate overseas. This is a cultural phenomenon that distinguishes the Tongan people from the rest of the Pacific, in terms of the amount of financial support and resources sent back to Tonga to help remaining family members.

The public sector is dominant in social services, with 3,710 employees, while the private sector remains underdeveloped and lacking investment opportunities. The government has initiated a number of economic and public sector reform programs since the early 2000s to improve public services, encourage private sector-led growth, and modernize the taxation system.³⁹

The government's budget for 2020 was estimated at \$152 million, with 60% sourced from taxation and other domestic income and 40% from in-kind contributions and donor aid. The departments with the highest budgets are the Ministry of Education and Training (\$24 million) and the Ministry of Health (\$21 million).

3.7.2 Retirement Savings Scheme: Employees

In 2010, the National Retirement Benefits Fund (NRBF) was established to provide benefits for employees who reach 60–70 years of age. The NRBF provides a secure retirement for public servants and private sector employees. Every employer having one or more employees should be registered with the NRBF and contribute to the scheme in accordance with the National Retirement Benefits Scheme Act 2010. For the first 5 years of the

³⁷ World Bank. 1991. *Pacific Island Economies: Toward Higher Growth in the 1990s*. Washington, DC. <http://documents1.worldbank.org/curated/en/153441468751751525/pdf/multi-page.pdf>.

³⁸ World Bank. Personal Remittances, Received (% of GDP). <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS> (accessed 13 August 2017).

³⁹ K. Murray, R. Oliver, and S. Wyatt. 2014. *Evaluation of Taxation Reform in the Pacific*. Wellington: Government of New Zealand, Ministry of Foreign Affairs and Trade.

scheme, employees contributed 5% to the fund, matched by 5% from the employer. After the first 5 years, the employers' contribution increased to 7.5% while the employees' contribution remains at 5%. By 2016, the NRBF had registered 574 employers with 9,596 employees, of which 3,710 were public servants. It is estimated that 28% of the labor force are registered in the scheme. All public and private sector employees, including employees of NGOs, are covered under this scheme unless they have an exemption enabling them to implement their own retirement savings scheme. The growth in employee membership is significant, as it indicates the importance of preparing for retirement. Those participating in the retirement savings scheme could, on an individual basis, use their pension for LTC if required.

3.7.3 Social Welfare Scheme for Older Persons

In 2018, a total of 4,105 older people aged 70 and above were eligible to claim benefits under the Social Welfare Scheme for the Elderly (Figure 10). The eligibility age has since been lowered to 70, and payments have increased from T\$65 (\$27) per month to T\$71.28 (\$30) for those aged 70–75 years, T\$76.39 (\$32) per month for those aged 76–79 years, and to T\$81.49 (\$34) per month for those aged 80 years or older. In 2018, the government paid out a total of T\$3.8 million (\$1.6 million) to eligible older people. Most of the benefits were paid out in Tongatapu, followed by Vava'u, Ha'apai, and the smaller outer islands.⁴⁰ Any older person citizens who receive retirement payments are not eligible to receive social welfare payments.

In the interviews conducted for this study, older Tongans said that they were grateful for the social welfare payments under this scheme. They also said that, even though the payments were modest and not sufficient to pay for external LTC support, they had a significant impact on those with no other source of income. Still, older people suggested that the benefit level needs to increase to keep up with rising prices. For older persons with mobility issues, sometimes the payment has to be drawn by caregivers, and some older people expressed concern that the benefit could become part of the normal household budget rather than being reserved for their own needs.

3.7.4 Affordability of Long-Term Care Services

The costs of the existing home care program and the incomes of older people aged 60 and above can be used to model the cost of home-based LTC services. Table 13 highlights the likely incomes of older people aged 60 and above, sourced from the records of either retirement funds or social welfare benefits. The average monthly social welfare benefit payment is based on the age group to which the recipient belongs, while the average monthly retirement payment is based

Figure 9: Beneficiaries of the Social Welfare Scheme for the Elderly over the Age of 70

Source: Government of Tonga, Ministry of Finance and National Planning. 2017. *Budget Statement 2017–2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku'alofa.

⁴⁰ Government of Tonga, National Retirement Fund Board. 2016. *Retirement Fund Board Annual Report 2015/2016*. Nuku'alofa. <http://www.rfb.to/ANR/AnnualReport20152016TE.pdf>.

on a lump sum paid out over a set period—for example, 5 years. The average monthly LTC expenditure is taken from the hourly wage of Ma’a Fafine mo e Famili organization care workers, which is \$2.10 per hour.

A service providing 16 hours per month of home care for older persons will cost each client \$33.60 (Table 13). This is a significant component of an older persons’ income.

In Table 13, the figures for the payments from the Social Welfare Scheme are based on government guidelines published in 2017 by the Ministry of Finance and National Planning. The calculations of the average monthly retirement payments are based on figures from the National Retirement Fund Board annual report for 2015/2016.

Table 13: Average Monthly Income Benefits and Home Care Costs for Older Persons
(\$)

Age Group	Income Social Welfare Scheme	Benefits Retirement Funds	Home Care Costs (16 hours per month)
60–69	00.00 ^a	54.25	33.60
70–75	30.00	54.25	33.60
76–79	32.00	54.25	33.60
80+	34.00	54.25	33.60

^a The minimum age for benefits under the Social Welfare Scheme for the Elderly is 70.

Sources: Interviews with caregivers and representatives of civil society organizations; Government of Tonga, Ministry of Finance and National Planning. 2017. *Budget Statement 2017–2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku’alofa; and Government of Tonga, National Retirement Fund Board. 2016. *Retirement Fund Board Annual Report 2015/2016*. Nuku’alofa.

3.7.5 Projected Health Care and Social Welfare Costs for Older People, 2017–2050

As part of this country diagnostic study (CDS), the authors did a projection of the costs of health care and social support for older people from 2017 to 2050, using population data from the 2011 Census, Ministry of Health budget data, and financial information from the Social Welfare Scheme for the Elderly. Table 14 shows the projections of health and social welfare costs of support for older persons care, estimated at \$2.79 million in 2017. By using the health budget percentage changes from 1997 to 2007 and from 2007 to 2017, the authors of this study could spot trends in the costs and likely budget changes. Based on the shifts from year to year, they were able to estimate the likely social welfare and health costs for Tonga by 2033 and 2050. As a result of this analysis, they found that the Ministry of Health budget is likely to rise significantly due to population growth and the impact of noncommunicable diseases. This will push the budget up to at least \$48 million by 2033, and to \$95 million by 2050. Based on this model, the authors estimated that the number of older patients in the health system will grow in proportion to their size in the population. A conservative estimate, based on the growth of the older persons population, suggested that Tonga’s health budget for older patients was projected to increase from \$1.4 million in 2017 to about \$16 million by 2033, and then to \$40 million by 2050. The projections for social welfare costs were based on the assumption that governments would address the needs of older people by increasing benefit payments nationally to reduce poverty. This policy has proven to be popular, and so is likely to continue. Current government expenditure on older people represents 1% of the total annual budget. However, this is projected to increase to 10% by 2033 and 12% by 2050. These increases will have major policy implications for future governments in Tonga.

Table 14: Statistics around Health-Care and Social Welfare Costs for Older People, 2017–2050

Statistics and Costs	2017	2033 (projected)	2050 (projected)
Tonga's population	107,000 ^a	137,000	170,000
GDP per capita	\$5,332	\$4,846	\$5,853
Tonga's health budget	\$18 million	\$48 million	\$95 million
Average cost per person (health care)	\$169	\$349	\$558
Total government budget	\$277 million	\$465 million	\$697 million
Percentage population 60+ years	8.3%	10%	13%
Number 60+ years	8,881	13,700	22,100
Social welfare program costs for older people	\$1.35 million	\$30.23 million	\$46.51 million
Health-care costs for older people ^b	\$1.44 million	\$16.28 million	\$40.00 million

GDP = gross domestic product.

^a The population figure for 2017 is an estimate.

^b Health-care costs associated with older people are calculated based on the share of the government health budget devoted to older people in 2017.

Sources: Government of Tonga, Ministry of Finance and National Planning. 2017. *Budget Statement 2017–2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku'alofa; Ministry of Finance. 1998; Ministry of Finance. 2008; and population projections in Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa.

3.7.6 Projected Costs for Older Persons Care

A model of cost projections for older persons care services, with three scenarios based on different levels of need for support, is shown in Table 15. This model assumes that 10% of older people (aged 60 and over), using the total older population of 8,881 in 2017, require care, and that the average hourly wage of a care worker is \$2.10. The three scenarios are defined as follows:

- **low level of support**, for which the government provides an average of 4 hours of home care per week, 52 weeks a year, for an annual total of 208 hours;
- **medium level of support**, for which the government provides an average of 8 hours of home care per week, 52 weeks a year, for an annual total of 416 hours; and
- **high level of support**, for which the government provides an average of 16 hours of home care per week, 52 weeks a year, for an annual total of 832 hours.

