



**Costa Rica
2012**

**Ageing, solidarity and social protection:
time for progress towards equality**

**Third Regional Intergovernmental Conference
on Ageing in Latin America and the Caribbean**

San José, 8-11 May 2012



UNITED NATIONS

ECLAC



Costa Rica
2012

Ageing, solidarity and social protection: time for progress towards equality

Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean

San José, 8-11 May 2012



UNITED NATIONS

ECLAC

Alicia Bárcena

Executive Secretary

Antonio Prado

Deputy Executive Secretary

Dirk Jaspers_Fajjer

Chief of the Latin American and Caribbean Demographic Centre (CELADE) -
Population Division of ECLAC

Ricardo Pérez

Chief of the Documents and Publications Division

This publication summarizes the *Report on application of the Brasilia Declaration and the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing*, which will be presented at the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, to be held in San José from 8 to 11 May 2012.

This document was prepared under the supervision of Dirk Jaspers_Fajjer, Chief of the Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC. It was written by Sandra Huenchuan with input from María Isabel Cobos, Magda Ruiz and Guiomar Bay and support from Miguel Ojeda and Pablo Tapia.

Thanks are due to the Social Development Division of ECLAC for its collaboration and to the United Nations Population Fund (UNFPA) and the Swedish International Development Cooperation Agency (SIDA) for their financial contributions to the preparation of this document.

Contents

Introduction	7
I. The equality agenda and older persons	9
A. Sights on equality and calls for targeted action	9
B. The dimensions of equality.....	10
C. Equality and ageing.....	11
D. Adapting the social protection matrix	13
E. Older persons and the equality agenda: constraints and challenges	14
II. The great demographic shift: a focus on population ageing	17
A. Changing population age structure and the demographic shift.....	17
B. Low dependency ratios provide more scope for action	19
C. Ageing as the demographic hallmark of the coming decades	21
D. Rising life expectancy and internal ageing of the elderly population	24
E. Changes to promote age equality	29

III.	Social security, solidarity and equality	31
	A. Contributory coverage: weak coverage for workers and their families.....	32
	B. Protecting older persons through pensions and retirement benefits.....	33
	C. Social security in times of crisis.....	35
	D. Prospects for setting a universal minimum pension or retirement benefit.....	36
	E. Social security and improvement of the non-contributory pillar in order to move towards equality.....	40
IV.	Health, caregiving and social protection	41
	A. The risks of dependency in old age owing to health status	41
	B. Estimating the need for care on the basis of age.....	42
	C. Changes in demand for care driven by health status.....	45
	D. Demographic and family factors in caregiving potential	46
	E. Solidarity at the core of care in social protection systems.....	49
V.	The rights of older persons: gaps and real equality	51
	A. The rights of older persons internationally.....	51
	B. Constitutional protection and specific legislation on the rights of older persons	52
	C. Essence and structure of the rights of older persons in domestic law.....	55
	D. Guarantees for enforcing the rights of older persons.....	57
	E. Strengthening guarantees and the need for an international treaty.....	58
VI.	Public institutions, ageing and protection	61
	A. Public institutions: the issue evaded by public policy.....	61
	B. Public institutions and inequality.....	62
	C. Setting up institutions to deal with ageing.....	63
	D. Mapping public institutions that address issues relating to older persons	65
	E. Equality as a basis for institutions geared to older persons	69

VII. Progress and priority areas of action for implementing the Brasilia Declaration	71
A. Older persons and development	71
1. Work and a diverse labour force	71
2. Social security and sustainability	72
3. The crisis and poverty in old age.....	73
B. Health and well-being.....	74
1. Health-care plans and insurance	74
2. Access to and regulation of essential drugs	77
3. Long-term care and human rights.....	77
4. Human resources training and South-South cooperation	78
C. Enabling and supportive environments	79
1. Citizen participation and guarantees	79
2. Care, economy and employment	80
3. Safety and abuse.....	81
4. Housing, transport and accessibility	82
Bibliography	85
Annex	93

INTRODUCTION

This document has been prepared for the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, which will be held in San José from 8 to 11 May 2012 in compliance with the agreements on population and development: priority issues for 2010-2012. These agreements were ratified in resolution 657 (XXXIII), adopted by the Economic Commission for Latin America and the Caribbean (ECLAC) at its thirty-third session.

Drawing on the development proposal advanced by ECLAC entitled “Time for equality”, this document analyses the outlook for population ageing and advocates mainstreaming this issue into the public agenda. To this end, it starts by introducing its central theme: equality and ageing. The concepts are presented and analysed, with particular emphasis on the challenges facing social protection and solidarity.

Next, the document provides a demographic overview of the region, illustrating the main population trends in the years ahead. In particular, it describes the demographic window of opportunity presented by an unprecedented situation in most countries of the region: a falling demographic dependency rate as a result of a declining fertility rate. If the right decisions are taken, this is an ideal time to invest in expanding social protection and developing capacities in all age groups.

Attention is then turned to income security and the rising demand for health care and social services. The main trends are examined and the State’s responsibilities in terms of expanding and improving these benefits are identified.

The document next examines the regulatory and institutional mechanisms for building equality, including the current position, how these mechanisms have furthered the equality agenda, and the obstacles to achieving real equality.

Lastly, the document summarizes the headway made in implementing the Brasilia Declaration since its adoption in 2007, weighing up the achievements to date and, most importantly, helping to identify priority areas for action in the short and medium terms.

I. THE EQUALITY AGENDA AND OLDER PERSONS

A. Sights on equality and calls for targeted action

At its thirty-third session in 2010, the Economic Commission for Latin America and the Caribbean (ECLAC) asserted that equality is a core value of the development pursued by the region. It provides both the framework of standards and the foundation for social covenants that generate more opportunities for those who have the least. ECLAC made it clear that equality means more than equal opportunities: it means actually narrowing gaps (Bárcena, 2010).

The State should be a strategic manager with a long-term view of development. It must be in a position to boost the share of economic benefits going to the excluded and disadvantaged, develop public policies that provide social goods and protection, and, above all, reverse the thrust of inequality that markets and families reproduce (ECLAC, 2010). The convergence of structural trends such as climate change, technological progress, cultural diversity and demographic change is ushering in a new era, a turning point in history that brings opportunities to stride towards equality but also limits the scope for future action.

In setting the equality agenda, long-neglected social differences must be acknowledged and addressed. Today's growing awareness of them is long overdue and puts the need to incorporate and foster respect for the rights of excluded groups front and centre. Norberto Bobbio described this process as a specification phase for universal human rights (Bobbio, 1991).

Historically, the specification phase has been a haphazard process. New categories of people have been incorporated piecemeal, on the basis of concrete practical experiences and as new regulatory consensuses on the substance of human rights have emerged (Rodríguez-Piñero, 2010). The international community has accordingly adopted a series of specific instruments that distinguish between people based on different criteria: their status in society, their position in certain social or legal relationships, their cultural differentiators and their physical condition. In all cases, these individuals find themselves in an inferior position or are marginalized because of their specific characteristics or needs. This limits their capacity to fully enjoy generally recognized rights and makes them particularly vulnerable to violations of these rights (Rodríguez-Piñero, 2010).

As a result, the general roster of human rights contains specific rules on the rights of workers, women, children, migrant workers and their families, persons with disabilities, refugees, internally displaced persons, indigenous peoples, and those belonging to national minority groups – such as ethnic, linguistic or religious minorities.

B. The dimensions of equality

The call for specificity is a contemporary phenomenon, although this by no means suggests that it is new. It is simply being expressed more forcefully and has become global and diverse. The rationale behind specification is ultimately equality, and this is reflected in a growing awareness that not all human beings are being treated as autonomous agents and that there are vast sectors of the population—including older persons—for whom full equality is still out of reach.

Equality, along with universality and non-discrimination, is one of the founding principles of the contemporary human rights regime. Ever since it was set out in the United Nations Charter, and later in the Universal Declaration of Human Rights, the right to equal treatment and non-discrimination has been interpreted evolutionarily. Hence the distinction between formal and real equality (Huenchuan and Rodríguez-Piñero, 2010).

Formal equality refers to the whole array of individuals' rights and obligations, to the political community of which they are part and to the existence of institutional and legal frameworks providing citizens'

guarantees and of a public space where the rights and obligations of citizenship are exercised (ECLAC, 2010). And the principle of non-discrimination is based on the past observation that formal equality does not lead to the eradication of real inequalities.

The State must be the equalizing factor in closing the gaps between formal and real equality, boosting the development of capacities for achieving and enjoying well-being, and mobilizing institutions, growth and public policy so as to provide social protection with a clearly universalist and redistributive mandate.

C. Equality and ageing

The equality agenda is facing the paradox that, although differences are gaining visibility in political debate and in the public agenda, groups defined by gender, ethnic origin, territory or age are increasingly excluded. Older persons are by no means unaffected by this contradiction. According to the Committee on Economic, Social and Cultural Rights, this is one of the most unprotected groups in the world (United Nations, 1995).

Society and its institutions have not yet adapted structurally or ideologically to the shifting population age structure, and they are still operating according to an imaginary based on youth. The negative social, economic and cultural connotations attached to old age make it difficult for older persons —both as individuals and as a group— to achieve autonomy and independence. What this means in practice is that simply belonging to the 60-or-over age group makes someone vulnerable to poverty, invisibility and fragilization (Huenchuan, 2009).

As a group, older persons have specific characteristics or needs that make them a potential target for discrimination in various settings. They are substantially unequal in the enjoyment of generally recognized human rights, and they are more vulnerable than other groups to specific violations of these rights. They therefore require special attention from States, international organizations and civil society as a whole.

The growing international consensus regarding this issue provides objective and reasonable justification for taking special or affirmative action and making specific adjustments that are proportional to the goal of achieving substantive equality for these individuals and protecting them from situations of vulnerability (see box I.1).

Box I.1 AFFIRMATIVE ACTION

The opportunity and the need to take special or affirmative action on behalf of people belonging to specific groups has been expressly ratified by international human rights instruments and practice. In particular, the Human Rights Committee stated, in general terms, that “the principle of equality sometimes requires States parties to take affirmative action in order to diminish or eliminate conditions which cause or help to perpetuate discrimination [...]. [I]n a State where the general conditions of a certain part of the population prevent or impair their enjoyment of human rights, the State should take specific action to correct those conditions. Such action may involve granting for a time to the part of the population concerned certain preferential treatment in specific matters as compared with the rest of the population. However, as long as such action is needed to correct discrimination in fact, it is a case of legitimate differentiation” (Human Rights Committee, 1989).

In fact, special or affirmative action is established as a duty of the States parties by a number of human rights instruments. Some of these instruments have been widely ratified by States, such as the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Elimination of All Forms of Discrimination against Women. Initially, affirmative action was seen as a temporary measure, designed to promote substantive equality until this goal could be achieved for groups suffering discrimination on physical, psychological, age-related or cultural grounds. The recent trend, however, is not to impose a time limit.

International and regional organizations have also explicitly included special or affirmative measures in their methods of action. For example, European Union policies now recognize the need to adopt them, in order to prevent or compensate for disadvantages and discrimination, and to promote substantive equality, taking into account the specific situation of members of disadvantaged groups and breaking the cycle of disadvantage associated with belonging to a particular group (European Commission, 2009).

A more recent category of measures, originally linked to the sphere of employment and occupation, refers to “reasonable accommodation”. In general, in a work environment, this concept refers to any modification or adaptation of a work practice or work environment that allows someone from a group suffering social discrimination to carry out basic duties or enjoy the benefits corresponding to a specific job. This notion was recently extended to other spheres by the Convention on the Rights of Persons with Disabilities, which defines reasonable accommodation as the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (United Nations, 2007).

Source: Luis Rodríguez-Piñero Royo, “Los desafíos de la protección internacional de los derechos humanos de las personas de edad”, *Projects documents*, No. 305 (LC/W.305), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2010.

