A. **Normative framework**

There is no global treaty that expressly guarantees the rights of older adults, but the Inter-American Convention on Protecting the Human Rights of Older Persons has recently been adopted. This regional human rights instrument is the only binding standard in the Americas that focuses on promoting, respecting and guaranteeing the rights of older persons.

The purpose of the Convention is to promote, protect and ensure the recognition, full enjoyment and exercise, on an equal basis, of all human rights and fundamental freedoms of older persons in order to contribute to their full inclusion, integration and participation in society (OAS, 2015).

The Convention’s 27 articles identify areas for policy action aimed at narrowing the gaps that exist in terms of the exercise of this population’s group’s human rights. The rights protected by the Inter-American Convention can be classified as emerging rights, existing rights and extended rights (see diagram VIII.1).

- **Emerging rights** can be defined as rights that are beginning to be demanded and/or rights that are partially recognized in existing international and/or national instruments.

- **Existing rights** are those that are already covered in international instruments but that need to be adapted to conform to the specific needs of a given group either by interpreting them in a new way or by expanding upon them.

- **Extended rights** are those that are specifically being extended to groups that have not been able to avail themselves of those rights in the past owing to omissions or discrimination (Dussel, 2010).

This treaty can also be used as a framework for emphasizing the rights of older persons in the course of the implementation of the 2030 Agenda for Sustainable Development on a basis of equality and non-discrimination. This approach is especially useful for implementing actions and tracking progress towards target 1.3 (universal social protection), target 3.8 (universal health coverage), target 5.4 (recognition and valuing of care work) and target 17.18 (availability of high-quality, timely and reliable data disaggregated by age, among other factors).

---

1 This chapter was prepared by Humberto Soto de la Rosa, Social Affairs Officer of the Social Development Unit of the ECLAC subregional headquarters in Mexico; Sandra Huenchuan, Research Assistant with the Social Development Unit; Elsa Gutiérrez, Research Assistant with the Social Development Unit; and Citlalli Lamotte, a consultant with the Social Development Unit.
B. Assessment of inequalities facing older persons

- The number of people aged 60 or over and the longevity of the population are on the rise in all countries. The number of people in this age group in Latin America and the Caribbean will climb from 85 million in 2020 to nearly 200 million by 2050.

- There are income inequality gaps in the older population because many older adults do not have pensions as a consequence of constraints that hindered their access to the formal labour market when they were younger. One out of every two persons over 60 years of age in the lowest income quintile has no pension coverage—not even from a non-contributory plan.

- Constraints on access to health are compounded by a gradual increase in the frequency of various types of conditions associated, for the most part, with diseases that result in disability and chronic degenerative disorders. The average life expectancy of people in the region after they reach 60 years of age is 21.2 years and, during 5.1 of those years (again, on average), they will not be healthy.

- The available long-term care services fall short of demand, and families (particularly women family members) continue to be the main caregivers.

Based on the provisions of the Inter-American Convention, an assessment of the equality gaps affecting this population group can be focused on three broad areas:

- Economic security: the ability to have access to and use a sufficient amount of economic resources independently on a regular basis to ensure a good quality of life during old age (Huenchuan and Guzmán, 2006). The assessment of the degree of economic security can focus on participation in the economy (employment and income), social security (retirement and other pensions and benefits) and poverty.

- Health and well-being: the ability to maintain functional autonomy for as long as possible. This is a relevant consideration for all persons over 60 years of age, not only those who are ill at the present time (WHO, 2016). The analysis of health and well-being can focus on health status (self-perceived status, cognitive condition and chronic diseases), access to health services (barriers, frequency of consultations and discrimination) and access to insurance (coverage and out-of-pocket expenses).

- Long-term care: a wide range of services to meet the medical and non-medical needs of persons suffering from a chronic condition or a disability that renders them unable to care for themselves for long periods of time (United Nations, 2011). An analysis of the situation with regard to this type of care can focus on a person's degree of dependency (demand for care) and the available supply of services.