Table 15: Annual Costs per Person for Different Levels of Older Persons Care Support, 2017

Age Group	Annual Cost		
	Low	Medium	High
Those aged 60 and over	\$436.80	\$873.60	\$1,747.20
	(4 hours x 52 weeks x \$2.10)	(8 hours x 52 weeks x \$2.10)	(16 hours x 52 weeks x \$2.10)

Source: Authors' estimates based on interviews with caregivers and representatives of civil society organizations.

Table 16: Total Annual Costs for Different Levels of Older Persons Care Support, 2017

Age Group	Total Annual Cost		
	Low	Medium	High
Those aged 60 and over who require care	\$387,878.40 (\$436.80 x 888)	\$775,756.80 (\$873.60 x 888)	\$1,551,513.60 (\$1,747.20 x 888)

Notes:

1. It is assumed here that 10% of the total older persons population, which was 8,881 in 2017, required some level of care support, so the number used was 888.
2. The cost of care was calculated based on the assumption that the hourly wage for caregiver services was \$2.10.

Source: Authors' estimates based on interviews with caregivers and representatives of civil society organizations.

The scenarios presented in Tables 15 and 16 highlight the financial demands of providing older persons care, and the fact that the cost is dependent on the number of care hours provided. The social welfare benefits and retirement earnings for older people may not cover adequate care, so other forms of funding may be needed in order to provide a sustainable and affordable service.

3.7.7 Policy Implications

The preceding analysis provides some incentive for policy makers to establish an older persons care system in Tonga, not only to support older people, but also to ease the overloaded acute care system, a problem highlighted during the interviews and at the national consultation event. As shown in Table 16, the cost ranges between a low level of care, at \$387,878 per year, and a maximum level of care, at over \$1.55 million.

It would be helpful for policy makers if the percentage of older people who are in the hospital system for reasons other than acute conditions were quantified. However, that information is not available in Tonga.

3.7.8 Projection Limitations

Important information on the drivers of health and social care costs—such as trends affecting disabilities, the availability of informal and formal support, older persons care take-up rates, and other indicators—has been excluded due to the unavailability of data. The financial projections included in this report aim only to present potential scenarios based on the limited information available to the researchers at the time of the investigation. More accurate projections would require more data that are not yet available.

3.7.9 Funding Considerations in Tonga

An appropriate funding system for Tonga must

- promote equity by supporting the older persons who cannot afford LTC;
- be efficient, targeting resources to those in need;
- keep costs within the budget;
- gain broad acceptance;
- be flexible, with services tailored to the needs of the older persons in various situations;
- provide support to family caregivers; and
- promote the integration of medical and social services.

Decisions about the financing mix for aged care must take into consideration risk-pooling and ensure that families are not pushed into poverty or kept in poverty because of care provision needs.

With the use of social insurance schemes limited in Tonga, revenue raising for expanding aged care is likely to come from the national budget as the home care scheme is currently funded. Key decisions for the Government of Tonga to determine aged care financing relate to

- (i) Population coverage and who receives services. What will be the eligibility for care services based on care needs, and will there be age criteria to access care services?
- (ii) Service coverage. What services can be provided? What services would not be covered by public financing?
- (iii) Financial coverage. Will services be universal or means-tested based on levels of personal income and assets? Will there be any co-payment for services?

The Projected Costs for Aged Care model in Section 3.7.6 above can be used to model some of the financial implications for these key decisions.

IV. DISCUSSION

4.1 Limitations of Findings and Major Knowledge Gaps

The lack of research literature and available data make the task of modelling the need for older persons care difficult. To supplement the small amount of quantitative data available, the authors undertook a qualitative study to capture the responses of stakeholders. For this purpose, key stakeholders were selected from government agencies and NGOs that were likely to be involved in older persons care, whether in policy development, operational services, or care and support services. Also included were a small number of older person citizens, family caregivers, and care workers from the Ma'a Fafine mo e Famili home care program. The responses only reflect the views of the small sample who participated in the key informant interviews (KIIs) or focus group discussions (FGDs), and this limits the generalizability of the findings. On the other hand, the care workers had a great deal of experience in older persons care, and so had worthwhile insights to share. The research covered Tongatapu and Ha'apai, but did not include Vava'u, 'Eua, Ongo Niua, or the remote islands.

There is a serious lack of data relevant to older persons and to older persons care in Tonga. The scarcity of data hinders policy development and the targeting of scarce resources. There are important gaps in the data on

- (i) activities of daily living (ADL) and instrumental activities of daily living (IADL);
- (ii) proportion of the older persons currently needing care, by age group;
- (iii) proportion of older persons currently receiving care, by age group and type of caregiver;
- (iv) types of care needed and received, including family, community, and residential care;
- (v) costs of different types of care;
- (vi) opportunity costs for family caregivers;
- (vii) levels of need for assistive devices; and
- (viii) competence levels of care workers.

More information is also needed to inform the development of a regulatory framework, quality-management system with accreditation, older persons care information system, coordination and oversight, and an analysis of the legislation required to protect older people.

4.2 SWOT Analysis of the Current Older Persons Care System

Table 17 presents an analysis of the strengths, weaknesses, opportunities, and threats (SWOT) of the current system of caring for the dependent older persons. The SWOT analysis was based on findings from the CDS, gap analysis, and on the responses and highlighted issues at the national consultation event.

Table 17: SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> Family obligation toward older people members Role of the older persons as leaders of the community The government's commitment to care for the older persons NGOs' commitment to older persons care Ability to influence policy on older persons care Potential human resources for older persons care Social welfare benefits for older people Commitment by the government and NGOs to develop a strategic plan for older persons care Promotion of family caregivers as support for older persons care Encouragement of volunteers for older persons care 	<ul style="list-style-type: none"> Lack of financial resources Lack of data on older persons care Lack of understanding of quality systems for older persons care Lack of trained care workers and family caregivers Lack of support for family caregivers Limited facilities for older people Lack of coordination of older persons care Lack of integration of health and social services for older persons care Lack of administrators and service providers with experience in older persons care Lack of respite care facilities Lack of residential care facilities for dementia patients 	<ul style="list-style-type: none"> Establishment of a strong infrastructure for older persons care Development of a legal framework based on international best practices Donor support for older persons care infrastructure Involvement of the private sector in older persons care Training institutions for care workers and caregivers Employment opportunities for young people Opportunities for older people to help each other in the absence of children or siblings 	<ul style="list-style-type: none"> Emigration of adult children to work abroad, leaving their older family members to fend for themselves Cultural barriers to sharing information about problems associated with older persons care Older persons care not given the same priority as the needs of other vulnerable groups

NGO = nongovernment organization.

Sources: Interviews with key informants and review of secondary data.

4.3 Current Debates on the Development of an Older Persons Care System

“The government is committed to aged care, and we see NGOs as our partner in developing a system that is sustainable and effective.” – Government representative at the national consultation event

The national consultation event confirmed the commitment of stakeholders to working together to provide proper care for the older persons. Leaders from government and NGOs agreed that there was a need for better coordination and collaboration, in order to reform the current older persons care system and to integrate and coordinate health, social services, and NGO services. This would enable the provision of seamless services to older people. There is also increasing recognition that a benefit of having a strategic plan would be a sense of direction on integration, as well as the encouragement of closer relationships between NGOs and government departments. There is also a recognition of the need for a formal monitoring and evaluation process to protect older people by means of accredited quality systems in older persons' homes and residential facilities.

Addressing issues related to financing and funding will remain a challenge. But there are opportunities for mixed approaches, with smaller nursing homes and communities collaborating to provide services. The interviews conducted for this study, as well as discussions during the national consultation event, highlighted such priorities as international financial assistance to the government for short-term policy support, the training of specialists, establishment of village centers, and coordination, as well as the importance of adequate funding for NGO providers, so they can have the proper resources and trained staff they need to deliver quality older persons care. This would require a review of the current services, as a first step toward reconfiguring them, and the identification of the best ways to fund services from government revenues and foreign aid. Financing older persons care will require donor agency support, but there are also opportunities in the private sector. One positive prospect: older Tongans living overseas may consider returning to Tonga if quality care and support became available.

The Social Welfare Scheme for the Elderly has been popular, and there is some pressure to further increase monthly payments. The government has signaled its long-term intentions to support highly dependent older persons by raising their monthly benefits, and it may consider additional policies such as making more equipment and resources available. This has now become a political issue for members of Parliament with electoral bases in rural and remote areas.

Public awareness campaign. Older persons care is a new concept, as the care needs of older persons have not been recognized as a serious problem, despite the evidence from this CDS and the national consultation event, which identified the serious situation of the vulnerable older persons in Tonga. Similar recommendations emerged from the CDS and the associated national consultation event, including the idea of launching a public awareness campaign to highlight the problems experienced by older people with functional limitations. Such a campaign would resonate with the core of Tongan society and attract serious attention to the issue of older persons care. Currently, the public has a relaxed attitude toward older people, and “ageism” is evident when discussions are held about national priorities. A public awareness campaign would increase public knowledge of the needs of the older persons, and garner support for the government's efforts to improve the aged care system.