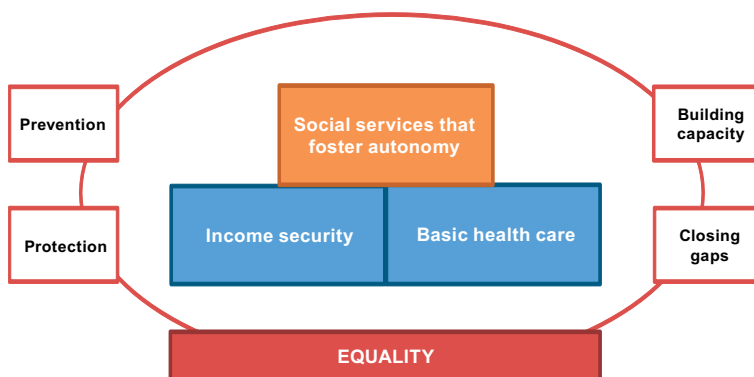
D. Adapting the social protection matrix

Social protection refers to the set of interventions on the part of public and private bodies with the aim of alleviating the burden of risks and needs borne by households and individuals (Cichon et al, 2004). The term is part of a broader concept known as social risk management, which concerns the ability to prevent and cope with situations of vulnerability, understood to mean the likelihood that individuals or families will be adversely affected by unexpected or unavoidable events (Serrano, 2005).

In Latin America and the Caribbean, expansion of access is still the main challenge for social protection systems. The region is the most unequal in the world in terms of income distribution, and this is reflected in many socioeconomic dimensions affected by demographic change and targeted by social protection systems. In theory, social protection should adapt to the changing age structure and to changes in the labour market and the economy in general. Further, institutions and changes within them play an important role in the overall performance of the systems and in their ability to adapt to the new realities (Bertranou, 2006).

Adapting social protections to safeguard older persons involves integrating the three basic pillars: income security, basic health care and social services that foster autonomy. The three act in concert to cover gaps in protection and build capacities (see diagram I.1).

Diagram I.1
MATRIX OF SOCIAL PROTECTION IN OLD AGE FROM
AN EQUALITY PERSPECTIVE



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC.

Gaps in protection need addressing because the way social security systems currently operate perpetuates socioeconomic inequality. Access to pension systems has tended to be heavily contribution-dependent, meaning that old-age benefits are generally only available to groups of workers that have been better positioned in the labour market (Bertranou, 2006; ECLAC, 2006; ECLAC, 2010). The idea behind capacity-building is that existing capacities can be engaged to achieve a greater level of well-being. Activating responsibility, autonomy and independence will empower individuals in decision-making and related processes (Serrano, 2005).

In terms of fields of public policy action, the pillars of income security and basic health care are associated with the idea that there should be a social protection threshold guaranteed directly by the State. Social services that foster autonomy operate in the realm of prevention; they must be seen as a government responsibility and maintained via a protection network that links the threshold to other socio-health benefits designed to improve the well-being of older persons.

E. Older persons and the equality agenda: constraints and challenges

Mainstreaming older persons into social protection systems from an equality perspective is based on the fact that demographic changes are creating both opportunities and new constraints as the roles of the family, the market and the State are redefined. Social protection needs to be rethought in order to urgently respond to the impact of demographic changes and prepare to meet the needs of a population in transition.

There are a number of hurdles to be overcome. As documented in this report, the majority of older persons have no old-age pensions to protect them against the risk of income loss as they age. Furthermore, employment-based social security coverage is completely unequal, increasing the likelihood that future generations will lack economic protection. One way to avoid an old age without economic protection is to join the labour market and look for income-generating alternatives. However, this tends to offer few economic advantages and little security. Consequently, families tend to be one of the main mechanisms for absorbing economic risk during old age, not only by means of informal

cash transfers but also by providing services that, if procured in the market, would be too costly for most older persons living in the region.

Health-care systems have been slow to adapt to the increased demand resulting from demographic, epidemiological and technological changes. This translates into escalating health-care costs and spending and the lack of universal access to timely and good-quality health services. Health-care coverage is uneven, and even if older persons have health insurance they may be unable to go to a medical facility when they need to. As the current generation of older persons becomes less self-sufficient, they worry about access to medicines at an affordable price, to effective health-care services that meet their needs, and to supervised long-term care that respects their fundamental rights and freedoms as they become more dependent.

The demographic transition is changing the structure of families. The percentage of households containing older persons is increasing as the population ages. Up to now, families have provided their older members with emotional, economic, social and health-care support, shouldering responsibility for their care and social integration (Villa, 2004). But families are shrinking, family structure has become more diverse and varied in recent decades, and families are overburdened by the need to take on new responsibilities as the State grows weaker. The institution of the family is overwhelmed and, without adequate support, will be hard-pressed to perform all the duties that have fallen to it.

These changes will play out in a scenario where the expected rapid growth of the over-60 proportion of the population over the coming decades will drive old-age and demographic dependency ratios up. At the same time, the younger generation has not entered the workforce with the education and productive capacity needed to take advantage of what is called the first demographic dividend, which would drive economic growth (Bertranou, 2006). A failure to capitalize on the current situation and make changes will affect the possibilities for funding social protection and for accumulating public and private savings for old-age consumption.

The challenge lies in breaking away from the traditional view that ageing is a problem, and to turn it into an opportunity. This requires concerted and effective action from public authorities and citizens. Without doubt, innumerable problems must be solved if the desired equality is to be achieved. However, as the Executive Secretary of

ECLAC said during the opening ceremony of the thirty-third session, “the more prevalent the inequality, the more profound the desire for equality, especially when the course of history is suddenly interrupted by a worldwide crisis which the future demands be converted into an opportunity to chart a new course” (Bárcena, 2010).

Older persons must not and cannot be left out of the equality agenda. Their relative weight within the population is increasing rapidly, and they are the citizens of today and the future. Above all, this is the way to ensure that the powerful desire for inclusion and for building more democratic and pluralistic societies can be fulfilled.

II. THE GREAT DEMOGRAPHIC SHIFT: THE INCREASING SIGNIFICANCE OF OLDER PERSONS

Demographic transformations bring about quantitative and qualitative changes in how societies are organized. In the final analysis, the demographic transition calls for rebalancing the State-market-family equation because the changing population age structure will make it necessary to rearrange the roles that these three factors play in providing well-being and in capacity building.

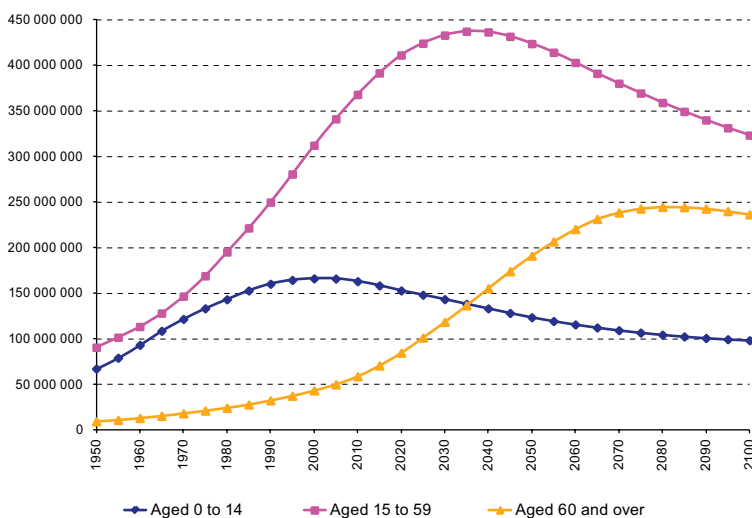
The declining child population has given several countries of the region a certain amount of leeway: the potentially active age group (persons aged 15 to 59) is large, while older adults still make up a small share (58 million persons) of the total population. The number of older persons will have tripled by 2050 and will total 236 million by the end of the twenty-first century. This scenario calls for a proactive State with a more central, dynamic role and two goals: try to anticipate the impacts that rapid population ageing will have on social protection systems, and deploy new mechanisms that expand and improve these systems in order to meet the needs of people throughout life, especially in the face of known risks and new challenges.

A. Changing population age structure and the demographic shift

Population ageing occurs when the percentage of older persons (aged 60 and over) increases while the percentage of children (under age 15)

decreases. For Latin America and the Caribbean as a whole, the number of older persons is expected to top the number of children for the first time somewhere around 2036 and continue growing until 2080 (see figure II.1). The region has gone from a young population structure in 1950 to a population that is ageing and will continue to do so rapidly over the coming decades.

Figure II.1
LATIN AMERICA AND THE CARIBBEAN: POPULATION, BY BROAD AGE GROUPS, 1950-2100



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

The under-15 portion of the population began to shrink in 1970, going from 40% of total population in 1950 to approximately 28% in 2010. It is forecast to hit 18% in 2040 and fall below 15% by 2100. In absolute terms, the under-15 age group peaked in 2000 (at 166 million) and has been declining since then. Changes in the share of the population aged 15 to 59 become increasingly important because this is, in theory, the working-age group. In 1950, this group accounted for some 54% of the total population of the region; steady growth after that brought it

up to 62% in 2010. The working-age group is expected to peak at 63% of the population in 2020 and then fall off gradually. It will account for 60% of the population of the region by 2040 and 49% by 2100. In absolute terms, the group made up of working-age adults is accordingly forecast to peak in 2035, at 437 million, and shrink after that. Thus, the population group aged 60 and over is increasing significantly: from just 5.6% of the total population of the region in 1950 it grew to 10% in 2010 and is expected to reach 21% by 2040 and nearly 36% of the population by 2100 after peaking at 241 million in 2080.

The population of Latin America and the Caribbean is ageing more quickly than has been the case in the developed world. In the industrialized countries, the process has been gradual: in Europe it took several decades for the proportion of persons aged 65 and over to double (from 7% to 14%). In France, it took 115 years, no less. By contrast, in Latin America¹ and most of the countries of the Caribbean² the pace is considerably faster. In Brazil and Colombia, for example, this change will take place in barely two decades.

B. Low dependency ratios provide more scope for action

Population ageing in the region is still moderate. But in the future the number of older persons will exceed all expectations. The ageing index³ shows the capacity of a population to replace itself. The higher the index value the lower the replacement capacity, which provides information for estimating how quickly the supply of goods and services should be adjusted to match changing and growing demand (ECLAC, 2007).

By the middle of the twenty-first century, the region could well reach

¹ For the purposes hereof, Latin America comprises Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

² For the purposes hereof, the Caribbean comprises Aruba, Bahamas, Barbados, Belize, Grenada, Guadeloupe, French Guiana, Guyana, Jamaica, Martinique, former Netherlands Antilles, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States Virgin Islands and other countries and territories for which specific information is not available (Anguilla, Antigua and Barbuda, British Virgin Islands, Cayman Islands, Dominica, Falkland Islands (Malvinas), Turks and Caicos Islands, Montserrat and Saint Kitts and Nevis).

³ The number of older persons for every 100 young persons. For the purposes hereof, an older person is 60 or over; a young person is under 15. Ageing index = (Population aged 60 or over/Population aged 0 to 14) * 100.

the same level of population ageing currently seen in developed regions. In Latin America in 2010 there were roughly 36 older persons per 100 persons under 15. Projections are that this ratio will reverse after 2036 and that by 2040 there will be 116 older persons for every 100 under the age of 15. By mid-century there will be more than 150, and it is estimated that the ageing index will near 240 by century-end.

In the Caribbean the ageing index is following almost the same trajectory as in Latin America, but the levels are higher. It is expected to be 142 by 2040 and should level off after 2065, when there will be more than twice the number of older persons as children. Similar values are projected for North America, Asia, Latin America and the Caribbean after 2055. While the level of population ageing might be similar, conditions in developing regions are not the same as in developed ones. The socioeconomic context in which population ageing is taking place in Asia, Latin America and the Caribbean is less advanced than it was at the time in North America.