The Inter-American Convention on Protecting the Human Rights of Older Persons defines ‘older persons’ as persons aged 60 or older, except where legislation has determined a minimum age that is lesser or greater, provided that it is not over 65 years (OAS, 2016). That definition, together with the provisions of the Convention described above and the findings of various regional studies on this age group, can be used to quantify and describe the older population in a given country or region.

There are approximately 900 million persons over the age of 60 at the present time, and that number is expected to rise to some 1.4 billion by 2030. In 2020, there were about 85 million people over the age of 60 in Latin America and the Caribbean, or 13% of the total population (see figure VIII.1). That number is expected to have climbed to 121 million by 2030 and to 200 million (26% of the total population) by 2050 (see figure VIII.2).
FIGURE VIII.2
Latin America and the Caribbean (38 countries and territories) \(^4\) number and percentage of persons over 60 years of age, 2015–2060
(In millions of people and percentages)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of persons over 60 years of age</th>
<th>Percentage of persons over 60 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>100</td>
<td>5</td>
</tr>
<tr>
<td>2030</td>
<td>200</td>
<td>15</td>
</tr>
<tr>
<td>2060</td>
<td>300</td>
<td>25</td>
</tr>
</tbody>
</table>


\(^4\) Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

Both the number of persons over 60 years of age and the percentage of the total population that they represent have risen in recent years. As a result of this increase, in combination with the shift in the age structure of the population brought about by the decline in fertility rates and the reduction in mortality rates, the population is ageing.

Population ageing in the region and elsewhere is a heterogeneous process because the demographics in each country are different, and this means that the challenges they face also differ. ECLAC has devised a classification system using the total fertility rate\(^2\) and the percentage of the population over 60 years of age\(^3\) to identify different stages in the ageing process. This system can therefore be used to determine what stage of the process a given country or region has reached. On the basis of these variables, the population ageing process has been divided into five distinct stages:

- Incipient stage
- Moderate stage
- Moderately advanced stage
- Advanced stage
- Very advanced stage\(^4\)

An examination of how the distribution of that classification has changed over time shows just how rapidly the population ageing process is advancing in Latin America and the Caribbean. Around the year 2020, 17 countries were at the incipient stage, 10 at the moderate stage, 3 at a moderately advanced stage and 3 at an advanced stage (see table VIII.1). It is projected that by 2030 the situation will have changed so much that no country in the region will be at the first stage, as all of them will have moved on to more advanced stages of population ageing by then (see table VIII.2).

---

\(^2\) The average total fertility rate for the region is slightly below 2.05 children per woman.

\(^3\) These indicators have been chosen because the fertility rate is the most influential factor in reshaping the age structure of the population once it begins to decline, while the percentage of persons over 60 years of age shows what share of the total population this age group represents.

\(^4\) For further details, see Huenchuan (2018).
### TABLE VIII.1

Latin America and the Caribbean (31 countries): classification of countries by stage of the population ageing process, 2015-2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>Belize</td>
<td>Antigua and Barbuda</td>
<td>Argentina</td>
<td>Uruguay</td>
</tr>
<tr>
<td>Haiti</td>
<td>Ecuador</td>
<td>Bahamas</td>
<td>Chile</td>
<td>Barbados</td>
</tr>
<tr>
<td>Plurinational State of Bolivia</td>
<td>Guyana</td>
<td>Brazil</td>
<td>Trinidad and Tobago</td>
<td>Cuba</td>
</tr>
<tr>
<td>Honduras</td>
<td>Costa Rica</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicaragua</td>
<td>El Salvador</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suriname</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolivarian Republic of Venezuela</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** S. Huenchuan (ed.), Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible: perspectiva regional y de derechos humanos, ECLAC Books, No. 154 (LC/PUB.2018/24-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2018.