A public awareness campaign could employ a mix of media:

- (i) **Radio programs**—Leaders of relevant NGOs and other advocates of the older persons could talk about experiences of older persons care throughout the Kingdom. This is a very popular type of program for Tongan communities, and could have special appeal for those with older parents and grandparents in rural and remote areas.
- (ii) **TV programs**—They could feature profiles of older people who agreed to share their stories in public. This is quite a common way to create awareness, often used in the health sector. The programming could also feature interviews with NGO leaders and care workers.
- (iii) **Newspapers**—Stories on older persons care in popular newspapers could include interviews with NGO leaders and care workers.

The following needs and priorities were also identified through the KIIs, FGDs, and at the national consultation event:

- (i) policy and regulatory development support for the government's efforts to prepare agencies for older persons care;
- (ii) a formal coordination agency for older persons care;
- (iii) community centers for older citizens in villages to provide activities, resources, and support;
- (iv) activity programs, resources, assistive devices, and support for home modifications;
- (v) respite care services; and
- (vi) residential care homes constructed by 2025–2030.

V. CONCLUSIONS AND RECOMMENDATIONS

The older persons are the keepers of the memory of Tonga's long and illustrious history, so their importance to Tongan culture is immeasurable. Tongan culture and customs refer to the older persons as the *koloa mahu'inga*, or most precious family possession. Their memories need to be shared, and the younger generation must be reminded about the value of those memories. The following poem by the late Ma'umatapule describes the importance of taking care of the older persons, who represent Tonga's heritage.

I long for my voice, still to be heard throughout Tonga.

You and I are still riding the tranquil wave of the sacred shore.

Let us not slacken or relinquish this precious heritage, but let us hold fast to it, for it is still our grand display of sweet-smelling flowers, to waft abroad and throughout Tonga, at all times.

We give thanks, our spiritual heritage is represented by the four golden waistbands: to fix and preserve among Tongans our love and harmony and Christianity.

Oh, blessings of blessings, we still inhabit a land rich in peacefulness and tranquility.

What is it that would ever cause us to challenge each other, to wrangle and fight, using cleverness with a hard shell.

Let us use wisdom with a soft shell, so we can journey steadfastly in a safe and secure land.

This will be like a rich display of many flowers whose beauty and sweetness will extend to countries abroad, in the Pacific, to Europe.

And they will admire our sense of duty, our unity, and our being bound together with one sennit rope.

Poem by the late Ma'umatapule, written at his residence in 1998.
Nima Tapu, Royal Undertaker and Punake (Shumway, 1990s)

Although there is a strong Tongan tradition of caring for older people within the family, migration out of the country for job opportunities and the growth of the older persons population have created a clear need for care services for older people who have difficulties with ADL and IADL; who lack emotional support; or are at risk of poverty, neglect, and abuse.

There is now a window of opportunity to prepare Tonga for the growing number of senior citizens. Older persons care has the potential to become a significant sector, and research has highlighted the importance of building local provider capacity, as well as developing quality support systems for older persons. If there are no formal older persons care services, more older people will be admitted to hospitals, which will find it difficult to discharge them without support. The result will be blocked hospital beds and financial costs to the health-care system. The older people in Tonga also deserve to live with respect, dignity, and company, and have a good quality of life. The government and stakeholders need to work together on a more coordinated approach to older persons care, and to give it a higher priority. This will require a new policy direction, so more resources can be allocated to relevant projects and initiatives.

For the development of a sustainable and equitable older persons care system that will meet the needs of current and future Tongan senior citizens and their families, the authors of this study offer the following recommendations for new policies in various areas.

5.1 Aged Care Policy and Organization

Aged Care National Strategic Plan, 2020–2024. On 11 August 2020, the Prime Minister launched the Aged Care National Strategic Plan, 2020–2024. However, Tonga still lacks the legal framework required for LTC that could ensure that the dignity, freedom, and rights of older people are protected.

Legal framework and policy development. The government needs financial support to develop a regulatory framework and policies regarding older persons care. The older persons care legal frameworks of other countries should be reviewed; and relevant government departments should be provided training on older persons care policy making.

Law on the protection of older people. A law on older persons abuse should be proposed, or the government should consider setting up a system to protect older people from abuse—an idea that was highlighted during the interviews and the national consultation event. If the strategy is to have the older persons cared for in their own homes, then they should be protected from any form of abuse, especially by their own caregivers and other family members.

Organization for policies and programs. To facilitate an effective development and implementation of policies and programs for older people in Tonga, dedicated organizational units should be set up as follows:

- (i) A new government agency should be established to coordinate and direct care services for older people. This would include the services provided by the Ministry of Health, the Social Protection and Disability Unit (under the Ministry of Internal Affairs), and NGOs, so that they can integrate their services in order to provide seamless support for older persons.
- (ii) A dedicated government unit should be established to focus specifically on older persons, given the vulnerability of this population and the future implications of its growth. This unit could become a division, responsible for coordination, policy making, and operational functions regarding older persons, including the older persons care system.
- (iii) To facilitate coordination, the possibility of an interministerial committee on aging with a secretariat housed under the Ministry of Internal Affairs (as the Prime Minister is the head of this ministry) should be explored. There are similar interministerial committees on aging in many Asian countries, with the responsibility for policy coordination and monitoring.

5.2 Aged Care Services

Community-level activities and services. Older persons, their families, and service providers believe it is best to care for old people among their families and communities, and that a long-term care (LTC) system should support this approach with home care services and regular social activities at community centers for older people who live in villages. Religious and intergenerational activities are especially important to senior citizens. To enable older people to “age in place,” there is a need for affordable assistive devices such as mobile lifting equipment, wheelchairs, walking frames, and incontinence support and supplies. Home modifications and respite care services may also be needed. Older persons in need of care who live alone and lack family caregivers could live in small group homes with a trained resident care worker. Local village councils could play a large role in making this happen.

Respondents at the national consultation event supported the idea of establishing “elders’ clubs” or “elders’ associations” in communities. These facilities have proven successful in Sri Lanka and many other countries, so when the idea was presented at the national consultation event, it generated positive feedback and support, as this would be a vehicle for facilitating more active lives for older persons.

Support for informal caregivers. Older persons care provision in Tonga is very limited, and is mainly provided by informal caregivers at home. The national strategic plan should consider how to best support informal and family caregivers, taking into account training programs, information services, respite services, and coordinated support from the health and social sectors. The government should also evaluate the provision of financial supports via the social pension or caregiver allowances.

Services for older persons with dementia. There is an urgent need to develop services for people with dementia, whether by establishing residential centers with each a special unit for people with advanced dementia, or by ensuring that health-care and social service staff and families are trained to care for people with dementia. A suggestion from the national consultation event was for a geriatric ward to be developed at the main hospital for dementia patients who cannot be cared for at home. However, the appropriateness of this option should be carefully considered, as hospital care can be expensive. Complex care needs and people with advanced dementia may require institutional care support if the family is unable to safely and adequately provide for the older person. Dementia awareness should be part of the public awareness campaigns.

Prevention of need for older persons care (healthy aging). A life-course approach to healthy aging is necessary for reducing the likelihood that care services will be needed in older age. As there is a high and increasing level of noncommunicable diseases in Tonga, it is important to invest more in health promotion and to work at the community level to promote physical activity and healthy nutrition.

Research. A nationally representative survey is needed to gather quantitative data about older persons, their ability to carry out ADL, their health conditions, and their financial circumstances. Research is also needed on the knowledge, attitudes, and beliefs and practices of older persons and their caregivers.

Private sector. Discussions with representatives of the private sector highlighted the sector’s keenness to be involved in older persons care from a commercial as well as cultural responsibility angle. The private sector can play a role in driving the older persons care information system, residential care facilities for those with dementia, research, financing, health promotion to reduce the need for older persons care, advocacy, and awareness raising. There is also the opportunity for government to explore public–private–people partnership models for these initiatives.

5.3 Aged Care Human Resources

Training of care workers. Training courses for care workers and family caregivers need to be developed with a local tertiary provider. This would lift the level of care for older persons and provide opportunities for Tongan care workers locally and overseas. Training should include the identification and prevention of neglect, abandonment, and abuse of senior citizens. The EASY-Care assessment tool—designed for assessing the physical, mental, and social functioning and unmet health and social needs of older people in community settings or primary care—has been trialed and found acceptable in Tonga.⁴¹

Telecare. There are possibilities in using technology for telecare or telehealth, especially for the outer islands and rural areas. Mobile phone coverage reaches all areas of the Kingdom. Internet coverage is improving and may present further opportunities for health care. This is worth further investigation.