The timing will be different, but the population age structure will change throughout Latin America and the Caribbean. Cuba, Martinique and the United States Virgin Islands are among the countries and territories that are farthest along the population ageing process: in 2010 the number of older persons was almost the same as the number of persons under 15 (ageing indices of 99, 103 and 105, respectively). In countries with incipient population ageing, older persons will replace children and young people at a slower pace than elsewhere. In Belize, French Guiana, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and the Plurinational State of Bolivia the ageing index is forecast to be below 70 in 2040; this is substantially lower than the projected subregional averages. In Guatemala, the country with the youngest population in the region, the ageing index is expected to be below 40 in 2040 and reach 100 towards 2060. This stands in contrast with the average for Latin America, which is forecast to reach the 100 mark in approximately 2036.

In the countries as a whole, the ageing index is expected to peak before 2100 and then fall back to an asymptotic value almost always above 200 older persons for each 100 persons under 15. Over the long run, then, older people are expected to outnumber children by at least two to one, making it necessary to speed up any adjustments to tailor the supply of goods and services to the needs of this new reality.

Today's declining demographic dependency ratio⁴ provides an opportunity for making productive investments and stepping up social investment in the fight against poverty and the effort to improve education and health services, and it can help anticipate the investments that will be needed as the population of older persons grows. On average, the region is in the "demographic dividend" period, with a declining total dependency ratio. In Latin America, the dependency ratio will hit its lowest point in approximately 2020, at 58 theoretically dependent persons for every 100 working-age persons. In the Caribbean the dependency ratio will reach its lowest point, at 59.5, somewhere around 2015 (see figure II.2). The change is more than a demographic one: its social, economic and political impacts will ripple throughout society.

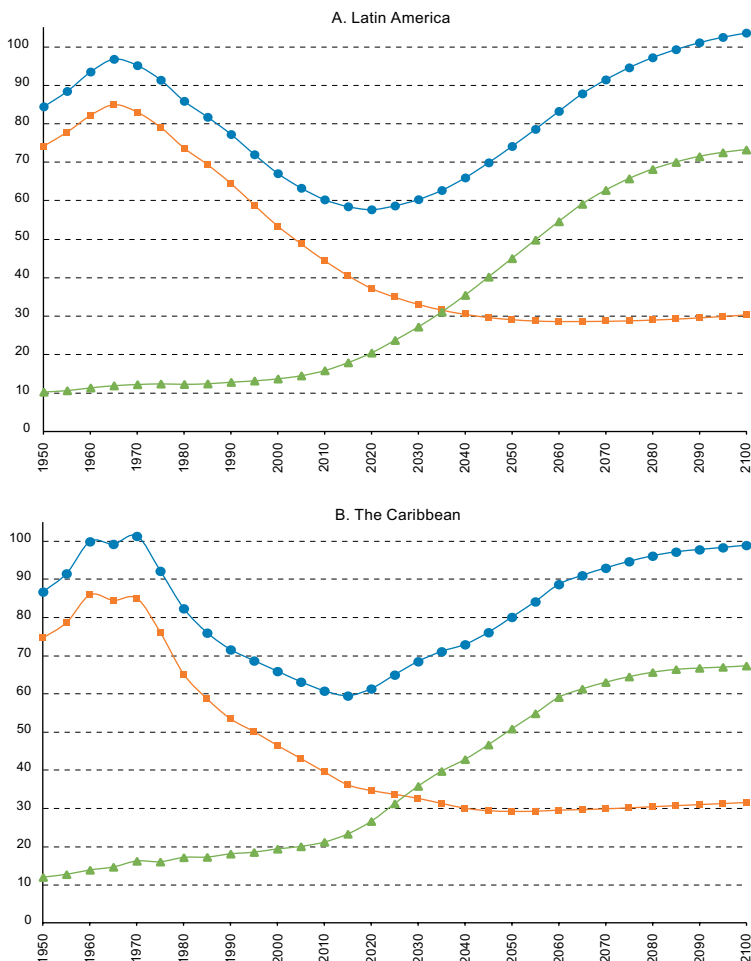
C. Ageing as the demographic hallmark of the coming decades

The total dependency ratio has two components: the under-15 burden (child/youth dependency ratio) and the over-60 burden (old-age dependency ratio). As can be seen in figure II.2, the main reason for the declining dependency ratio is the sharp drop in the under-15 dependency ratio, while the subsequent increase is due to the soaring proportion of over-60s. Obviously, the same dependency ratio value on either side of the lowest point refers to scenarios with very different drivers. Before the lowest point, the values show that requirements are anchored in the young population; after the lowest point they are anchored in the population of older persons.

The region is strikingly heterogeneous (see box II.1). In Aruba, Bahamas, Barbados, Chile, Cuba and Trinidad and Tobago, the dependency ratio hit its lowest point in 2010. Indeed, in some territories in the Caribbean (such as Guadeloupe, Martinique, former Netherlands Antilles and United States Virgin Islands) the lowest point was in 1990. But in all of the other countries of Latin America and the Caribbean, the dependency ratio is still falling. On average, it will stop declining in approximately 2020, but in Belize, Honduras, Paraguay and the Plurinational State of Bolivia that will not happen until somewhere in the area of 2040. Projections for Guatemala are that the dependency ratio will continue to fall until mid-century.

⁴ Demographic dependency ratio = ((Population aged 0 to 14 + Population aged 60 and over) / (Potentially active population (aged 15 to 59))) * 100.

Figure II.2
TOTAL DEPENDENCY RATIO^a OF PERSONS UNDER THE AGE OF 15^b
TO PERSONS OVER 60,^c 1950-2100
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

^a Dependency ratio = ((Population aged 0 to 14 + Population aged 60 and over) / Population aged 15 to 59) * 100.

^b Dependency ratio of under-15 = ((Population aged 0 to 14) / Population aged 15 to 59) * 100.

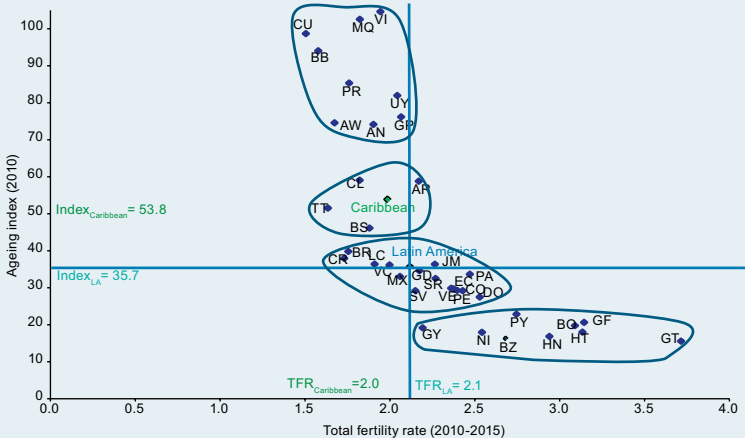
^c Dependency ratio of over-60 = ((Population aged 60 and over) / Population aged 15 to 59) * 100.

Box II.1 HETEROGENEOUS POPULATION AGEING IN LATIN AMERICA AND THE CARIBBEAN

Mortality and, above all, fertility rates fall during the demographic transition, impacting population age structure and gradually pushing the proportion of older persons up. One indicator of this process is the ageing index, which is the number of older persons to the number of children and young persons. It is obtained by calculating the ratio between the number of persons aged 60 and over and the number of those under 15 years of age, multiplied by 100. An index value below 100 means that there are fewer older persons than under-15s; an index value in excess of 100 means that there are more older persons than there are children and adolescents. In 2010, Latin America had 36 older persons for every 100 persons under 15. In the countries of the Caribbean the ratio was 54 to 100; in other words, the population ageing process is more advanced in this subregion. In Europe (the region with the oldest population), there are nearly 170 older persons for every 100 under-15s. In North America there are some 113, while in Africa there are just 15 older persons for every 100 persons under the age of 15.

Latin America and the Caribbean saw fertility rates plummet during the second half of the twentieth century. In the mid-1960s, the average number of children per woman (the total fertility rate, or TFR) was 6; by 2000 it had fallen to 2.5, and it currently stands at 2.1. The pace of the decline in fertility rates has varied within the region, though, so projections for the period 2010-2015 show marked differences between countries like Cuba and Guatemala, with 1.5 and 3.7 children per woman, respectively. As the figure below shows (and as was to be expected during the demographic transition), the ageing index rises as the fertility rate falls. In Cuba, there are 98.8 older persons for every 100 persons under 15; in Guatemala the ageing index is 15.6.

**LATIN AMERICA AND THE CARIBBEAN: AGEING INDEX BY STAGE
OF POPULATION AGEING, 2010-2015**



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

Box II.1 (concluded)

The figure above also shows four groups of countries. The first group is made up of countries where the total fertility rate is high for the region and the ageing index is low. ECLAC refers to this as incipient population ageing (below 20%). Examples include Belize, Guatemala, French Guiana, Haiti, Paraguay and the Plurinational State of Bolivia (see annex 1). There are countries, such as Guyana and Nicaragua, where, despite fertility rates that are lower than these, the ageing index is still low. The second group of countries—those experiencing moderate population ageing—accounts for most of the countries of Latin America and the Caribbean. Total fertility rates in this group range from 1.7 in Costa Rica to 2.5 in the Dominican Republic. Ageing index values range from 27 to 40 people over age 60 for every 100 aged under 15. Countries with moderately advanced population ageing have fertility rates between 1.6 and 2.2 and ageing index values between 45 and 60. All of the nine countries experiencing advanced population ageing are in the Caribbean, except for Uruguay. In this group, the fertility rate ranges from 1.5 in Cuba to 2.1 in Guadeloupe; ageing index values are between 74 and 105.

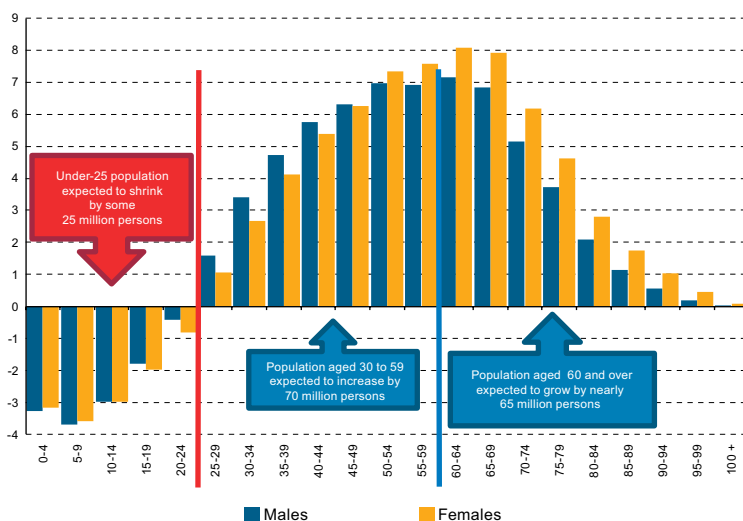
Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections [online] http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

According to estimates for the region, the 60-and-over group will grow by nearly 65 million persons between 2010 and 2030. By contrast, in 2030 there will be 25 million fewer persons under 25 years of age than there were in 2010 (see figure II.3). In relative terms, the group of older persons is expected to grow the fastest, with the proportion of older persons in Latin America and the Caribbean increasing at the rate of 3.5 per hundred yearly in 2010-2030, far outpacing the 1.2 per hundred yearly increase in the population aged 25 to 59 while the population aged under 25 falls by an average of 0.5 per hundred yearly.

D. Rising life expectancy and internal ageing of the elderly population

Advances in medicine and health are yielding life expectancies that were unthinkable a few decades ago. Over the past 60 years, average life expectancy in Latin America and the Caribbean rose by 23.4 years (United Nations, 2011), from a life expectancy at birth of 51.3 years in 1950-1955 to an average of 74.7 years for both sexes in 2010-2015. The life expectancy gender gap is estimated to have widened from 3.5 years to 6.2 years between the periods 1950-1955 and 2010-2015 following rises in life expectancy at birth from 49.6 years to 71.6 years for males and from 53.1 years to 77.8 years for females.