### TABLE VIII.2

Latin America and the Caribbean (31 countries): classification of countries by stage of the population ageing process, 2030-2035

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>Ecuador</td>
<td>Antigua and Barbuda</td>
<td>Argentina</td>
<td>Uruguay</td>
</tr>
<tr>
<td>Plurinational State of Bolivia</td>
<td>Guyana</td>
<td>Brazil</td>
<td>Trinidad and Tobago</td>
<td>Cuba</td>
</tr>
<tr>
<td>Guatemala</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolivarian Republic of Venezuela</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** S. Huenchuan (ed.), Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible: perspectiva regional y de derechos humanos, ECLAC Books, No. 154 (LC/PUB.2018/24-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2018.

A turning point in the population ageing process will be reached in 2037, for in that year it is projected that the percentage of the total population that is over 60 years of age will be equal to the percentage of the total population that is under 15 years of age. This also illustrates just how much the countries of the region differ from one another on this score, since this turning point has already been reached by Cuba (2010) and Barbados (2015).
Another interesting development is that the population between the ages of 15 and 59 years will reach its peak size in relative terms. After that, it will begin to shrink as a percentage of the total population and will then converge towards the stabilization of the population in each of the countries of the region, although some of the countries will have reached that point before then.

The following sections will cover the key issues for older persons:

1. Economic security

Many older persons do not have old-age pensions that will shield them from the risks posed by a loss of income when they reach an advanced age. The social security system’s coverage of employed persons is also highly uneven, and this increases the likelihood that future generations will be unprotected when they reach pensionable age.

The available results from household surveys indicate that 74.6% of the Latin American population over 65 years of age receives some sort of pension—with this figure tending to rise over time—under a contributory system, a non-contributory system or both. Pension coverage climbed by 10 percentage points between 2010 and 2019. According to the available data from the countries, a large part of that increase was accounted for by the expansion of non-contributory pension systems (ECLAC, 2021).

The sharpest increases in coverage have been seen in Peru (19.6%), Ecuador (22.1%), Mexico (25.6%), Paraguay (27.1%) and Panama (32.2%). However, the situation in some other countries, such as the Dominican Republic, Guatemala and Honduras, is a cause for concern, since they had levels of coverage below 15% at the start of the period under study (2008) and had managed to raise those levels by less than 5 percentage points by 2015.

The limited coverage afforded by the social security systems of some countries leaves large sectors of the population unprotected, with a sizeable number of people who are 60 years of age or older without any income of their own. Just 56.3% of older persons in the lowest-income quintile had a pension in 2019, with more women than men having coverage (see figure VIII.3) (ECLAC, 2021).

**FIGURE VIII.3**

Latin America (15 countries): contributory and non-contributory pension coverage of persons over the age of 65, by income quintile, sex, area of residence and total, around 2010 and 2019 (Percentages)

<table>
<thead>
<tr>
<th></th>
<th>Quintile 1</th>
<th>Quintile 2</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
<th>Men</th>
<th>Women</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>56.3</td>
<td>66.1</td>
<td>69.3</td>
<td>70.2</td>
<td>73.8</td>
<td>68.1</td>
<td>76.7</td>
<td>75.0</td>
<td>73.7</td>
<td>74.6</td>
</tr>
<tr>
<td>2019</td>
<td>68.5</td>
<td>80.1</td>
<td>80.3</td>
<td>75.7</td>
<td>78.4</td>
<td>68.1</td>
<td>76.7</td>
<td>75.0</td>
<td>74.6</td>
<td>74.6</td>
</tr>
</tbody>
</table>

*Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).*

* Weighted average for 15 countries.

* Weighted averages for 14 countries.
2. Health and well-being

A person’s chances of reaching an advanced age have increased significantly in recent years. The death rate for persons under 60 years of age has declined in the Americas from 143 deaths per 1,000 persons between the ages of 15 and 60 in the year 2000 to 126 in 2019, according to WHO data (WHO, 2021). A larger number of people are therefore reaching an advanced age, and this is reflected in an increase in life expectancy at birth from 74.1 to 77.1 years between 2000 and 2019.

When a person in the Latin American and Caribbean region reaches 60 years of age, he or she can, on average, expect to live another 21 years, although this average differs sharply across countries. However, it is estimated that these people will be in good health for only two thirds of those 21 years, which paints a somewhat gloomier picture in terms of expectations of well-being in old age.