5.4 Aged Care Quality

Quality accreditation system. Due to the lack of older persons care expertise, it is important to develop an accreditation system for future providers of aged care.

Older persons care information system. Two key activities to make the use of older persons care information more efficient are

- developing an integrated e-health information system for individuals (i.e., an information system for sharing records confidentially between health and social workers), and
- developing a system for routine data collection by village councils.

5.5 Aged Care Finance

Financing. A plan for financing older persons care services, including staffing and supplies, needs to be developed as part of the government's strategic plan for LTC. This could include government allocations, social welfare benefits, retiree pensions, and contributions from remittances.

Budgetary and staffing limitations. The Social Protection and Disability Unit, under the Ministry of Internal Affairs, is responsible for all the vulnerable groups in the population, including older people and the disabled. However, the unit only has two staff members, a deputy chief executive officer, and a small operational budget. Due to staffing and budgetary limitations, any new projects, including those related to older persons care, should consider providing short-term operational support in terms of staff and resources.

5.6 Aged Care Public Education

Advocacy and awareness raising. Tongan culture strongly supports the notion that adult children are responsible for caring for their aged parents. Receiving help from an external care worker could be construed as a neglect of

⁴¹ K.E. Philip et al. 2014. Development of EASY-Care, for Brief Standardized Assessment of the Health and Care Needs of Older People; with Latest Information about Cross-National Acceptability. *Journal of the American Medical Directors Association (JAMDA)*. 15 (1). pp. 42–46. [http://www.jamda.com/article/S1525-8610\(13\)00531-8/pdf](http://www.jamda.com/article/S1525-8610(13)00531-8/pdf).

the children's responsibilities to their parents and could attract ridicule from others in the community. However, the country diagnostic study (CDS) and responses at the national consultation event clearly identify significant issues of aged care that need to be discussed in the public arena. A public debate is needed to create an awareness of the needs of older persons and how to provide better care for them.

Role of older people who need older persons care. Older people who need LTC should play a central role in their own care. This “person-centered care” is an important principle for an older persons care system, ensuring that the opinions, preferences, values, and needs of older people and their families are understood and integrated into the system design. This would include person-centered assessment and care planning, user groups, satisfaction surveys, and the provision place and method of choice.

Role of healthy older people. Older people with no care needs or with only limited care needs can also be involved as volunteers or paid workers in the planning, delivery, and monitoring of services to dependent older people. Many older people are caregivers for their spouses, siblings, friends, and older-old parents. Older person participants at the national consultation event reflected on their experience in caring for their parents and grandparents. Given their extensive experience in caregiving, the older person participants are a potential resource that should also be included in the service delivery model.

APPENDIX 1

REFLECTIONS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Table A1.1: Reflections from Key Informant Interviews: Older People and Caregivers

Themes	Older People's Views	Family Caregivers' Views on Older People	Care Workers' Views on Older People
Aged care	<ul style="list-style-type: none"> • Provided by family members at home • Happiest being with family 	<ul style="list-style-type: none"> • Want older people to be with family at home • If better-quality older persons care is available—would consider enrolling older person charges in that facility 	<ul style="list-style-type: none"> • Older people struggle at home with loneliness and inadequate care
Happiest when	<ul style="list-style-type: none"> • With family • Doing activities • Praying and reading the Bible • Talking 	<ul style="list-style-type: none"> • Playing with grandchildren • Talking to people • Sightseeing • Participating in village activities 	<ul style="list-style-type: none"> • Talking to others • Having company • Group activities • Sightseeing • Participating in village activities
Most important	<ul style="list-style-type: none"> • Family and church <i>kavenga</i> (financial obligation to church) • Spiritual sustenance 	<ul style="list-style-type: none"> • God and family • Family and church <i>kavenga</i> 	<ul style="list-style-type: none"> • God and family • Family and church <i>kavenga</i>
Challenges	<ul style="list-style-type: none"> • Loneliness • Missing spouse (widowed) • Not enough help to support family 	<ul style="list-style-type: none"> • Lonely • Misses spouse • Family too busy sometimes • Not enough funds for older people's needs 	<ul style="list-style-type: none"> • Family responsibilities sometimes neglected • Poor families unable to adequately provide for older people • Abuse and neglect in some families
Funding	<ul style="list-style-type: none"> • Dependent on monthly benefits and support from children 	<ul style="list-style-type: none"> • Willing to pay for care if affordable 	<ul style="list-style-type: none"> • Many families unable to pay for older persons care due to poverty • Only the wealthier families are able to afford older persons care • Need for government subsidies or funding of older persons care for the poor
Equipment	<ul style="list-style-type: none"> • No easy access to equipment unless family can afford it 	<ul style="list-style-type: none"> • Needing help with equipment because families cannot afford to purchase it 	<ul style="list-style-type: none"> • Nongovernment organizations lacking equipment needed by older people
Information on older persons care	<ul style="list-style-type: none"> • No understanding of what is available 	<ul style="list-style-type: none"> • No information on older persons care 	<ul style="list-style-type: none"> • No information available on older persons care
Future issues	<ul style="list-style-type: none"> • Memory starting to fade • Becoming immobile 	<ul style="list-style-type: none"> • Dementia prevalence increasing in Tonga, but no plan to address this 	<ul style="list-style-type: none"> • No support available for older people with dementia

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Table A1.1 continued

Themes	Older People's Views	Family Caregivers' Views on Older People	Care Workers' Views on Older People
Service needs	<ul style="list-style-type: none"> Any support is welcome 	<ul style="list-style-type: none"> Medical support to be provided to older people at home due to immobility Activities for older people in the villages Caregiver training for family members recommended 	<ul style="list-style-type: none"> Respite service needed for emergency cases and situations of neglect More activities needed for older people Training and resources required for family caregivers

Note: Caregivers are usually family members, neighbors, or friends, whereas care workers are paid employees.

Source: Interviews with older persons, caregivers, and care workers.

Table A1.2: Reflections from Key Informant Interviews: Government Stakeholders and Nongovernment Organizations

Themes	Government Stakeholders	Nongovernment Organizations
Care needs of older persons	<ul style="list-style-type: none"> Support for having the older persons in need of care stay with their families Government's role considered to be that of provider of support services and financial assistance 	<ul style="list-style-type: none"> No understanding among government leaders and bureaucrats of the extent of older persons care needs and issues
Cultural needs of men and women	<ul style="list-style-type: none"> Needs of men and women to be treated in a culturally sensitive way, according to Tongan customs 	<ul style="list-style-type: none"> Cultural sensitivities sometimes a hindrance when care is urgently required Important to be mindful of the culture, so training should include relevant elements
Need for coordinated care	<ul style="list-style-type: none"> Resources not there yet for a coordinating agency for older people 	<ul style="list-style-type: none"> Government unaware that Tonga needs a coordinated approach
Understanding the supply of care	<ul style="list-style-type: none"> Knowledge of the services available Limited LTC services Potential providers in need of capacity-building support No accreditation system for quality of care Government funds best targeted at families that cannot afford to pay for older persons care, and not at families that can afford to pay 	<ul style="list-style-type: none"> Knowledge of the services available Training needed for family caregivers and care workers Prefer that the government focus on funding, monitoring and evaluation Potential for residential home facility by 2025 or 2030
Regulatory and policy framework	<ul style="list-style-type: none"> Older people as a key policy element in the Tonga Strategic Development Framework Outcome 2.6, under the category of vulnerable groups that need social protection 	<ul style="list-style-type: none"> Need for the government to show more commitment and leadership on older persons care Older persons given the same priority as other vulnerable groups, but need to be a key policy focus No specific legislation to protect older persons from abuse
Quality management	<ul style="list-style-type: none"> No quality management system System needed to provide better LTC for older persons Support for accreditation system Support for local training that has international accreditation 	<ul style="list-style-type: none"> No quality management system Need for a system to be developed and provided locally

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Table A1.2 continued

Themes	Government Stakeholders	Nongovernment Organizations
Financial support	<ul style="list-style-type: none"> Support monthly social welfare payments of \$65 to all older people aged 70 and above 	<ul style="list-style-type: none"> Higher social welfare payments needed for older people Payments often absorbed into household expenditures Use of payments by family members without the permission of older persons, is a form of older persons abuse (mentioned by some older persons and care workers who have observed this happening)
Human resources	<ul style="list-style-type: none"> Lack of skilled care workers and family caregivers Need for training to produce skilled workers 	<ul style="list-style-type: none"> Lack of skilled workers Lack of local training facilities
Service providers	<ul style="list-style-type: none"> Lack of older persons care Only a few NGOs and government health services available to care for older persons—but no residential care 	<ul style="list-style-type: none"> Lack of older persons care providers Lack of funding for older persons care Lack of resources to support existing providers
Care and protection	<ul style="list-style-type: none"> No specific law for protection of the rights of older people No plans to develop new laws that protect older persons 	<ul style="list-style-type: none"> Evidence of physical and financial abuse of older people—provided in the courts and reports by care workers Would be helpful to have laws to protect older people
Other issues	<ul style="list-style-type: none"> Support for training of local NGO personnel to become older persons care providers Limited funding available for older persons care 	<ul style="list-style-type: none"> Public awareness campaign on older persons care Activities for older persons Training for caregivers and care workers

LTC = long-term care, NGO = nongovernment organization.