Figure II.3
LATIN AMERICA AND THE CARIBBEAN: POPULATION GROWTH,
BY SEX AND AGE GROUPS, 2010-2030
(Millions of persons)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

While a male born between 1950 and 1955 had just a 50% chance of living to age 60, that chance is expected to rise to 80% for those born between 2010 and 2015 (according to estimated mortality rates for these two five-year periods). For females, the chance is 55% and 87%, respectively. So, the vast majority of persons born today are expected to reach the age of 60.

Rising life expectancy in Latin America is due first and foremost to declining child mortality, but life expectancy at age 60⁵ is up as well (by 6.5 years between 1950-1955 and 2010-2015) and has brought average life expectancy at age 60 in Latin America close to levels seen in the developed world (21.4 and 22.7 years, respectively, according to estimates for 2010-2015). The life expectancy gap (see figure II.4) between males and females in Latin America during the period between 1980 and 1985 was 2.6 years, with a life expectancy of 16.6 years for

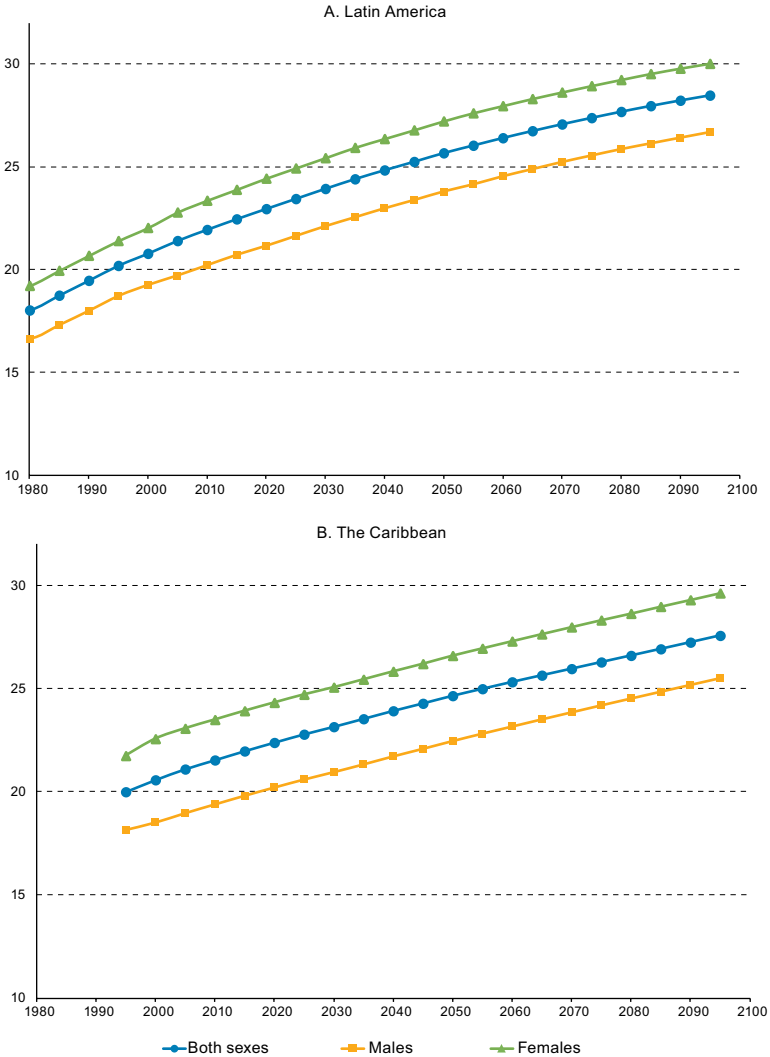
⁵ This indicator should be considered with caution, because it has weaknesses associated with the underlying data used to calculate it and is usually inconsistent. Therefore, it should not be taken as an exact measurement of remaining life expectancy for 60-year-olds.

a 60-year-old male and 19.2 years for a female of the same age. This gap has widened over time; for 2010-2015 it is expected to be 3.2 years (life expectancy of 20.2 years for males and 23.4 years for females). Moreover, this gap is expected to edge up over the coming decades as life expectancy at 60 rises to 23.8 years for males and 27.2 years for females in 2050-2055. In the Caribbean, life expectancies at age 60 are similar to the levels seen in Latin America, although the gender gap is estimated to be somewhat wider. It is because of this gender gap that as the population ages there are, proportionally, more females. As a result, in the coming decades there will be approximately three females aged 80 and over for every two males of the same age —just as there are now. The same projections show that among persons aged 90 and over there will be two females for every male.

Rising life expectancy for persons aged 60 and over will put increasing, sustained pressure on social security, health, labour, education, social participation and political structures and bring about profound change in how society is organized and in the very concept of age. Some demographers have put forth the concept of “prospective age”, which factors in changes in life expectancy after a certain age (60) and does not count years since birth but rather remaining life expectancy (Sanderson and Scherbov, 2008). In other words, they propose that policies targeting older persons should not depend on chronological age but rather on prospective age, because the latter (remaining life expectancy) will determine health and, thus, labour status, needs and requirements.

Expanding longevity in the region is leading to observed and projected rates of growth of the population aged 80 and over that outpace that of any other age group for the period between 1950 and 2100 (the current rate of growth is 3.8 per hundred). Moreover, this is the only age group that is expected to see positive growth through the end of the twenty-first century. In relative terms, the portion of the population aged 80 and over as a percentage of the total population has been growing steadily. In 1950, only 0.4% of the population of Latin America and the Caribbean was in the very old age bracket; by 2010 the percentage had nearly quadrupled and stood at 1.5%. This percentage will continue to spiral up, to an expected 6% by the mid-twenty-first century. By 2075, one out of every ten persons will be 80 years old or over, outnumbering even those under 10 years of age.

Figure II.4
LATIN AMERICA AND THE CARIBBEAN: LIFE EXPECTANCY
AT 60 YEARS, 1950-2100^a
(Number of years)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

^a Weighted average according to total, male and female population, respectively. Estimates for the countries of the Caribbean start in 1995, in keeping with the availability of data on this subregion.

The older segment of the population is, then, undergoing a specific ageing process. It is estimated that in Latin America and the Caribbean approximately one of every eight males 60 years and over is 80 years or over. The estimate for females is one of every six. Projections are that by mid-century, 20% of the males aged 60 and over 25% of the females in the same age group will be 80 or over. In the Caribbean the index values are slightly higher because this subregion is in a later stage of the population ageing process than Latin America. Table II.1 shows the growth of the very old segment of the population, as well as the large proportion of females.

Table II.1

LATIN AMERICA AND THE CARIBBEAN: POPULATION AGED 60 AND OVER AND AGED 80 AND OVER, BY SEX, SELECTED YEARS

		Latin America			Caribbean		
		Aged 60 and over	Aged 80 and over	Persons aged 80 and over as a proportion of the population aged 60 and over (percentages)	Aged 60 and over	Aged 80 and over	Persons aged 80 and over as a proportion of the population aged 60 and over (percentages)
1950	Males	4 220 750	287 964	6.8	177 961	12 769	7.2
	Females	4 760 814	396 003	8.3	225 337	18 810	8.3
1970	Males	8 186 816	616 002	7.5	321 856	29 823	9.3
	Females	9 230 928	832 819	9.0	377 027	49 695	13.2
1990	Males	14 213 946	1 429 655	10.1	512 463	68 730	13.4
	Females	17 052 593	2 080 771	12.2	622 294	101 994	16.4
2010	Males	25 753 083	3 313 175	12.9	710 186	101 284	14.3
	Females	31 355 428	5 188 328	16.5	909 534	173 893	19.1
2030	Males	52 121 719	7 265 979	13.9	1 196 311	166 060	13.9
	Females	63 580 588	11 162 292	17.6	1 567 846	291 917	18.6
2050	Males	84 609 402	16 997 754	20.1	1 553 967	327 010	21.0
	Females	102 864 485	25 707 865	25.0	2 035 967	579 386	28.5
2070	Males	106 923 852	28 397 820	26.6	1 786 638	435 447	24.4
	Females	127 501 623	41 227 953	32.3	2 182 945	715 045	32.8
2100	Males	107 538 677	36 002 392	33.5	1 748 503	531 060	30.4
	Females	125 073 919	49 025 484	39.2	2 033 058	766 947	37.7

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, World Population Prospects: The 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

Although the population aged 80 and over still forms only a small portion of the total population, it is growing quickly and outpacing all other age groups. This is posing new programme and policy challenges.

E. Changes to promote age equality

Slower growth of the number of children and the steadily rising number of older persons have a direct impact on intergenerational and intragenerational equality and solidarity, which are the core values of society (United Nations, 2010a). Therefore, countries should not only devise specific strategies for addressing the consequences of population ageing but also consider existing needs and new requirements of other social groups. A long-term approach makes it possible to anticipate future scenarios and try to prepare societies for dealing with the needs of an aged population. According to projections, by 2063 there will be at least twice as many older persons as children. Governments, the market, families and society in general should therefore prepare for a lasting organizational paradigm shift and a change in the way all kinds of programmes and policies are managed.

There is no question that population ageing requires special attention because of its implications for society as a whole (population ageing) and for individuals (individual ageing). The region has a limited amount of time to deploy changes that deliver an egalitarian and inclusive society for all age groups. The transformation of households due to the liberation of women and their progressive entry into the labour market calls for rethinking the roles of the State, the private sector and the family. Public policymakers in the countries need to take account of weakening family support networks and the lack of social services for guaranteeing decent living standards for older persons. The scope of this challenge is such that the public sector, the private sector and academia must combine efforts and resources in innovative, multisector research. In short, there is a need for new, creative solutions that deliver well-being and ensure intergenerational and gender equality.

III. SOCIAL SECURITY, SOLIDARITY AND EQUALITY

Across the region, public expenditure (especially social expenditure) has burgeoned over the past two decades. The most significant increase has been in social security and welfare (equivalent to 3.5% of GDP), followed by education. The relatively more developed countries are those where social security and welfare account for a high percentage of social spending, although actual figures vary from one country to the next (ECLAC, 2011c).

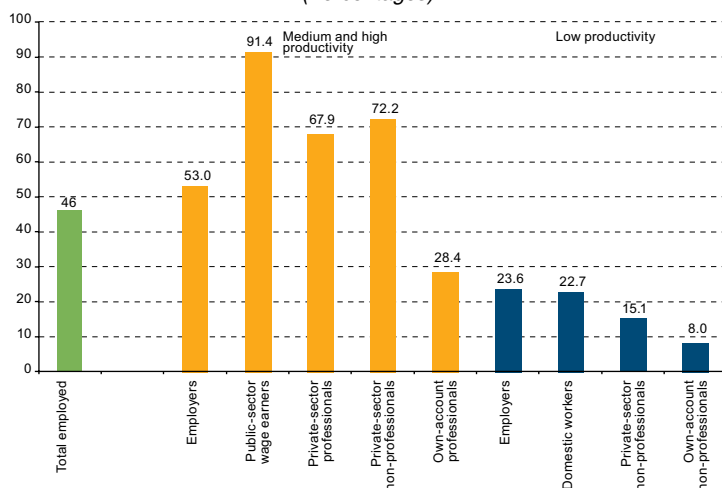
This effort has enabled some Governments to expand social security coverage by introducing a solidarity-based pillar, whose quality and sustainability in the future will depend to a great extent on decisions taken today. However, the challenges arising from the demographic transition are imminent (see chapter II). Population ageing is a long-term trend and as it progresses, the potential support ratio will wane. Between 1950 and 2010, the potential support ratio in Latin America and the Caribbean fell from 10 to 6 potential workers per person aged 60 years or over. This indicator is projected to drop further by 2040 and stand at 3 potential workers per older person. In 2100, the ratio is expected to be under 1.5. This decline will have major repercussions on social security regimes, especially in the case of pensions charged against current revenue. Clearly, if appropriate action is not taken in time, the growing number of older persons who will not have been able to save for their retirement, together with the declining potential support ratio, will place an ever-increasing burden on the whole society.