This can be accounted for in part by constraints on access to health-care services at this stage of life, but it is also partly attributable to the lack of preventive measures and to constraints on access to health care during earlier stages of a person’s life. As the situation varies so much from country to country, a country-specific analysis of national conditions will be needed in each instance in order to determine the nature and extent of the factors at work.

Generally speaking, the evidence shows that, towards the end of the life cycle, noncommunicable diseases have taken the place of communicable ones as the main cause of morbidity, disability and death. Cardiovascular disease, malignant neoplasia, diabetes, respiratory disorders and sensory impairments have become the major reasons for the loss of healthy life-years and premature death. Many of these diseases are associated with the lack of preventive health care during earlier stages of the life cycle.

It is nonetheless true that the loss of healthy life-years and premature death are often caused by communicable diseases associated with poverty and inequality.
Difficulties in obtaining health care increase as the socioeconomic level of older persons decreases, and people in lower socioeconomic strata are therefore more likely to die from preventable causes.

Mental and neurological diseases—including Alzheimer’s disease—are one of the top 10 causes of death and pose one of the greatest health challenges today. The current incidence of dementia in the Americas is estimated at 6.4% and is expected to climb by 67% by 2030 and by 216% by 2050 (WHO, 2015). The availability of geriatric health services falls far short of what those figures indicate is needed. The relevant statistics are not available in most of the countries and, even in those where this information can be obtained, greater attention needs to be devoted to this area. Data from the WHO Global Health Observatory indicate that, as of 2017, Chile had 5 hospital beds in specialized geriatric units for every 1 million people and Costa Rica had 28; in each case this is equivalent to 0.2% of the available hospital beds, which is far from being sufficient to meet the potential demand from people in the corresponding age range.

In addition, health coverage in the region is quite uneven and even older people who do have health insurance may not be able to reach a medical centre when they need one. The possibility of obtaining medicines at an affordable cost and of securing effective, appropriate treatment when needed are issues of concern to older adults, particularly when their autonomy is limited.

Health care is an important aspect of the well-being of the older population, but it is not the only one. Considerations also need to be given to the factors involved in ensuring that they will have a decent living arrangement, given the potential restrictions on their mobility, and be free of poverty. Some of these factors are discussed in greater detail in other chapters and will therefore not be examined in depth here, however.

### 3. Long-term care

As a consequence of the greater prevalence of noncommunicable diseases among persons over 60 years of age, the number of years during which people live with a disability or are dependent on other persons has increased in the past few years. The Pan American Health Organization (PAHO) estimates that, as of 2019, more than 12% of persons over 60 years of age in the Americas were dependent as a result of disease or disability and required long-term care, and that figure is expected to rise in the coming years (PAHO, 2019).

A number of countries in the region have established policies on long-term care, but families are still the main providers of this kind of assistance. The results of time-use surveys in some Latin American countries demonstrate the fact that women devote a great deal of time to unpaid work, which includes caring for dependent persons. In Chile, the National Service for Older Adults (SENAMA, 2009) states that one out of every four persons over the age of 60 displays some degree of dependence. In 86% of those cases, the person is cared for by a woman (usually the wife, a daughter or a daughter-in-law) and requires that care for more than 12 hours per day. The information supplied by national studies indicates that many of those unpaid caregivers are older adults themselves who are looking after their partners, other family members or friends.

The situation in the region with respect to long-term care has improved in recent years, but further improvement is called for. An examination of the countries’ general and specific normative frameworks and the existing range of social programmes for older adults shows that the challenges involved in caring for older persons are still being met primarily by family members. This heightens the vulnerability of those who need care and those who provide it, as they are being directly impacted by the unequal distribution of resources among households.
COVID-19 and its impact on older adults

BOX VIII.1

COVID-19 death rates correlate with patients' ages. The older a person is, the greater their chance of dying from the disease. The death rate for people over 80 years of age is five times greater than average, and as the virus continues to spread in developing countries and overloads their health-care and social protection systems, the death rate among older people is climbing.