Source: Interviews with government stakeholders and NGOs.

Table A1.3: Reflections from Focus Group Discussions

Themes	Town Officials	Rural Areas	Churches
Older persons care	<ul style="list-style-type: none"> Need for a center where activities could be provided to older persons and training provided to caregivers 	<ul style="list-style-type: none"> Need for an older persons facility serving a village or region where activities and, possibly, respite care could be provided 	<ul style="list-style-type: none"> Need for centers that could provide older persons with recreation and exercise
Transport	<ul style="list-style-type: none"> Public transport available, but lacking wheelchair access 	<ul style="list-style-type: none"> Public transport available, but lacking wheelchair access 	<ul style="list-style-type: none"> Public transport available, but lacking wheelchair access
Domestic abuse	<ul style="list-style-type: none"> No reporting system in place 	<ul style="list-style-type: none"> No reporting system in place 	<ul style="list-style-type: none"> No reporting system in place
Older persons care policy development, internal affairs and services, financing	<ul style="list-style-type: none"> No proper coordinating system for aged care Apart from the monthly social welfare payments and family help, no other financial support for older persons 	<ul style="list-style-type: none"> Village councils, although their budgets are small, considered potential sources of support for activities for older persons (but only some villages have councils) 	<ul style="list-style-type: none"> Some churches providing “one-off” donations during the year to their own older members Older persons participating in <i>kavenga</i> (church donations)

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Table A1.3 continued

Themes	Town Officials	Rural Areas	Churches
Care provision at the local level	<ul style="list-style-type: none"> Older persons care nonexistent, except for Ma'a Fafine mo e Famili pilot program Some town officials visit older persons, but not on a regular basis Care for older persons left to each family and NGOs 	<ul style="list-style-type: none"> Awareness of the Ma'a Fafine mo e Famili organization's provision of care workers for high-need older persons Potential for village councils to help provide activities for older persons and to check up on those who need care 	<ul style="list-style-type: none"> Only high-need cases receiving support from Ma'a Fafine mo e Famili Catholic Church and Church of Jesus Christ and Latter-Day Saints (Mormons) offering pastoral care support for older people
Ideas for better aged care	<ul style="list-style-type: none"> Small group homes with 3–5 residents, providing mutual support, growing vegetables, keeping chickens, etc., and cared for by a local caregiver Respite center that could also provide temporary relief for families that cannot care for their older members Day care centers to provide activities Training for family caregivers Centers for older persons in the villages or regions—to house recreation and exercise facilities, venues for training and activities Potential of these centers to house older persons during natural disasters 	<ul style="list-style-type: none"> Centers for the older persons in villages used for both activities and training Centers to be staffed by workers skilled in older persons care Knowledge transfer program to strengthen the relationship between older persons and youth—as a means of utilizing the knowledge bank of older persons to benefit youth 	<ul style="list-style-type: none"> Recreation center for older persons similar to those in New Zealand that would cater to the needs of older citizens

Source: Focus group discussions involving residents of the outer islands and rural areas, as well as church members and clergy.

APPENDIX 2

HEALTH-CARE FACILITIES AND SERVICES

Facility	Essential Services		Expanded Services
	Public Health, Prevention and Outreach	Clinical (Primary and Secondary)	
Reproductive and child health clinics (34 such clinics in Tonga)	<ul style="list-style-type: none"> • Family planning and nutrition • HIV/AIDS and STI prevention • Sanitation and hygiene • Immunization (EPI) • Infection control • School health • Reproductive health • Rheumatic heart screening program 	<ul style="list-style-type: none"> • Primary care • General practice (primary care) services • First-aid treatment for emergencies • Management for antenatal care, low-risk birthing, and postnatal care not requiring hospitalization • Maternal and child health and family planning 	
Health promotion – Tonga Health Trust (1)	<ul style="list-style-type: none"> • NGOs and the government to promote health by preventing noncommunicable diseases 		<ul style="list-style-type: none"> • Funding NGOs • Advocacy • Marketing
Health centers (14)	<ul style="list-style-type: none"> • Mental health education and awareness 	<ul style="list-style-type: none"> • Dental clinic • Emergency surgery 	<ul style="list-style-type: none"> • Limited outreach activities to provinces • NGOs • Mental health services
Community hospitals— in Ha‘apai, Vava‘u, and ‘Eua (3, with a total of 87 beds)	<ul style="list-style-type: none"> • Health surveillance • HIV/AIDS and STI prevention, including screening, surveillance, and education • Programs to encourage the reduction of tobacco and alcohol consumption, substance abuse, and obesity 	<ul style="list-style-type: none"> • Dental care (extractions, fillings, and dentures) • Management of antenatal care, birthing, and postnatal care • Management, treatment, and care of STIs, including HIV/AIDS • Emergency surgery • Outpatient consultations 	<ul style="list-style-type: none"> • Visiting specialist teams • Limited outreach services
National referral hospital – Vaiola Hospital, in Nuku‘alofa (1, with 199 beds)		<ul style="list-style-type: none"> • General practice (primary care) • Emergency room • Operating theater • Outpatient clinics • Secondary-level general medical and surgical services • Treatment for chronic diseases, including follow-up care • Laboratory • Radiology • Pharmaceuticals 	<ul style="list-style-type: none"> • Visiting specialist teams • Hearing-related services • Eye surgery • Orthopedic surgery • Rheumatic heart disease treatment • Overseas referrals

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Table continued

Facility	Essential Services		Expanded Services
	Public Health, Prevention and Outreach	Clinical (Primary and Secondary)	
		<ul style="list-style-type: none"> • Dietetics • Physiotherapy • Mental health • Psychiatric ward • Inpatient and outpatient care 	

EPI = Expanded Programme on Immunization, NGO = nongovernment organization, STI = sexually transmitted infection.

Note: A blank cell indicates that the category of services indicated by the column head does not apply.

Source: World Health Organization (WHO), Western Pacific Region. 2014. *Kingdom of Tonga NCD Risk Factors: STEPS Report*. Suva, Fiji.

APPENDIX 3

NEW ZEALAND LEGAL PROTECTION FOR THE ELDERLY

Section 2 of the New Zealand Crimes Act 1961 identifies the elderly person as a vulnerable adult who must be protected. The act places the duty for care on those living with elderly people, and specifies the following obligations:

At home (Crimes Act 1961, ss.151, 195, 195A):

- Anyone who is over 18 and who is aware that abuse of a vulnerable adult is occurring in the household they live in, or are a member of the family (whether or not they live there), must take reasonable steps to protect that vulnerable adult from death, serious harm, or sexual assault.
- Caregivers of vulnerable adults must ensure that all the care recipients' basic needs are met and take reasonable steps to protect the care recipient from injury.

In care and residential facilities:

- All staff members of any hospital, institution, or residence (such as a rest home) must ensure that a vulnerable adult does not suffer injury, ill health, or any mental disorder due to a major departure from reasonable standards of care.
- If they become aware that a vulnerable adult is being abused, they must take reasonable steps to protect that vulnerable adult from death, serious harm, or sexual assault, or, if they are responsible for the vulnerable adult, injury.

In practical terms, this means that household members and hospital staff must report any serious abuse of vulnerable adults.

The maximum penalty for not taking reasonable steps to protect a vulnerable adult from injury is 10 years in prison.

Source: Government of New Zealand. 1961. Criminal Code 1961, Public Act 1961 No. 43.