Thus, the challenge the social security regimes in the region will have to face in the coming decades is huge and complex. While there is much to be learned from the experience of the developed countries, this is not the only way of solving the problems that now exist or of meeting the future challenges to increase the coverage and improve the quality of pension and benefit systems in the region, especially in those countries where systems are rudimentary. Now, more than ever before, countries have the opportunity to introduce the necessary changes and to ensure that social security functions as a more effective instrument for overcoming the legacy of inequality.

A. Contributory coverage: weak coverage for workers and their families

Labour markets in the region have failed to become the grand entrance to social protection systems. The high degree of informality, inadequate labour regulations and weak institutions hinder access to social security coverage through employment. At present, about half of the employed are registered with social security and a large majority of them work in the formal and higher productivity sector (see figure III.1).

Figure III.1
LATIN AMERICA (18 COUNTRIES): EMPLOYED PERSONS WITH SOCIAL SECURITY COVERAGE, BY EMPLOYMENT CATEGORY, 2009^a
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Weighted average.

A case in point is the decline in social security membership between 1990 and 2002 (from 52.4% to 49%) and the subsequent rise (to 53.2% in 2009, which is even slightly above the level posted in 1990). The trend was not the same across sectors, though. During the downturn, the proportion of employed persons with contributory protection in the low-productivity sector fell more than in the medium- and high-productivity sector and when the economic cycle led to a new upturn in registration, recovery was more robust in the formal sector and far more moderate in the informal sector. This differential evolution turned access to social security into another factor that has contributed to the widening gap between the two sectors (ECLAC, 2011c).

Apart from coverage for the employed, the rationale of the contributory system is not only to protect workers but also to provide some degree of protection to their families through health insurance. Indeed, it is not only the better educated workers with higher wages who access social protection systems. Those with fewer dependents (or those in smaller households) do, as well. By contrast, those without access to social security are, predominantly, lower-income workers, employed women with small children, younger workers and workers in larger households (ECLAC, 2011c).

A look at the data from the standpoint of households not only exposes lower levels of social security coverage (43% of the households have at least one member who is registered, and only in 32% of all households is the head of household or spouse registered); gender gaps and gaps based on residential area come to the fore as well. Social security coverage for households headed by men (49.5%) is significantly higher than the average, while coverage for households headed by women is lower, at 41.3%. When urban populations are compared with their rural counterparts, deeper differences surface, revealing the disadvantages suffered by the latter.

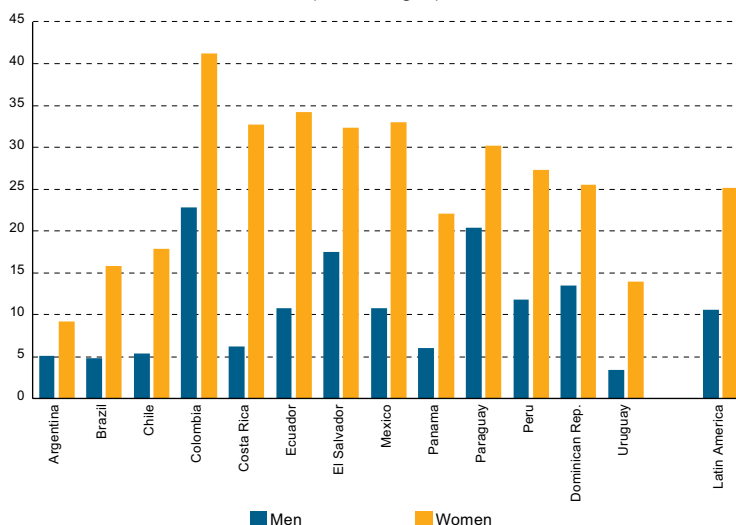
B. Protecting older persons through pensions and retirement benefits

The constraints and inadequacies of social security coverage show up more forcefully in relation to older persons. The simple average for countries in the region in 2009 shows that just 4 out of every 10 Latin Americans aged 65 and over (40%) received retirement pensions or allowances, although the percentage of the population covered by

pensions and allowances had risen in the past decade (ECLAC, 2011c). This figure contrasts with those posted by the developed countries, where 75% of the population receives some type of pension (ILO, 2011a).

This situation results in a significant degree of underprotection, with a large proportion of the population aged 60 years and over receiving no income of their own. The figures are higher for older women than for older men. On average, 11% of older men and 25% of older women living in urban areas are in this position. Of particular concern is the situation in Ecuador, El Salvador, Mexico and Paraguay, where more than 2 out of every 10 older persons have no form of income. The huge gender disparity observed even in countries where pension and retirement benefit coverage is relatively high such as Brazil, Chile, Costa Rica or Uruguay is also striking (see figure III.2).

Figure III.2
LATIN AMERICA (13 COUNTRIES): PERSONS AGED 60 AND OVER WITH NO INCOME OF THEIR OWN BY SEX AROUND 2009^a
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean.

^a Refers to the proportion of the population aged 60 and over that does not receive any individual monetary income (in the form of wages, salaries, self-employed workers' labour earnings, pensions or retirement benefits, household transfers or transfers from abroad, social benefits from the Government, fixed-term investments, income from property or other income). Simple average for urban areas of the countries. Data for Bolivarian Republic of Venezuela and Mexico refer to 2008.

C. Social security in times of crisis

Notwithstanding its imperfections, there is no doubt that the social security system makes a valuable contribution in the region, especially in times of crisis, because it acts as an irreplaceable economic, social and political stabilizer (ILO, 2011). This was demonstrated during the recent crisis when countries with greater social security coverage (65% on average for Argentina, Brazil, Chile, Costa Rica, Panama and Uruguay) experienced less gaps in well-being than those with pension and benefit coverage that was closer to 14% of the older population (Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay and Plurinational State of Bolivia, among others) (ECLAC, 2010). The weak institutions of these countries made it difficult or well-nigh impossible, to adopt specific measures promptly enough to enable them to cushion the impact of the crisis on the income of older persons (ILO, 2011b).

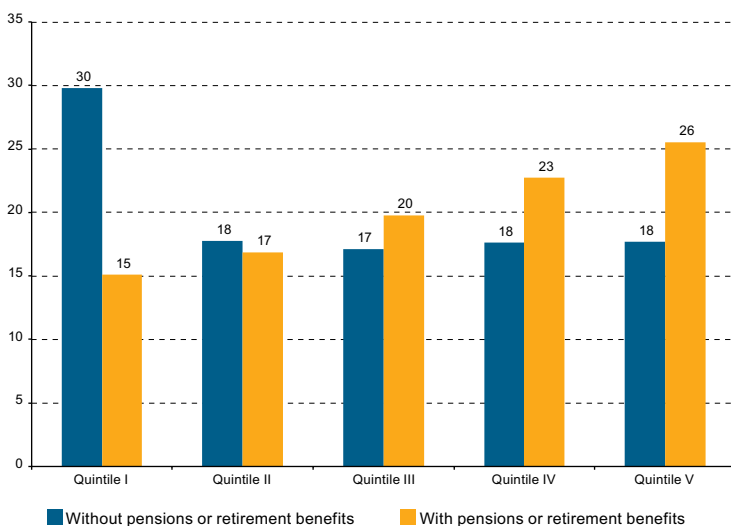
The implementation of a basic and modest set of social security guarantees has repercussions on the national economy as well through poverty reduction (ILO, 2011a). On the basis of different assessments concerning the impact of non-contributory pensions on poverty and indigence compiled by Bertranou Ginneken y Solorio (2004), it can be stated that pensions funded by the treasury have proven to be an excellent method for reducing these hardships, as well as a powerful instrument for social reintegration for persons traditionally excluded from social security and who suffer disadvantages and economic insecurity.

An exercise carried out by ECLAC (2011c) demonstrates that access to pensions and benefits helps to reduce the concentration of older persons in the poorest quintiles. Figure III.3 shows the distribution of persons 65 years and over per income quintile and indicates that 30% of them find themselves among the poorest 20% if they do not have access to pensions or retirement benefits. On the other hand, when they do receive these transfers, the figure is cut by half (15%). The impact on the richest quintiles is less, since the older population belonging to the 20% richest segment would increase by just 8% after social security benefits were received.

Notwithstanding this significant result, if the authorities do not intervene in time and the social security system is not improved, there would be less chance of its contributing to any real reduction in inequality owing mainly to the fact that access is concentrated in a few branches of employment and in a given socio-economic segment. These difficulties are

based on the way the social security system is designed—that is the only means of access being through employment and with coverage limited to a small number of risks as well as on the standards that govern it. Larger differentials are observed when gender is introduced and especially area of residence.

Figure III.3
LATIN AMERICA (18 COUNTRIES): DISTRIBUTION OF THE POPULATION
AGED 65 YEARS AND OVER IN PER CAPITA INCOME QUINTILES
WITHOUT AND WITH PENSIONS AND RETIREMENT
BENEFITS AROUND 2009^a
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

^a Data for the Plurinational State of Bolivia relate to 2007 and are for the eight main cities plus El Alto; those for the Bolivarian Republic of Venezuela and Mexico, to 2008; for Argentina they refer to Greater Buenos Aires; for Ecuador, to urban areas; for Paraguay, to Asunción and the Central Department; for Uruguay, to urban areas. Simple average for the countries.

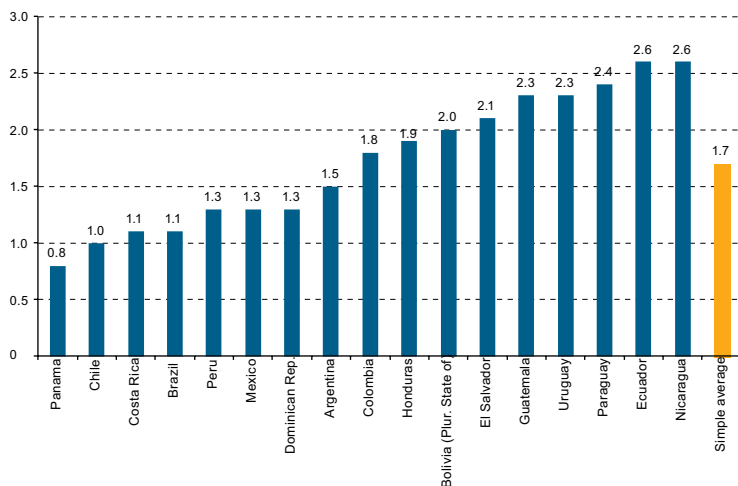
D. Prospects for setting a universal minimum pension or retirement benefit

Any pension scheme should be based on the principle that all older persons should be entitled to a minimum, basic level of income. This objective could be achieved by creating a basic pillar in the form of a

minimum benefit or by expanding one that already exists (United Nations, 2007). In the region, this amounts to creating or consolidating non-contributory schemes which, irrespective of the person's working career, provide basic pensions to the population that has grown old without the income or assets necessary for their subsistence (CEPAL, 2006).

The document presented at the thirty-third session advocates establishing a universal pension for all older persons, irrespective of their income level and other social benefits that they may receive (ECLAC (2010)). To that end, ECLAC estimated that the annual cost of transferring a universal minimum pension, equivalent to the value of the basket required to satisfy the basic needs in each country (national poverty line) would be the equivalent of 1.7% of GDP. The variation from one country to another, shown in figure III.4, is due mainly to the interaction between the level of population ageing, the individual cost of the transfer and the relative level of development of the social security systems (ECLAC, 2011c).

Figure III.4
LATIN AMERICA (17 COUNTRIES): COST OF A UNIVERSAL PENSION
FOR OLDER PERSONS, 2012^a
(Percentages of GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries, and Economist Intelligence Unit [online] <http://www.eiu.com/Default.aspx>, for the official GDP figures and growth projections for the countries.

^a Pension equivalent to the value of the national poverty line.