There are various reasons why older persons are more vulnerable. Underlying conditions such as cardiovascular disease and diabetes make it harder for them to recover once they have been infected with the virus. In addition, the ageing process entails wear and tear on the body that usually makes it more difficult to fight off new infections; this is especially true after age 75 because the immune system is less robust than it is in younger persons (Huenchuan, 2020).

Less visible but no less important factors include impacts unrelated to the health status of the older population. These include the loss of social safety nets or support networks; limitations on health care unrelated to COVID-19; the possibility of neglect or abuse in medical institutions or care facilities and by family members in cases where people are being cared for at home; increasing poverty as people lose their livelihoods or become unemployed; the negative impact on mental health and well-being of prolonged isolation and a more limited ability to connect with other people by digital means; and stigmatization and the possibility of discrimination in cases where medical personnel may have to decide whether to administer live-saving therapies or not.

Older women are more vulnerable to the effects of the pandemic than older men because they tend to live longer and, by the time that they reach 80 years of age, are more than twice as likely as men of their age to live alone and therefore to need help in the home.

Four top-priority policies and programmes for assisting this sector of the population during the pandemic:

- Strengthening social inclusion and solidarity mechanisms while social distancing measures are in place. Maintaining physical distance is essential in order to protect older persons, but it should be coupled with social support and special attention, along with measures to help older persons make use of digital technologies.

- Integrating attention for older persons into socioeconomic and humanitarian responses to COVID-19. This calls for increased funding for humanitarian actions but also for efforts to address the structural factors that have left older people behind and made them more vulnerable to the crisis.

- Increasing older persons' participation in decision-making on issues that affect them, addressing and combating the stigmatization of old age and upgrading systems for the compilation of statistical data and information that lend greater visibility to this population group and the inequalities that its members face.

- Ensuring that difficult decisions about the health of older persons are guided by a commitment to dignity and to the right to health based on the fact that all lives are of equal value.

C. Priority policies for reducing inequality among the older adult population

The countries of the region need to develop and implement public policies underpinned by the following three pillars in order to strengthen social protection for the older adult population and reduce the social inequality to which they are subject:

- Basic income security is especially important in countries where retirement pension coverage is low. Non-contributory pensions can serve as a supplementary source that paves the way towards universal social protection.
- Removal of the barriers that exist in some countries of the region to expanded access to comprehensive public health services for the older adult population that are in line with international human rights standards.
- Reinforcement of long-term care services in order to help to avoid asset drawdowns and thus reduce the vulnerability of the older adult population. Measures of this type will not only improve the availability of care for older adults who need it but can also serve as a source of productive jobs for caregivers that will strengthen the economy.

1. Basic income security

The region’s path toward target 1.3 of Sustainable Development Goal 1 on universal social protection is not free of obstacles. While notable headway has been made in expanding public transfers to help mitigate some of the economic risks that arise when people reach an advanced age, mechanisms for increasing protection for older adults—especially for older women, members of indigenous groups and rural residents—need to be consolidated.

The countries of Latin America and the Caribbean are trying to deal with problems in social security coverage in various way, but policies on the expansion of non-contributory pensions seem to be the option that is making the greatest difference. In addition to the expansion of coverage, this change in policy may have important implications over the long term in countries where the population is ageing. This kind of approach is particularly influential in countries where the level of contributions being paid into the system by the working-age population is low in terms of both coverage and density and where the limited coverage of contributory retirement pension plans is being supplemented with non-contributory pensions.

Measures put in place by countries of the region to improve pension coverage include the following:

- Adding an extra year of services when calculating the length of time that payments are made for each live born biological or adopted minor child (or older but with a disability) up to a maximum of five.
- Providing basic retirement benefits for men over the age of 65 and women over 60 years of age who have belonged to the present or previous retirement programme for at least 30 years. In Argentina, for example, the former capitalization system administered by retirement and pension fund management companies (known as AFJP)s paid regular retirement benefits to persons registered with the system in accordance with article 19 of the corresponding law. Act No. 24.241.
• Payment of benefits to men and women over 70 years of age who have belonged to a social security plan for at least 10 years, 5 years of which must have been during the last 8 years. In Argentina, this is backed up by retirement and pension laws.

