Priority policies to reduce inequality in old age
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 ways, 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) paid regular retirement benefits to persons registered with the system in accordance with article 19 of the corresponding law.6

---

6 Act No. 24.241.
Policies for ensuring the economic autonomy of women over the age of 65 can help to consolidate other rights, such as the right to health, to care and to a life free of violence.

- 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.\(^\text{14}\)

- 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.\(^\text{15}\)

- 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.\(^\text{16}\)

- 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.\(^\text{17}\)

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).