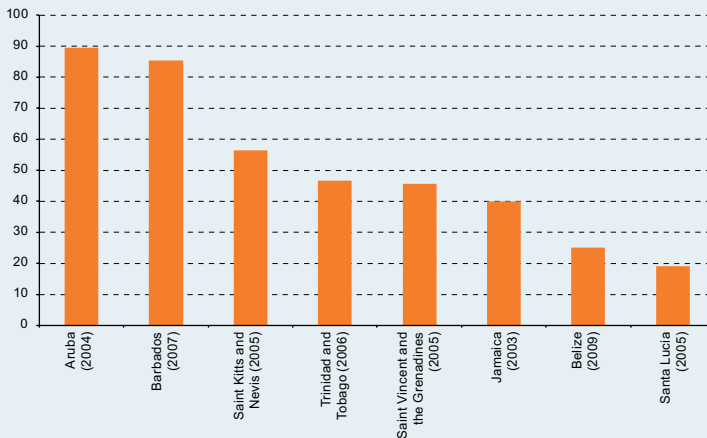
Box III.1

SOCIAL PROTECTION THROUGH PENSIONS AND BENEFITS IN THE ENGLISH-SPEAKING CARIBBEAN

Social protection is not a new phenomenon in the Caribbean. Having initially spread from the United Kingdom in the form of provident funds, the majority of national social protection systems were implemented shortly after independence. The oldest such system was founded in Jamaica in 1966, while the newest schemes were set up in 1987 in Saint Kitts and Nevis and in Saint Vincent and the Grenadines. Across member States, the normal retirement age varies between 60 and 65 years, except in Jamaica, where the normal retirement age for men is 70. Although there are no requirements regarding residence or citizenship to obtain a pension, eligibility does depend on having made a minimum required number of contributions (Paddison, 2007).

The overarching principle of retirement benefits in the subregion is to maintain income during old age. This is recognizable by the fact that all distribution schemes in the region are earnings-related and thus based on the social protection principle of maintaining relative income conditions during old age (Paddison, 2007). However, the success of providing income security to older persons varies, especially with respect to social security cover. The International Labour Organization (ILO, 2011b) estimates that the proportion of older persons who were receiving a pension in around 2005 ranged from a minimum of 19.1% in Saint Lucia to a maximum of 89.5% in Aruba. In the larger economies such as Jamaica and Trinidad and Tobago, the percentages stood at approximately 40% and 46.6%, respectively (see the figure below).

FIGURE 1
**THE CARIBBEAN (8 COUNTRIES): POPULATION OLD ENOUGH
TO RECEIVE A PENSION, AROUND 2005**
(Percentages)

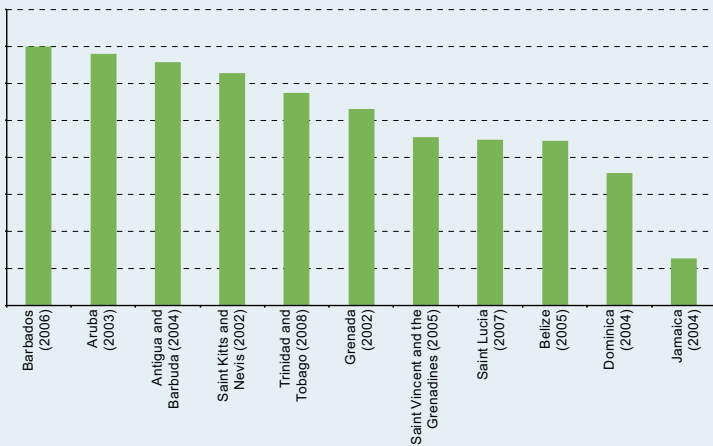


Source: International Labour Organization (ILO), "Global Extension of Social Security (GESS) [online] <http://www.socialsecurityextension.org/gimi/gess/ShowWiki.do?wid=95>.

Box III.1 (concluded)

The level of access to old age pensions is related to the contributory coverage during the active periods (see the figure below). In 2005, coverage exceeded 60% in Antigua and Barbuda, Aruba and Saint Kitts and Nevis, while it stood at 35,8% in Dominica and 12.7% in Jamaica. The factors underlying low coverage rates in some countries include low compliance rates among the self-employed and a sizeable informal sector in many economies (Paddison, 2007). Nevertheless, the formal sector is more extensive in several Caribbean countries than in those of Latin America (ILO, 2011b).

FIGURE 2
THE CARIBBEAN (11 COUNTRIES): ACTIVE POPULATION THAT CONTRIBUTES TO SOCIAL SECURITY, AROUND 2005
 (Percentages)



Source: International Labour Organization (ILO), "Global Extension of Social Security (GESS)" [online] <http://www.socialsecurityextension.org/gimi/gess/ShowWiki.do?wid=95>.

One of the characteristics of the pension system of the Caribbean countries is that all core member States of the Caribbean Development and Co-operation Committee (CDCC) have entered into the Caribbean Community Agreement on Social Protection, which, under article 46.2 (b) (v), insists on the harmonization and transferability of social security benefits. While the social security situation is good and coverage has been on the rise (for example in the Bahamas and Saint Lucia), the number of contributing members has been declining due to the expansion of the informal sector (Mac Andrew, 2006). Furthermore, population ageing is resulting in a lower potential support ratio. In Guadeloupe, Martinique and the United States Virgin Islands, there are less than 3.5 adults between the ages of 15 and 59 for each older person, while in Aruba, Barbados and the Netherlands Antilles, the ratio is 4.6.

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Oliver Paddison, "Social protection in the English-speaking Caribbean", *CEPAL Review*, No. 92, August, 2007; Mac Andrew, CARICOM, CSME and CARICOM Agreement on Social Security, 2006 [online] http://www.ciiss.org.mx/caosa/pdf/es/2006/steven_macandrew_es.pdf; ILO, *World Social Security Report 2010/2011: Providing coverage in times of crisis and beyond*, November 2010.

E. Social security and improvement of the non-contributory pillar in order to move towards equality

Pensions and retirement benefits depend on a sequence of events based on structural heterogeneity and rigid labour-market segmentations and therefore cannot suffice to reduce inequality in old age. Nevertheless, they are a fundamental resource for older persons and must be guaranteed for all.

As documented in this chapter, the margin for manoeuvre for expanding social security through contribution is limited. Although all countries have legally established social security schemes, in practice, only a small proportion include all the branches required by international standards. Within this framework, and given the significant size of the informal economy, only a small proportion of which enjoys social security coverage, non-contributory systems are an opportunity not only to alleviate poverty but also, at least in some cases, to make good the lack of coverage. (ILO, 2011b).

According to ECLAC (2010), there are also some good reasons for defending a basic system of guaranteed partial income by monitoring fiscal responsibility and avoiding perverse incentives. Households facing exogenous shocks or personal life changes will run down their capital beyond the “shock effect” precisely because there are no guaranteed minimums or instruments that would at least smooth out income flow troughs in the face of adversity. Hence the call for progress in developing a solidarity-based pillar within social security: as the population ages, public transfers in the form of non-contributory pensions will become increasingly important, since much of the older population will not have been able to participate continuously in contributory or individual capitalization systems.

Bearing in mind the need to move gradually in establishing a universal pension, whether by progressively expanding coverage or by increasing the amount, ECLAC maintains that a financing and expenditure strategy can be designed to forestall a structural deficit in already committed retirement benefit and pension payments, making it possible to universalize (or generalize) the minimum old-age pension and even to finance other non-contributory components of a basic, rights-based social protection system in many countries of the region (ECLAC, 2011c).

IV. HEALTH, CAREGIVING AND SOCIAL PROTECTION

The most salient feature of demographic patterns in all of the region's countries in the next few decades will be a growing older adult population and a shrinking young population. Of course, the timing of this shift will not be the same in all the countries as they progress towards more advanced stages of the demographic transition, but most of them have a window of opportunity in which to make the institutional, programmatic and practical changes required by population age structure trends and the resulting changes in sectoral demands. One of the most obvious changes will be in demand for health care and in the care burden as family structures and women's roles evolve.

A. The risks of dependency in old age owing to health status

The population of the region is ageing at an unprecedented rate, and it is driving a rapid increase in the demand for health services. The cohorts that reach the age of 60 this century will most likely be in worse health than older persons in developed countries (ECLAC/CELADE, 2003).

The approximate number of years a person will spend in less than full health can be estimated by subtracting healthy life expectancy from life expectancy at birth. Available data suggest that, on average, the population of Latin America and the Caribbean not only has a lower life expectancy than is the case in developed countries but that a considerable portion of life will be spent in poor health.

In 2000, healthy life expectancy at birth in Latin America and the Caribbean was 58 years, compared with 66.1 years in developed countries

(UNDP, 2007). Considering the recent gains in life expectancy at birth, the period of time lived with some limited function is likely to be longer in the region: as much as half of life expectancy at 60 for the period 2005-2010 in some countries (Barbados, Colombia, the Dominican Republic, El Salvador, Honduras, Paraguay, Peru and Saint Lucia).

Rising life expectancy in less than full health is associated with the fact that chronic degenerative diseases have replaced communicable diseases as the main causes of morbidity, disability and death in almost all countries (PAHO, 2009). These causes are closely linked to the age structure of the population, as their prevalence goes up in tandem with the median age of the population. Unlike communicable diseases, chronic diseases represent one of the greatest obstacles to living autonomously in old age as they exponentially increase the incidence of dependency and worsen the general state of health (Puga, 2002).

Unhealthy lifestyles are one of the principal factors responsible for the higher incidence of chronic diseases and the consequent increase in dependency. In 6 of the 16 countries in Latin America and the Caribbean for which information is available on tobacco use among individuals aged 15 years or over, more than 25% of the population of both sexes smokes. The results of the SABE Survey (the acronym stands for health, well-being and ageing) revealed that in six cities of the region, tobacco use was lower among older persons —especially women— but this pattern will clearly change substantially in the coming decades (ECLAC/CELADE, 2003; WHO, 2009). Obesity among individuals aged 15 years and over, which affects women more than men, is also of concern. In the case of older persons, the figures are perhaps even more worrying: an average of 66% of the population interviewed in seven Latin American cities was overweight in 2000 (ECLAC/CELADE, 2003). This indicator looks set to grow worse in the future, considering that in some countries, such as Chile, Mexico and Peru, one in four children aged 4 to 10 years is overweight, and leading up to 2015 the prevalence is expected to continue rising among children of both sexes (PAHO, 2009).

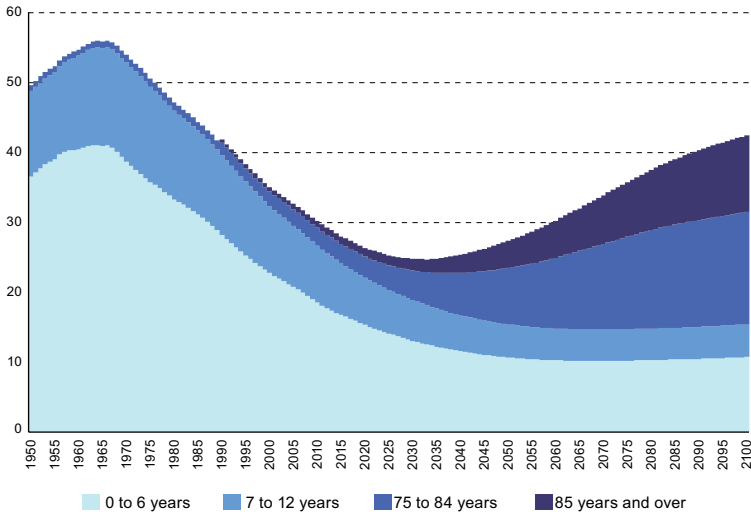
B. Estimating the need for care on the basis of age

There are three main causes behind the rising demand for care in Latin America: the still high number of children, population ageing and the

increase in the number of persons who are dependent to some degree owing to health status. While children are currently the focus of the demand for care in the region, in the future older persons and dependent persons will account for the bulk of the demographic burden of assistance, although with wide variations from one country to another.