• Payment of monthly pensions for life that are exempt from distraint to women of any age and any marital status who have or have had seven children or more (including adopted children). In the event of the death of the primary beneficiary, the disabled partner or widower or minor children or children with disabilities of any age are entitled to the pension. In Argentina, for example, a policy of this nature is applied by the National Social Security Administration to all such persons unless they are in receipt of a retirement or other pension under a contributory or non-contributory plan.

• A special retirement and pension scheme for rural workers that includes a provision for early retirement. Argentina has a pay-as-you-go pension system that offers coverage to rural workers for regular old-age pensions and for non-contributory pensions in the case of workers who do not meet the requirements of the regular plans.

• Recognition of free unions whereby the rights, including vested interests, of widows and widowers are also conferred upon male or female life partners.

One initiative that is being used as a model for the expansion of pension coverage is Mexico’s Pension Programme for the Well-Being of Older Persons, which provides monetary transfers to indigenous persons over 65 years of age and to other adults over 68 years of age.

Another example is to be found in Costa Rica, which has a basic non-contributory pension scheme that provides support for older adults and others who are not covered by the Costa Rican social protection system.

Yet a third example is provided by the 2014-2024 Colombian policy on human ageing and old age, which increases the monetary subsidy provided to older adults each year based on the consumer price index and is programmed to expand its pension coverage from 25% to 50% in 2024.

The end goal is to ensure all older adults’ economic autonomy by providing them with a secure and sufficient income and thereby also helping to foster greater respect for older adults and to safeguard their other rights while reducing the risk of discrimination and their exposure to violence.

2. Access to comprehensive public health services

Health systems in the region are slowly adapting to changes in demand associated with population dynamics and with epidemiological and technological developments. Unless appropriate decisions are taken when they are needed, the costs and expenses of health-care services may climb in the medium and long terms, and the population may not have sufficient access to suitable, quality health services.

While it is true that health care for older adults has improved with time, there are still very few countries that are fully meeting their obligations under international human rights instruments in this area. The right to health entails certain obligations, and one of them is to guarantee that right by legislative, administrative and budgetary means.

---

7 See [online] https://www.argentina.gob.ar/pension-no-contributiva-para-madre-de-7-o-mas-hijos.
8 Decree No. 432/97, 1997
9 For further information, see Ministry of Health (2015).
10 For further information, see Ministry of Health (2015).
Health policies for the older adult population should be stepped up in order to get ahead of the needs associated with the ageing process.

As noted by the World Health Organization (WHO) in its 2015 *World Report on Ageing and Health*: “Comprehensive public-health action on ageing is urgently needed. Although there are major knowledge gaps, we have sufficient evidence to act now, and there are things that every country can do, irrespective of their current situation or level of development. The first step will be to focus on optimizing functional ability: the goal of Healthy Ageing” (WHO, 2015, p. 211).

Measures put in place by the countries of the region to improve access to health services include the following:

- Providing preventive, curative and rehabilitative health-care services for older persons on an out-patient basis and in hospitals. One example that can serve as a model is Costa Rica’s National Strategy for Healthy Ageing 2018–2020.11

- Providing subsidies for socially vulnerable older adults who are unable to pay for their prescriptions, with one example of an initiative of this sort being the Comprehensive Medical Care Programme (PAMI) of Argentina.12

Act No. 789 de 2002 of Colombia, which provides for a comprehensive social protection scheme, is one example of a system for extending this kind of coverage.

In Honduras, the National Programme for Older Adults offers the following services: free medical coverage for all older adults in both urban and rural areas, preferential treatment, treatment at special geriatric clinics, monitoring and treatment of chronic illnesses at all health-care facilities and flu vaccination drives.