GLOSSARY

The terms below have been adapted from a number of sources. Those which are directly taken from the *World Report on Ageing and Health*, published by the World Health Organization (WHO) in 2015, are referenced as “WHO 2015.”

accessibility	Describes the degree to which an environment, service, or product allows access by as many people as possible (WHO 2015).
activities of daily living (ADL)	The basic activities necessary for daily life, such as bathing or showering, dressing, eating, getting in or out of bed or chairs, using the toilet, and getting around inside the home (WHO 2015).
adult day care	Medical or nonmedical care on a less than 24-hour basis, for persons in need of personal services, supervision, protection, or assistance in sustaining daily needs, including eating, bathing, dressing, ambulating, transferring, toileting, and taking medications (California Code Insurance Code, 2018, Section 10232.9).
aging in place	Supporting older persons to live in their homes and communities safely, comfortably, and independently.
Alzheimer’s disease	<p>The most common cause of dementia. It destroys brain cells and nerves disrupting the transmitters that carry messages in the brain, particularly those responsible for storing memories (Alzheimer’s Disease International. Alzheimer’s disease).</p> <p>See: dementia</p>
assessment	<p>A systematic process to collect information on care needs of older persons, based on a set of predefined concepts and data categorization to guide care planning. Clinicians or trained professionals typically use assessment to evaluate the physical, cognitive, and functional care needs of older persons and rank their levels of impairment (OECD/European Union. 2013. <i>A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care</i>).</p> <p>See: comprehensive assessment</p>

assisted living	<p>Accommodation for adults who can live independently but require regular help with some daily activities: hospitality services, personal care, home care. Usually available through subsidized or private-pay operators.</p> <p>Alternatives: extra-care housing</p>
assistive technology (or assistive devices)	<p>Any device designed, made, or adapted to help a person perform a particular task; products may be generally available or specially designed for people with specific losses of capacity; assistive health technology is a subset of assistive technologies, the primary purpose of which is to maintain or improve an individual's functioning and well-being (WHO 2015).</p>
care coordination	<p>The provision of care that coordinates various services around an individual. Typically, it involves a "care coordinator" who ensures goals agreed with the individual are achieved through effective delivery of care by appropriate agencies. Care coordination is most appropriate for older persons who are supported by a high number of different agencies, or who have complex needs.</p> <p>See: integrated care</p>
care services	<p>Services provided by others to meet care needs.</p>
care setting	<p>The place where users of care services live, such as in the home and the community, nursing home, assisted-living facilities/sheltered housing or private homes, and care at home and in the community.</p>
caregiver	<p>A person who provides care and support to someone else; such support may include</p> <ul style="list-style-type: none">• helping with self-care, household tasks, mobility, social participation, and meaningful activities;• offering information, advice, and emotional support, as well as engaging in advocacy, providing support for decision-making and peer support, and helping with advance care planning;• offering respite services; and• engaging in activities to improve the patient's intrinsic capacity. <p>Caregivers may include family members, friends, neighbors, volunteers, care workers, and health professionals (WHO 2015).</p>
case management	<p>Collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs (Case Management Society of America. <i>What Is A Case Manager?</i>)</p> <p>See: integrated care</p>

catastrophic expenditure	A term used to describe high levels of out-of-pocket expenditure on essential services (e.g., health and social care).
community care	Services and support to help people with care needs to live as independently as possible in their communities (Better Health Channel. Carer Services and Support).
complex care	Complex care requires a higher level of personal assistance often requiring 24-hour supervision, personal nursing care, and/or treatment by skilled nursing staff (Government of British Columbia. Long-Term Care Services).
comprehensive assessment (CA)	A multidimensional process that incorporates an in-depth assessment of a person's physical, medical, psychological, cultural, and social needs, capabilities and resources, and is inclusive of carers (Victoria State Government. Assessment Process).
compression of morbidity theory	Conceptualized by James Fries. The theory that increasing longevity can be accompanied by shorter periods of chronic disease and disability. Under this theory, people live longer and healthier lives (J. Fries. 2003. Measuring and Monitoring Success in Compressing Morbidity. <i>Annals of Internal Medicine</i> . 139 (5, Part 2). pp. 455–459).
dementia	A loss of brain function that affects mental function related to memory impairment, and low level of consciousness and executive function. The most common form of dementia is Alzheimer's disease (National Institute on Aging. What Is Dementia? Symptoms, Types, and Diagnosis).
demographic dividend	Refers to a period—usually 20–30 years—when fertility rates fall due to significant reductions in child and infant mortality rates. The proportion of nonproductive dependents reduces and is often accompanied by an extension in average life expectancy that increases the portion of the population that is in the working-age group (A. A. M. Shohag. 2015. Demographic Dividend: Reality and Possibility for Bangladesh. <i>The Independent</i> . 22 August).
dependency	<p>The need for frequent human help or care beyond that habitually required by a healthy adult. Alternatively, the inability to perform one or more activities of daily living and instrumental activities of daily living without help (Alzheimer's Disease International. 2013. <i>World Alzheimer Report 2013. Journey of Caring: An Analysis of Long-Term Care for Dementia</i>).</p> <p>Disability may be a cause of dependency, but many disabilities can be managed without frequent human help.</p> <p>Dependency can be categorized on a scale or in categories with a very small amount of people being considered totally dependent.</p>

dependency ratio	The ratio of dependent people (older persons and children) to working-age people (aged 15–64). May be split into old-age dependency ratios and child dependency ratios (B. Mirkin and M. B. Weinberger. 2001. <i>The Demography of Population Ageing</i>).
disability	Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO definition).
eligibility	Entitlement of an individual to access the programs or services funded directly or indirectly by the government. Often determined on the basis of income or severity of dependency.
environment	All the factors in the extrinsic world that form the context of an individual's life; these include home, communities, and the broader society; within these environments are a range of factors, including the built environment, people and their relationships, attitudes and values, health and social policies, and systems and services (WHO 2015).
environmental hazards	Hazards associated with one's living environment, in and outside the home. Hazards may be objective (real, observable) e.g., lack of electricity; or subjective (simply based on perception) e.g., anticipation of risk such as high crime rate in the neighborhood.
evidence based	Professional practice that is based on a theoretical body of knowledge, empirically evaluated, and is known to be beneficial and effective for the client.
filial piety	The virtue of respect for one's father, elders, and ancestors. In the care context, it relates to the obligation of children to care for their parents, directly and indirectly (through material means).
formal care	<p>The divide between formal care and informal care differs between countries. Generally it is determined based on whether the individuals providing care are paid or unpaid, trained or untrained, and/or organized or unorganized.</p> <p>Formal care can take place in the home (home help, home care, home nursing), the community (adult day care, respite care), or in residential care (nursing home, residential care home, hospice care).</p> <p>See: informal care</p>
functional ability	The health-related attributes that enable people to be and to do what they have reason to value; it is made up of the intrinsic capacity of the individual, relevant environmental characteristics, and the interactions between the individual and these characteristics (WHO 2015).

functioning	An umbrella term for body functions, body structures, activities, and participation; it denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors) (WHO 2015).
health literacy	The skills and information to allow people to better manage and improve their health.
healthy aging	The development and maintenance of optimal mental, social, and physical well-being and function in older adults. This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease (New Mexico Department of Health. <i>Healthy Aging</i>). Alternatives: active aging
healthy life expectancy	The average number of years that a person can expect to live in “full health,” excluding the years lived in less than full health due to disease and/or injury (WHO definition).
home- and community-based care	Services that support older persons continue to live in their own homes and communities (National Institute on Aging. <i>Aging in Place: Growing Older at Home</i>). See: aging in place
home care	Help with personal care (see activities of daily living) and basic household tasks (see instrumental activities of daily living) such as light housekeeping, laundry, basic shopping, meal preparation, household management; and reminders for personal care and medication (Joint Commission Resources and Joint Commission on Accreditation Health. 2012. <i>Standards for Home Health, Personal Care and Support Services, and Hospice: 2012</i> . Illinois: Joint Commission Resources. p. 168). Alternatives: domiciliary care or home help (usually involves less personal care)
hospitality services	Refers to services such as meal services, housekeeping services, laundry services, social and recreational opportunities, and a 24-hour emergency response system (The Community Care and Assisted Living Act of Canada. 2002. Definition).
impairment	A loss or abnormality in body structure or physiological function (including mental functions); in this report, abnormality is used strictly to refer to a significant variation from established statistical norms (that is, deviation from a population mean within measured standard norms) (WHO 2015). See: disability

independent living	Housing for seniors that may or may not provide hospitality services. In this living arrangement, seniors lead an independent lifestyle that requires minimal or no extra assistance (J. R. Pratt. 2016. <i>Long-Term Care: Managing Across the Continuum</i> . 4th ed. MA: Burlington. p. 180).
informal care	Care provided by spouses and partners; other members of the household; and other relatives, friends, and neighbors. Informal care is usually provided at home and is typically unpaid and not part of an organized service delivery system (OECD. 2005. <i>Long-term Care for Older People</i>). See: formal care
institutional care	Long-term residential care provided within an institutional setting, usually a nursing home, care home, or, less commonly, a hospital or hospice. Institutional care comprises 24-hour care and accommodation and may include the provision of meals, personal care and supervision, and nursing care (OECD. 2007. <i>Health at a Glance 2007, OECD Indicators</i>).
instrumental activities of daily living (IADL)	Activities that support independence but are not fundamental to survival; including housework, meal preparation, shopping, accounting, medication management, and transportation.
integrated care	A concept bringing together inputs, delivery, management, and organization of services related to diagnosis, treatment, care, rehabilitation, and health promotion. Reflects a concern to improve patient experience and achieve greater efficiency and value from health delivery systems (O. Gröne and M. Garcia-Barbero. 2001. Integrated Care: A Position Paper of the WHO European Office for Integrated Health Care Services. <i>International Journal of Integrated Care</i> . 1 June). See: care coordination
international classification of functioning, disability, and health	A classification of health and health-related domains that describe body functions and structures, activities, and participation; the domains are classified from different perspectives: body, individual, and societal; because an individual's functioning and disability occur within a context, this classification includes a list of environmental factors (WHO 2015).
intrinsic capacity	The composite of all the physical and mental capacities that an individual can draw on (WHO 2015).
long-term care	As defined by WHO in the World Report on Ageing and Health (2015): Long-term care is “the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity.”