As shown in figure IV.1, the care dependency ratio was high at the beginning of the 1950s, with an average of 50 persons needing care (a considerable 36.5 of whom were children aged 0 to 6 years) to 100 potential caregivers. However, a downward trend that started in 1968 should last through to 2023, when the care dependency ratio will level out and then remain stable for 18 years. The year 2042 will mark a turning point, and demand for care will start to rise again as the population aged 75 years and over expands —indeed, this population is expected to quadruple between 2000 and 2050 and increase tenfold between 2000 and 2100.

Figure IV.1
LATIN AMERICA AND THE CARIBBEAN: CARE DEPENDENCY
RATIO BY AGE GROUP, 1950-2100
(Number of persons of care-receiving age for every 100 persons aged 15 to 74 years)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of United Nations, Department of Economic and Social Affairs (DESA), *World Population Prospects: The 2010 Revision* [CD-ROM].

This overall trend in the region varies widely from country to country, but there are two clear groups. At one extreme are the countries furthest ahead in the demographic transition. They begin the period with a lower care burden but with a population that is already ageing (Huenchuan, 2011c). Demand for care in the countries in this group will level off somewhat between 2010 and 2030, with an average of 23 persons in need of care for every 100 potential caregivers. From 2030 onwards, demand for care will be concentrated among older adults in countries such as Barbados, Cuba, the former Netherlands Antilles and Uruguay.

At the other extreme are the countries that are furthest behind in the demographic transition. They start the period with a heavy childcare burden and limited numbers of potential carers to meet that demand. The need for care will steadily decrease until 2050, when there will be 26 persons needing care per 100 potential caregivers. From that point, demand for care will begin to surge even more rapidly in countries such as Guatemala, Haiti, Honduras, Nicaragua and the Plurinational State of Bolivia than in the countries with older populations.

Box IV.1

DEMOGRAPHIC DEPENDENCY RATIO AND CARE DEPENDENCY RATIO

The total demographic dependency ratio —equivalent to the number of persons aged under 15 years or over 60 years, divided by the population aged between 15 and 59 years— is a synthetic index of population age structure. It is usually defined as the ratio of the potentially inactive age groups to the potentially economically active ones. A high demographic dependency ratio represents a burden for the population aged 15 to 59 years, which must support others in addition to themselves. Since this indicator tends to have high values in both young and old populations, it is recommended that the index be broken down into two components: the child dependency ratio (also called the youth ratio), comprising potentially inactive persons under age 15, and the adult ratio (or old-age ratio), which considers as potentially inactive only those persons who are aged 60 or over.

The care dependency ratio differs from the traditional indicator in that it reflects the relative care burden borne by potential caregivers within a given society. Like the traditional dependency ratio, this indicator is defined on the basis of age groups; it can be useful for estimating the number of persons in need of care, the amount of care they need and the pool of demographic resources that could provide care. It also allows comparisons to be made of the burden of care between different countries and over time. This indicator focuses on people who

Box IV.1 (concluded)

have specific care needs: the group aged 0 to 6 years, and the group aged 85 years or more, precisely the two extremes of the life cycle. In practice, these two groups are highly dependent on third parties to meet their needs. Next, come the groups aged 7 to 12 years and 75 to 84 years. These groups also need care, but not as intensely as the previous two groups. In the middle—the population aged between 15 and 74 years—are the potential caregivers. To calculate the burden of care, it is assumed that each person under 12 or over 75 years of age needs a given number of units of care: children aged 0 to 6 years and persons aged 85 years and older need one unit, and those aged 7 to 12 years and those aged 75 to 84 years need 0.5 units. This estimate is a proxy and so should be used with caution because it probably underestimates the number of persons needing care and overestimates those who can provide assistance. It does not take into account the fact that the persons in the age ranges classed as potential caregivers may face constraints, especially physical and health limitations, in performing the required tasks.

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Debbie Budlender, "The statistical evidence on care and non-care work across six countries", *Gender and Development Programme (UNDP) Paper*, No. 4, United Nations Research Institute for Social Development (UNRISD), 2008; Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, "Manual sobre indicadores de calidad de vida en la vejez", *Project documents*, No. 113 (LC/W.113), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2006.

C. Changes in demand for care driven by health status

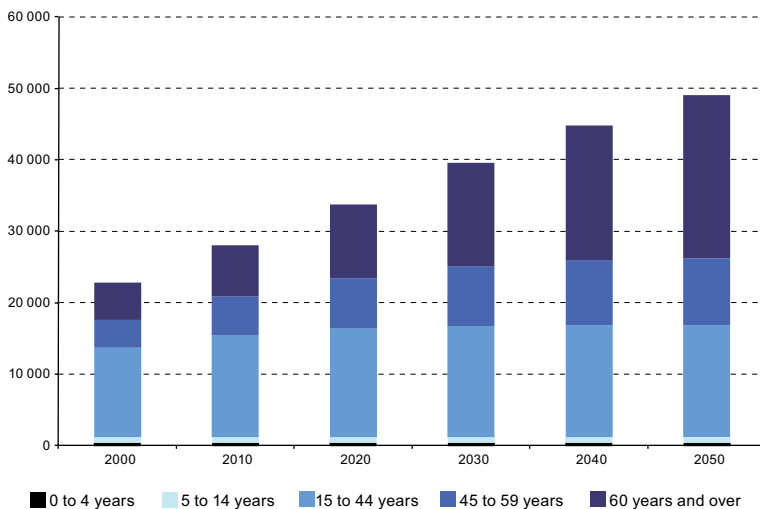
The population needing care for health reasons is expected to soar. Between 2000 and 2050, it is estimated that the number of persons with moderate to severe dependency will double in the region, from 23 million to 50 million (WHO, 2002). After sub-Saharan Africa, the Middle East and Asia, Latin America and the Caribbean will be one of the regions with the highest prevalence of dependency in the world (Harwood, Sayer and Hirschfeld, 2004).¹

Although dependency occurs in all age groups, an analysis by age reveals that whereas at present the greatest burden of care owing to health status is concentrated in the 15 to 59 age group, the dependent

¹ Moderate to severe dependency refers to persons who suffer from any of the conditions in the two most serious classes of disability (active psychosis, dementia, quadriplegia, severe continuous migraine, blindness, paraplegia or severe depression) or who suffer from two of the three conditions in the third most severe disability class (Down syndrome, mild mental retardation and recto-vaginal fistula) (Harwood, Sayer and Hirschfeld, 2004).

population will gradually age and, by 2050, persons aged 60 years or over will represent almost half of this dependent population (see figure IV.2).

Figure IV.2
LATIN AMERICA AND THE CARIBBEAN: NUMBER OF PERSONS WITH MODERATE TO SEVERE DEPENDENCY NEEDING DAILY CARE, BY AGE GROUP, 2000-2050
(Number of persons)



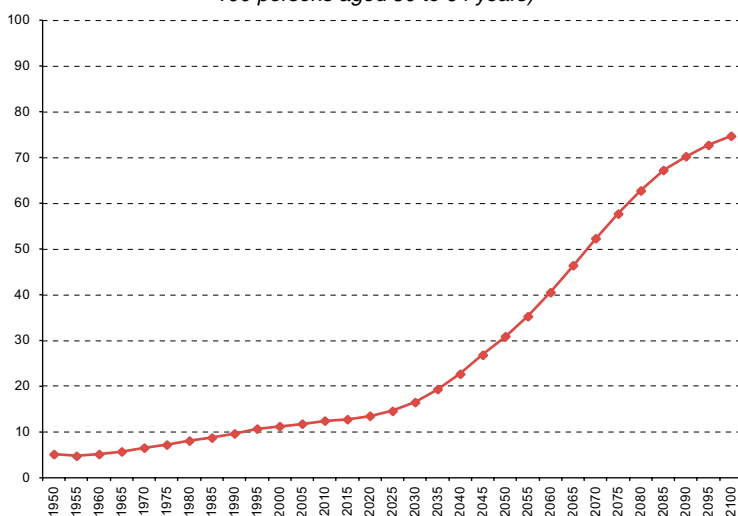
Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of World Health Organization (WHO), *Current and Future Long-Term Care Needs* (WHO/NMH/CCL/02.2), Geneva, 2002.

D. Demographic and family factors in caregiving potential

The burden of care is increasing and changing while the pool of demographic resources that could provide care is shrinking. In general, it is the children, in particular the daughters, who are responsible for covering the health and care needs of the very elderly. This reality is represented by the parent support ratio, which is calculated by dividing the number of persons aged 80 years or over by the number of persons aged between 50 and 64 years (in theory the children of the very elderly), and multiplying the result by 100.

As the old-age demographic dependency ratio increases, so does the parent support ratio. The value of this indicator is expected to increase sixfold between 1950 and 2050. The most significant changes began in 2000, when there were, on average, 11 very elderly persons per 100 adults aged 50 to 64 years; that number is projected to rise to 31 in 2050 and 75 in 2100 (see figure IV.3).

Figure IV.3
LATIN AMERICA AND THE CARIBBEAN: PARENT SUPPORT RATIO, 1950-2100
(Number of persons aged 80 years or over for every 100 persons aged 50 to 64 years)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, population estimates and projections, 2011 revision.

In the countries and territories that currently have the oldest populations (Barbados, Cuba, Martinique, Puerto Rico, the United States Virgin Islands and Uruguay) the parent support ratio in the mid-twentieth century averaged around 8 very elderly persons per 100 adults aged 50 to 64 years. Among the exceptions were Uruguay, with a parent support ratio of 11; the United States Virgin Islands, with a value of 9.6; and Barbados, with 9.3. It is projected that in 2030 these countries will have 32 persons aged 80 years or over per 100 persons aged 50 to 64 and that this figure will rise to 51 in 2050. In 1950 the trend in countries with the least aged

populations, including Belize, Guatemala, Guyana, Haiti, Honduras and Nicaragua, was similar to the one in countries with older populations, but in subsequent decades it remained fairly flat. For these countries, the indicator is not expected to triple until 2050, to 18 persons aged 80 years or over for every 100 adults aged 50 to 64 years.

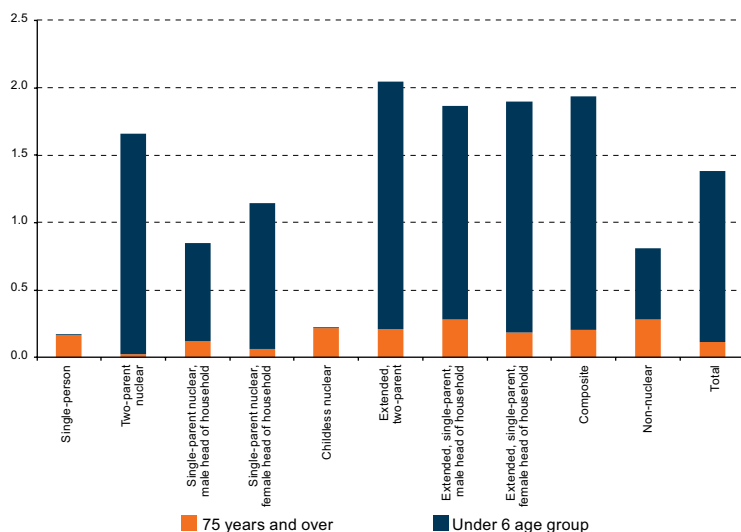
The analysis must also consider how realistic a proposition it is for families to provide care. A regional overview based on responses to household surveys available for 17 countries shows that the greatest change in the last decade is the gradual maturation of the family life cycle in Latin America. This means that, when analysing care at the household level, the make-up of demand reflects the inherent shifts in the family life cycle. Ageing will be the most pressing immediate issue—even more than low fertility rates—affecting families and caregivers, both positively (through the intergenerational transfer of resources) and negatively (through a growing burden of care in the absence of institutional care options).