A series of internationally agreed innovative recommendations have also recently been made that have not yet been implemented:

- Elimination of the need for older adults to make a direct payment at the time that they receive treatment and the substitution of those payments by a pooled solidarity funding mechanism.13

- Mobile clinics for older adults staffed with a medical team that would provide preventive care, laboratory tests and diagnostic imaging.

- A basic palliative care plan under which each doctor involved in providing cancer treatment would be required to have a basic level of knowledge and skills in the area of palliative care. The creation of an environment in which older persons can receive suitable palliative care within the context of a supportive environment in both the household and the community which would give older adults the option of continuing to receive palliative care in a family setting.

National planners should take emerging needs arising from evolving population dynamics into account. In the short run, those changes call for an increase in coverage and curative treatment for persons over 60 years of age, but there is also a need for increased preventive health care starting at earlier stages of life.

---

11 For further details, see Ministry of Health (2018a).
12 In order for older adults to be eligible for the subsidy or to apply for its continuation under the Comprehensive Medical Care Programme in Argentina, they must have an income less than or equal to 1.5 minimum pension benefits.
13 This involves a consolidated fund formed by all the contributing sources (social security system, government budgets, individual contributions and other funds) in which each person pays according to his or her ability and receives whatever services he or she needs. Under this kind of system, the government budget covers the contributions for individuals who are unable to pay into the system (those living in poverty or extreme poverty).
3. Long-term care

Long-term care services need to be reinforced as the third pillar of the social safety net for older persons. As already noted in the section on baseline assessments, the ageing of the population entails an increased risk of dependency, and older persons may need to be cared for by other people owing to a disability, chronic illness or trauma that limits their ability to care for themselves and perform daily tasks.

Thus, population ageing makes the formulation of a public policy on long-term care more necessary than ever. A primary factor in this context is that the demand for such services may become an increasingly important source of employment in many countries’ economies. In addition, the fact that social protection systems make almost no provision for this kind of care means that appropriate, affordable services may not be available to older persons when they are in need of them. A sizeable portion of the population may therefore be unable to obtain these types of social services, and those people may therefore have to draw down whatever assets they have and/or spend a considerable part of their income on securing help with basic, day-to-day activities. Unless changes are made in order to adjust to this state of affairs, the chances of providing social protection for all, as called for in the 2030 Agenda for Sustainable Development, will clearly be reduced.

Measures that have been introduced in an effort to close the gaps in long-term care services include the following:

- In Uruguay, a monetary allowance is provided for hiring a personal assistant to help people with a severe degree of dependency to perform daily tasks.14
- Another example is the National Model for Health Care for Older Adults, which the Ministry of Health of El Salvador launched in 2018. Visits are made to peoples homes in order to identify older adults in need of care and to guide and train a family member or other caregiver. The creation of clubs of older persons is also encouraged.
- Mexico’s National Institute for Older Adults (INAPAM) uses a geriatric care model that includes residential centres that provide care 24 hours a day, 365 days a year, to older adults who need long-term residential care for personal and/or family reasons.15
- Yet another example can be found in Cuba, where the Ministry of Public Health has established the Corralillo Home for Older Adults. This social institution provides comprehensive daytime care to elderly persons who have no family members to take care of them or whose family members are unable to help them during the day.16
- In Chile, SENAMA runs day centres for persons over 60 years of age who have a slight degree of dependency, impaired cognitive functions or slight depression. These centres run workshops tailored to the specific needs of each person in an effort to prevent their degree of dependency from increasing and thus avoid or delay the need for more intensive care.17

In addition, there are other measures that have not yet been implemented but that will be of fundamental importance in the near future, such as:

- The provision of subsidized care for persons in need of such services by institutions having various ownership and management profiles.
- The establishment of schools and accreditation mechanisms for family members or other persons who provide partial or full care for older persons suffering from some degree of physical and/or mental disability. Given the complexity of this type of work and the emotional strain that it puts on the caregiver, such persons need information and support in order to be able to provide quality care.