out-of-pocket expenditure	Payments for goods or services that include (i) direct payments, such as payments for goods or services that are not covered by any form of insurance; (ii) cost sharing, which is a provision of health insurance or third-party payment that requires the individual who is covered to pay part of the cost of the health care received; and (iii) informal payments, such as unofficial payments for goods and services, that should be fully funded from pooled revenue (WHO 2015).
palliative care	An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (WHO definition).
pay-as-you-go	A financing model where contributions (through social insurance or specific tax) are collected and then used to pay for current expenditure rather than saved for future expenditure (i.e., not fully funded schemes).
person-centered approach	An approach to care that consciously adopts the perspectives of individuals, families, and communities, and sees them as participants as well as beneficiaries of health care and long-term care systems that respond to their needs and preferences in humane and holistic ways; ensuring that people-centered care is delivered requires that people have the education and support they need to make decisions and participate in their own care; it is organized around the health needs and expectations of people rather than diseases (WHO 2015).
personal care	<p>Assistance that helps an older person to remain independent. May be provided formally or informally and may be related to</p> <ul style="list-style-type: none"> (i) activities of daily living; eating, mobility, dressing, grooming, bathing, or personal hygiene; (ii) medication; distribution of medication, administration of medication, or monitoring of medication use; (iii) maintenance or management of the cash resources or other properties of a resident or person in care; or (iv) monitoring of food intake or of adherence to therapeutic diets. <p>(The Community Care and Assisted Living Act of Canada. 2002. Definition).</p> <p>Alternative: personal assistance</p>
private-pay	Services that are paid for completely by aged care service users.
public-private partnership	A government service or private business venture that is funded and operated through a partnership of government and one or more private sector companies (U. Sawhney. 2014. Chapter 9: Public Private Partnership for Infrastructure Development: A Case of Indian Punjab. In U. Hacıoğlu and H. Dinçer. <i>Globalization and Governance in the International Political Economy</i> . pp. 121–30. Hershey, PA, United States: IGI Global).

publicly subsidized	Service users with higher incomes pay up to a maximum amount based on comparable private services. Service users who receive income assistance may pay a predetermined set rate (Government of British Columbia. <i>Publicly Subsidized or Private Pay Services</i>).
rehabilitation	A set of measures aimed at individuals who have experienced or are likely to experience disability to assist them in achieving and maintaining optimal functioning when interacting with their environments (WHO 2015).
residential care	<p>Refers to a wide range of housing options aimed at older persons; including nursing and care facilities (other than hospitals) and senior housing. Typically for older persons with care needs who require frequent personal care or close access to support.</p> <p>In some countries, the term residential care is used to cover institutions that essentially provide shelter to people without the economic means or family support to live independently.</p> <p>See: assisted living</p>
resilience	The ability to maintain or improve a level of functional ability in the face of adversity through resistance, recovery, or adaptation (WHO 2015).
self-care (or self-management)	Activities carried out by individuals to promote, maintain, treat, and care for themselves, as well as to engage in making decisions about their health (WHO 2015).
social care	Assistance with the activities of daily living (such as personal care, maintaining the home) (WHO 2015).
social pension	Noncontributory cash income given to older persons by the government. May be universal (cash income given to all older persons, regardless of their socioeconomic status) or means-tested (solely for the poor and are conditional on the level of income). Some countries use alternate terms such as “old age allowance” or “social assistance,” reserving the term “pension” for civil servant pensions and contributory schemes.
transitional care	Refers to the coordination and continuity of care during a movement from one care setting to another or to the home.
universal design	<p>Broad-spectrum ideas for producing buildings, products, and environments that are inherently accessible to older persons, and to people with and without disabilities. Principles of universal designs are equitable use, flexibility in use, simple and intuitive, perceptible information, tolerance for error, low physical effort, and size and space for approach and use (National Disability Authority. <i>What is Universal Design</i>).</p> <p>Alternative: inclusive design</p>

REFERENCES

- Alhawassi, T. M., I. Krass, and L. G. Pont. 2015. Prevalence, Prescribing and Barriers to Effective Management of Hypertension in Older Populations: A Narrative Review. *Journal of Pharmaceutical Policy and Practice*. 8 (1). pp. 1–6.
- Alzheimer's Disease International. <https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/alzheimers-disease/> (accessed 24 June 2020).
- Asian Development Bank (ADB). 2015. *Pacific Opportunities: Leveraging Asia's Growth*. Manila.
- . 2019. *Key Indicators for Asia and the Pacific 2019*. Manila. <https://www.adb.org/sites/default/files/publication/521981/ki2019.pdf>.
- . 2020. *Key Indicators for Asia and the Pacific 2020*. Manila. <https://www.adb.org/sites/default/files/publication/632971/ki2020.pdf>.
- Carter, K., S. Hufanga, C. Rao, S. Akauola, A. D. Lopez, R. Rampatige, and R. Taylor. 2012. Causes of Death in Tonga: Quality of Certification and Implications for Statistics. *Population Health Metrics*. 10 (1). p. 4.
- Case Management Society of America. “What Is a Case Manager?” <https://www.cmsa.org/who-we-are/what-is-a-case-manager/> (accessed 24 June 2020).
- Fries, J. F. 2003. Measuring and Monitoring Success in Compressing Morbidity. *Annals of Internal Medicine*. 139 (5, Part 2). pp. 455–459.
- Fua, S. J. “Kakala Research Framework: A Garland in Celebration of a Decade Rethinking Education.” In M. 'Otunuku, U. Nabobo-Baba, and S. J. Fua, eds. *Of Waves, Winds & Wonderful Things: A Decade of Rethinking Pacific Education*. 50–60. Suva, Fiji: University of the South Pacific Press.
- Global Burden of Disease Collaborative Network. 2012. *Global Burden of Disease Study 2010 (GBD 2010): Results by Cause 1990–2010*. Seattle, United States: Institute for Health Metrics and Evaluation (IHME).
- Government of British Columbia, Canada. 2002. Community Care and Assisted Living Act SBC 2002, c75.
- . “Long-Term Care Services.” <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-careservices> (accessed 13 August 2017).

- . “Publicly Subsidized or Private Pay Services.” <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/publicly-subsidized-or-private-pay-services?keyword=comparable&keyword=private&keyword=services> (accessed 13 August 2017).
- Government of California. 2018. California Code, Insurance Code – INS § 10232.9 (2018).
- Government of New Zealand. 1961. Criminal Code 1961, Public Act 1961 No. 43. <http://www.legislation.govt.nz/act/public/1961/0043/latest/whole.html>.
- Government of Samoa, Samoa Bureau of Statistics, and United Nations Development Programme (UNDP) Pacific Centre. 2016. *Samoa Hardship and Poverty Report: Analysis of the 2013/14 Household Income and Expenditure Survey*. Apia, Samoa: Government of Samoa and UNDP. <https://www.ws.undp.org/content/samoa/en/home/library/samoa-hardship-and-poverty-report.html>.
- Government of Tonga, Ministry of Finance. 2019. *Budget Statement 2019/20: Our Country Our People*. Nuku’alofa: Government of Tonga.
- Government of Tonga, Ministry of Finance and National Planning. 2012. *Budget Statement 2012–2013: Creating Opportunity in Extraordinary Times*. Nuku’alofa: Government of Tonga.
- . 2013. *Budget Statement 2013–2014: Continuing to Create Opportunities by Building on Inclusive Sustainable Growth*. Nuku’alofa: Government of Tonga.
- . 2015. *Tonga Strategic Development Framework 2015–2025: A More Progressive Tonga; Enhancing Our Inheritance*. Nuku’alofa: Government of Tonga. <http://www.finance.gov.to/sites/default/files/2020-02/TSDf%202015-2025-en.pdf>.
- . 2016. *Budget Statement 2016/17*. Nuku’alofa: Government of Tonga.
- . 2017. *Budget Statement 2017–2018: Institutionalizing of Plan the Work and Work the Plan with Monitoring and Evaluation*. Nuku’alofa: Government of Tonga.
- . 2018. *Budget Statement 2018/19: Recovery with Greater Resilience*. Nuku’alofa: Government of Tonga.
- Government of Tonga, Ministry of Health. 2012. *Annual Report to the Minister of Health*. Nuku’alofa: Government of Tonga.
- Government of Tonga, Ministry of Health, Tonga Department of Statistics, Secretariat of the Pacific Community, and the United Nations Population Fund (UNFPA). 2013. *Tonga Demographic and Health Survey 2012: Final Report*. Noumea, New Caledonia: Secretariat of the Pacific Community. <https://pacificdata.org/data/dataset/oai-www-spc-int-6ac1044b-3117-475e-8a45-2f51f197539e/resource/c5324d97-5af4-495c-98d2-6dbce4c977a6>.
- Government of Tonga, National Retirement Fund Board. 2016. *Retirement Fund Board Annual Report 2015/1026*. Nuku’alofa: Government of Tonga. <http://www.rfb.to/ANR/AnnualReport20152016TE.pdf>.
- Government of Tonga, Remuneration Commission. 2016. *Second Remuneration Report*. Nuku’alofa: Government of Tonga.

- Government of Tonga, Tonga Statistics Department. 2017. *Tonga 2016: Census of Population and Housing*. Nuku'alofa: Government of Tonga.
- Government of Tonga, Tonga Statistics Department, and the Secretariat of the Pacific Community. 2017b. *Tonga Household Income and Expenditure Survey 2015/2016: Full Report*. Nuku'alofa, Tonga, and Noumea, New Caledonia: Government of Tonga and the Secretariat of the Pacific Community. http://prdrse4all.spc.int/sites/default/files/02_hies_2016.pdf.
- Gröne, O., and M. Garcia-Barbero. 2001. Integrated Care: A Position Paper of the WHO European Office for Integrated Health Care Services. *International Journal of Integrated Care*. 1 (e21). pp. 1–10.
- Joint Commission Resources, Inc. (JCR), The Joint Commission. 2012. *Standards for Home Health, Personal Care and Support Services, and Hospice: 2012*. Oakbrook Terrace, IL: JCR.
- Lin, S., S. Hufanga, C. Linhart, S. Morrell, R. Taylor, D. J. Magliano, and P. Zimmet. 2016. Diabetes and Obesity Trends in Tonga over 40 Years. *Asia-Pacific Journal of Public Health*. 28 (6). pp. 475–485.
- Mirkin, B., and M. B. Weinberger. 2001. *The Demography of Population Ageing*. New York: United Nations Secretariat, Department of Economic and Social Affairs, Population Division. <https://www.un.org/en/development/desa/population/events/pdf/expert/1/weinbergermirkin.pdf>.
- Murray, K., R. Oliver, and S. Wyatt. 2014. *Evaluation of Taxation Reform in the Pacific*. Wellington: Government of New Zealand, Ministry of Foreign Affairs and Trade.
- New Mexico Department of Health. “Healthy Aging.” <https://www.nmhealth.org/about/phd/phdo/hage/> (accessed 24 June 2020).
- Ng, M., T. Fleming, M. Robinson, B. Thomson, N. Graetz, C. Margono, E. C. Mullany et al. 2014. Global, Regional, and National Prevalence of Overweight and Obesity in Children and Adults during 1980–2013: A Systematic Analysis for the Global Burden of Disease Study 2013. *The Lancet*. 384 (9945). pp. 766–781.
- Organisation for Economic Co-operation and Development (OECD). 2005. *Long-Term Care for Older People*. The OECD Health Project. Paris: OECD Publishing.
- . 2007. *Health at a Glance 2007: OECD Indicators*. Paris: OECD Publishing.
- OECD and the European Commission. 2013. *A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*. OECD Health Policy Studies. Paris: OECD Publishing.
- Philp, K. E., V. Alizad, A. Oates, D. B. Donkin, C. Pitsillides, S. P. Syddall, and I. Philp. 2014. Development of EASY-Care, for Brief Standardized Assessment of the Health and Care Needs of Older People; with Latest Information about Cross-National Acceptability. *Journal of the American Medical Directors Association (JAMDA)*. 15 (1). pp. 42–46. [http://www.jamda.com/article/S1525-8610\(13\)00531-8/pdf](http://www.jamda.com/article/S1525-8610(13)00531-8/pdf).
- Pratt, J. R. 2016. *Long-Term Care: Managing Across the Continuum*. 4th ed. Burlington, MA: Jones & Bartlett Learning.

- Prince, M., M. Prina, and M. Guerchet et al. 2013. *World Alzheimer Report 2013: Journey of Caring; An Analysis of Long-Term Care for Dementia*. London: Alzheimer's Disease International. <https://www.alz.co.uk/research/WorldAlzheimerReport2013.pdf>.
- Sawhney, U. 2014. "Public Private Partnership for Infrastructure Development: A Case of Indian Punjab." In U. Hacıoğlu and H. Dincer, eds. *Globalization and Governance in the International Political Economy*. pp. 121–30. Hershey, PA, United States: IGI Global.
- Shohag, A. A. M. 2015. Demographic Dividend: Reality and Possibility for Bangladesh. *The Independent*. 22 August. <http://www.theindependentbd.com/home/printnews/12596>.
- State Government of Victoria, Australia, Department of Health & Human Services, Better Health Channel. "Carer Services and Support." <https://www.betterhealth.vic.gov.au/health/servicesandsupport/carers-services-home-help-and-support> (accessed 13 August 2017).
- State Government of Victoria, Australia, Department of Health & Human Services, vic.health. "Assessment Process." <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/comm-topics/assessment/assessment-process> (accessed 13 August 2017).
- Sugden, C., P. Phongsavan, S. Gloede, S. Filia, and V.O. Tongamana. 2017. Developing Antitobacco Mass Media Campaign Messages in a Low-Resource Setting: Experience from the Kingdom of Tonga. *Tobacco Control*. 26 (3). pp. 344–348.
- Taufatofua, P. 2011. *Migration, Remittance and Development Tonga*. New York: Food and Agriculture Organization (FAO) of the United Nations. <http://www.fao.org/3/a-an477e.pdf>.
- United Nations Department of Economic and Social Affairs (UN DESA), United Nations Conference on Trade and Development (UNCTAD), Economic Commission for Africa (ECA), Economic Commission for Europe (ECE), Economic Commission for Latin America and the Caribbean (ECLAC), Economic and Social Commission for Asia and the Pacific (ESCAP) and Economic and Social Commission for Western Asia (ESCWA). 2017. *World Economic Situation and Prospects 2017*. New York: United Nations. https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/2017wesp_full_en.pdf.
- UN DESA, Population Division. 2015. *World Population Ageing 2015*. New York: UN DESA. https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf.
- . "World: Population by Age Group (thousands)." <https://population.un.org/ProfilesOfAgeing2019/index.html> (accessed 24 June 2020).
- United Nations Development Programme (UNDP). 2020. *Human Development Report 2020*. New York.
- United Nations, ESCAP. "2016 ESCAP Population Data Sheet." <https://www.unescap.org/sites/default/files/SPPS%20PS%20data%20sheet%202016%20v15-2.pdf>.
- United States Department of Health & Human Services, National Institute on Aging. "What Is Dementia? Symptoms, Types, and Diagnosis." Content reviewed 31 December 2017. <https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis>.

- . “Long-Term Care: Aging in Place; Growing Older at Home.” Content reviewed 1 May 2017. <https://www.nia.nih.gov/health/aging-place-growing-older-home>.
- Vaiolleti, T. M. 2006. Talanoa Research Methodology: A Developing Position on Pacific Research. *Waikato Journal of Education*. 12. pp. 21–34.
- Vakalahi, H., S. Toafa, and K. Moala. 2008. Grandparenting in the Tongan Community: A Cultural Model. *Journal of Intergenerational Relationships*. 6 (3). pp. 305–319.
- World Bank. “Gini Index (World Bank Estimate).” <https://data.worldbank.org/indicator/SI.POV.GINI> (accessed 17 August 2017).
- World Bank. “Personal Remittances, Received (% of GDP).” <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS> (accessed 13 August 2017).
- World Health Organization (WHO). 2015. *World Report on Ageing and Health*. Geneva. https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=248BBCFAF097A273D6837EE1FF331F24?sequence=1.
- World Health Organization, Western Pacific Region. 2012. *Kingdom of Tonga NCD Risk Factors STEPS Report*. Suva, Fiji: World Health Organization, Western Pacific Region. https://www.who.int/ncds/surveillance/steps/2004_TongaSTEPSReport.pdf.
- World Health Organization and the Government of Tonga, Ministry of Health. 2012. *Health Service Delivery Profile: Kingdom of Tonga 2012*. Nuku'alofa: World Health Organization and Government of Tonga.

Country Diagnostic Study on Long-Term Care in Tonga

This publication presents findings of a study on the availability and provision of long-term care (LTC) in Tonga. It discusses the need for and supply of LTC in the country, including regulatory and policy frameworks, service provision, quality management, human resources, and financing. Analysis, conclusions, and recommendations for the development of LTC systems in Tonga are also included. Aiming to contribute to increasing the knowledge base on LTC policies, programs, and systems, this publication is one of six country diagnostic studies—the others on Indonesia, Mongolia, Sri Lanka, Thailand, and Viet Nam—prepared under the Asian Development Bank technical assistance 9111: Strengthening Developing Member Countries' Capacity in Elderly Care.

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