14 See [online] http://ajupena.uy/programa-de-asistentes-personales/.  
15 For further information, see INAPAM (n/d).  
16 See [online] https://www.ecured.cu/Casa_de_Abuelos_Corralillo.  
17 See National Service for Older Adults (n/d).
D. Suggested references


E. Questions

- Referring to diagram VIII.1, rank the degree of observance (high – medium – low – none) in your country/region/district of each of the rights set out in the Inter-American Convention on Protecting the Human Rights of Older Persons.

- Using the ECLAC classification, identify the stage in the population ageing process that has been reached by your country/region/district and analyse the associated public policy design challenges.

- Prepare an assessment of older adults’ prevailing degree of economic security in your country/region/district and of the public policies that are being implemented in order to increase their economic security.

- Undertake an assessment of the level of well-being and health status of older persons in your country/region/district and of the public policies that are being implemented to ensure that population groups well-being and health.

- Conduct an assessment of the long-term care needs of older adults in your country/region/district and of the public policies that are being implemented or that should be implemented to ensure that those services are being reliably provided in a way that does not jeopardize the well-being of other groups in the population, such as the women who provide unpaid care services.
Bibliography


ECLAC (Economic Commission for Latin America and the Caribbean) (2021), Social Panorama of Latin America, 2020 (LC/PUB.2021/2-P), Santiago.


SENAMA (National Service for Older Adults) (2009), Estudio Nacional de la Dependencia en las Personas Mayores, Santiago.

United Nations (2011), "Thematic study on the realization of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover" (A/HRC/18/37), New York, 4 July.

WHO (World Health Organization) (2021), Global Health Observatory (GHO) [online] https://www.who.int/data/gho.


This text is part of a United Nations publication coordinated by Simone Cecchini, Senior Social Affairs Officer of the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), Raúl Holz, Consultant of the same Division, and Humberto Soto de la Rosa, Social Affairs Officer at ECLAC’s subregional headquarters in Mexico. The document contributes to the activities of the project “Leaving no one behind in Latin America and the Caribbean: strengthening institutions and social policy coherence and integration at the country level to foster equality and achieve the Sustainable Development Goals”, financed by the eleventh tranche of the United Nations Development Account. More information on the project, including other relevant materials, is available at: igualdad.cepal.org/en

The authors are grateful for the valuable comments of Fabián Repetto to an earlier version of this document and Nicole Bidegain, Fabiana Del Popolo, Andrés Espejo, Maria Luisa Marinho, Malva-marina Pedrero, Leandro Reboiras, Claudia Robles, Lucía Scuro, José Ignacio Suárez, Varinia Tromben, Daniela Trucco and Heidi Ullmann on specific chapters, as well as the support of Daniela Huneeus in the preparation of the document. They also thank all the participants in the discussions at the training workshops “Que Nadie se Quede Atrás en la Senda del Desarrollo de Panamá” (Panama, November 15-16, 2018) and “Políticas Sociales para que Nadie se Quede Atrás” (Santiago de Veraguas, April 9-10, 2019, and Panama, April 11-12, 2019), organized by the Social Development Division and ECLAC Subregional Headquarters in Mexico, in collaboration with the Social Cabinet of the Government of the Republic of Panama. Thanks are due to María Elisa Bernal, Simone Cecchini, Raúl Holz, Daniela Huneeus, Francisca Miranda, Beatriz Morales, Marcelo Munch, Amalia Palma and Daniela Trucco for their generous contribution of photographic material for this publication.

The opinions expressed in this document, which has not been subjected to editorial review, are the sole responsibility of the authors and may not coincide with those of the Organization.

United Nations publication
Copyright © United Nations, 2021
All rights reserved

This publication should be cited as: S. Cecchini, R. Holz and H. Soto de la Rosa (coords.), A toolkit for promoting equality: the contribution of social policies in Latin America and the Caribbean (LC/TS.2021/55), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2021.

Permission to reproduce all or part of this video should be requested from the Economic Commission for Latin America and the Caribbean (ECLAC), Documents and Publications Division, publicaciones.cepal@un.org. Member States of the United Nations and their governmental institutions may reproduce this work without prior authorization. They are only requested to mention the source and inform ECLAC of such reproduction.