The family unit structures that currently face the heaviest demand for care are extended families, in all their forms, and composite families (see figure IV.4). In all of them, the average number of family members with care-intensive needs is two per family unit. That is a high figure considering the trend towards smaller families in Latin America, especially in the countries that are in the more advanced stages of demographic transition (Sunkel, 2006). Some of these family structures are the same ones that traditionally have been hit hardest by poverty. Although families are usually able to cobble together resources as they devise new ways to cope with care-related challenges, burdens and opportunities (Castells, 1999), they do not always have the flexibility and autonomy they need to fully adapt to the demands placed on them by modern life and the obligations of family solidarity.

Beyond the typical differences between the countries when it comes to analysing the need for and availability of caregivers (determined by each country's stage of demographic transition), the sexual division of care work and generational obstacles to solidarity and caregiving are true indicators of inequality. In times of crisis, households with sufficient financial resources can pay for the care of their dependent members; they may even do so at an inequitable exchange value. By contrast, poor households may find themselves in a double bind: they can either dedicate their available human resources to the care of dependent members or mobilize their family assets.

The evidence shows that, whichever strategy the poor households employ, the associated adjustment usually carries economic and psychological costs for the women and girls of the household or puts those who need care at risk (Esplen, 2009; Huenchuan, 2011c).

Figure IV.4
LATIN AMERICA (17 COUNTRIES): AVERAGE NUMBER OF FAMILY MEMBERS WITH CARE-INTENSIVE NEEDS, BY FAMILY UNIT STRUCTURE, AROUND 2007^a
(Number of members of the family unit)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of special processing of data from household surveys conducted in the relevant countries.

^a Members with care-intensive needs are those aged 75 years and over and children aged under 6 years.

E. Solidarity at the core of care in social protection systems

As shown in this chapter, children currently present the most intense demand for care in many countries, but, in the future, older persons and persons with some kind of health-related dependency will account for the bulk of the burden of care in a context fraught with limitations arising from the demographic and socioeconomic conditions in which social

reproduction is taking place. It is therefore essential to plan for the future and prepare for the demographic changes that lie ahead for the region.

With the exception of some countries in the Caribbean, care provision has not generally featured heavily on the public policy agenda in the region. In the Latin American countries, both the general and specific regulatory frameworks and the social programmes in place to protect children, older persons and dependent persons are tending to shift the risks associated with care increasingly onto the family. This increases the vulnerability of those who need care and those who provide it, since their position is directly determined by the unequal distribution of resources based on family background.

Here lies one of the great challenges of the twenty-first century: moving towards the recognition and inclusion of care in public policies within a framework of solidarity and equality. Social protection must be re-examined so that it can respond immediately to the impact of demographic changes and also prepare to meet the needs of a constantly changing population. Within this context, dependency and care should be understood as collective responsibilities and supported by allowances and services that maximize the autonomy and well-being of families and individuals within the framework of social protection systems. Government responses to this set of problems must be conceived as a logical extension of the responsibilities of the State, thus creating certain immediate obligations towards givers and receivers of care.

V. THE RIGHTS OF OLDER PERSONS: GAPS AND REAL EQUALITY

Over the past decade, the international community's concern as to the status of older people has been making its way into targeted international policies that take a human-rights approach to this issue. These policies have been promoted by international and regional bodies to chart the course for their own activities, and by State agencies and other actors in their own spheres of action.

This chapter shows that international and regional policies alike shape what States do and, in one way or another, influence how they approach issues having to do with ageing. For example, the United Nations Principles for Older Persons, adopted in 1991, led several countries of the region to start building the rights of older persons into national law. Subsequently, with the International Year of Older Persons (1999) and the second World Assembly on Ageing (2002), this process gained momentum and continues to this day, boosted by the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, adopted in 2003, and the Brasilia Declaration, adopted in 2007.

A. The rights of older persons internationally

There are no legally binding international instruments establishing and protecting the rights of older persons. International human rights doctrine has put this issue in the “any other social condition” category, which might be a sign that the list of censurable reasons for discrimination is not exhaustive and could be expanded to include, among others, age.

This means that the rights enshrined in the 1948 Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights should also apply to older persons.

Treaty monitoring bodies have followed a progressive interpretation of the rights of older persons in order to foster understanding of them. The Human Rights Committee (HRC) has applied the anti-age discrimination principle to some cases reviewed under its complaints procedure (Rodríguez-Piñero, 2010). The Committee on Economic, Social and Cultural Rights (CESCR) has addressed the issue in its General Comments: No. 6 on the economic, social and cultural rights of older persons, 1995; No. 14 on the right to the highest attainable standard of health (art. 12), 2000; No. 19 on the right to social security (art. 9), 2008; and No. 20 on non-discrimination in economic, social and cultural rights (art. 2), 2009. The Committee on the Elimination of Discrimination against Women (CEDAW) made a key contribution in the form of General Recommendation No. 27 on older women and protection of their human rights, as did the Committee against Torture with its General Comment No. 2 on the implementation of article 2 by States parties, published in 2008 (Huenchuan, 2011).

At the inter-American level, in the late 1980s specific measures to protect older persons were included in the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador), which is to date the only binding instrument that specifically addresses the rights of older persons.

B. Constitutional protection and specific legislation on the rights of older persons

Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and the Plurinational State of Bolivia have written the rights of older persons into their constitutions. Some of these countries include protection from acts of discrimination; others focus mainly on guaranteeing economic, social and cultural rights. While there is no shared concept as to the scope of the protections or the particulars of the groups to be protected (all older persons or only the most vulnerable), all of the countries that have written these rights into their constitutions share the duty to protect older persons as a principle.

Under the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, the “duty to protect” requires that States safeguard older persons, individually and as a group, against human rights violations

by third parties. Such safeguards include legislation and other effective measures required to keep third parties from denying equal access to constitutional rights watched over by the State or any other entity, imposing unwarranted eligibility requirements, arbitrarily and unjustifiably interfering with the exercise of rights or establishing barriers to the equality and dignity of older persons.

Box V.1
THE RIGHTS OF OLDER PERSONS IN THE CONSTITUTIONS OF
ECUADOR, THE PLURINATIONAL STATE OF BOLIVIA
AND THE DOMINICAN REPUBLIC

The rights of older persons are spelled out much more extensively in the new constitutions of Ecuador, the Plurinational State of Bolivia and the Dominican Republic, adopted in 2008, 2009 and 2010, respectively.

Chapter V of the constitution of the Plurinational State of Bolivia concerns social and economic rights and provides that all older persons are entitled to a dignified, humane old age and that the State will grant a lifetime old-age pension in the framework of the comprehensive social security system and in accordance with the law.

The State shall also adopt public policies geared towards protection, care, leisure activities, rest and social involvement for older persons in keeping with their ability and potential, and to bar all forms of abuse, neglect, violence and discrimination against them.

Article 36 of Ecuador's constitution provides that elderly persons shall receive priority and specialized attention in the public and private sectors, especially in terms of social and economic inclusion and protection against violence.

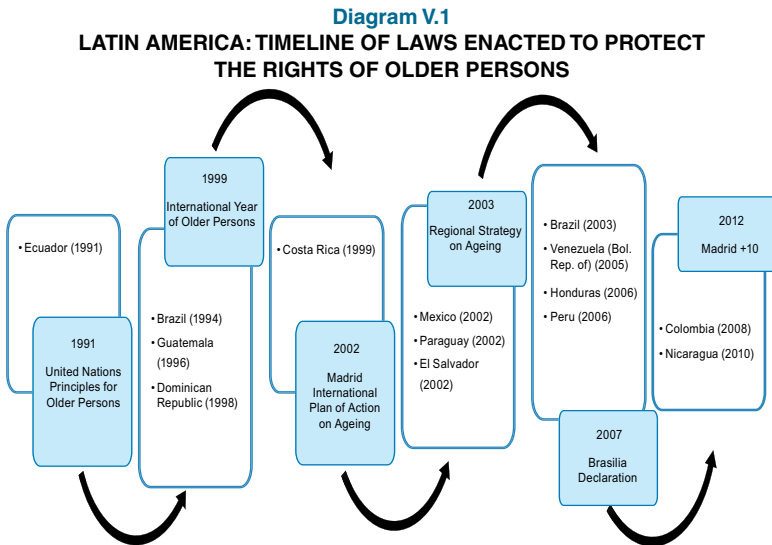
The State shall guarantee elderly persons specialized healthcare free of charge, as well as free access to medicines; paid work, on the basis of their skills, for which purpose their constraints shall be taken into account; universal retirement; and access to housing that ensures a decent life, with respect for their opinion and consent. Among other benefits and guarantees, older persons are to receive preferential care in cases of disasters, armed conflicts and all kinds of emergencies, as well as care and special assistance when they suffer from chronic or degenerative diseases.

Article 57 of the constitution of the Dominican Republic concerns protections for older people and provides that families, society and the State shall together protect and assist older persons and foster their integration in active community life, and that the State shall guarantee comprehensive social security services as well as food subsidies for the indigent.

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of Constituent Assembly, *Constitución política de la República del Ecuador*, Quito, 2008; Constituent Assembly, *Constitución Política del Estado Plurinacional de Bolivia*, 2009; National Assembly, *Constitución de la República Dominicana*, Gaceta Oficial No. 10561, 26 January 2010.

Thirteen countries of Latin America (Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay and Peru) have specific legislation on the matter. Others are currently considering legislation. One example is a bill to ensure the rights of older persons in the Plurinational State of Bolivia. In Chile, in July 2010 the Chamber of Deputies unanimously passed a draft agreement requesting that the executive branch send a comprehensive older persons' rights bill to Congress. In Argentina (Roqué, 2010) and Panama (MIDES, 2010) work is under way on comprehensive legislation to protect the rights of older persons.

These laws are of tremendous value both nationally and regionally because they are the first attempt to legislate rights and so are useful tools for enforcing constitutional protections. According to compiled precedents, existing laws are part of a first generation of legislation concerning older persons that will surely be perfected as progress in protecting their rights is made internationally and regionally.



Source: Sandra Huenchuan and Luis Rodríguez-Piñero (2010), "Ageing and the protection of human rights: current situation and outlook", *Project Document*, No. 353 (LC/W.353) Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).

C. Essence and structure of the rights of older persons in domestic law

As table V.1 shows, the 13 countries with specific legislation have made a broad-based effort to set out the rights of older persons. Provisions against age discrimination cut across most of the legislation in place. Regardless of their stage of population ageing, virtually all of the countries (Bolivarian Republic of Venezuela, Brazil, Colombia, Dominican Republic, El Salvador, Mexico, Nicaragua, Paraguay and Peru) recognize that old age can be a source of violation of rights and have put in place measures designed to prevent and punish age discrimination.

The right to health is also protected in almost all of the current legislation, as is the right to education and culture. Most of this legislation establishes the right to work while respecting the physical, intellectual and psychological circumstances of older persons. The rights of persons living in long-term care institutions, which are usually the subject of specific regulations, are set out separately in some of the legislation reviewed.

This legislative process, along with jurisprudence in several States, reveals emerging new understandings and consensuses as to the rights of older persons. But there are still many completely unprotected aspects of older persons' lives, including areas that are especially exposed to violations of their human rights. This calls for more extensive discussion, analysis and proposals for further protecting the rights of older persons and targeting particular groups within the population of older adults, including indigenous older persons, older women and older persons in situations of imprisonment.

Despite sweeping legislation, the essence and structure of the rights of older persons are still under discussion. The right to health, decent living standards and work does not mean the same thing from one country to the next. This lack of homogeneity leads States to diverge, to a greater or lesser extent, from minimum universal standards of human rights. Until there is a legally binding instrument, there is a pressing need to bring legislation into line with current treaties, interpretations by oversight bodies and, above all, global and regional policies concerning the rights of older persons.

Table V.1
LATIN AMERICA: RIGHTS PROTECTED UNDER NATIONAL LEGISLATION ON OLDER PERSONS

Country and year enacted	Equality and non-discrimination	Dignified life and death	Physical, psychological and emotional safety and dignified treatment	Participation in social, cultural and political life of the community	Adequate quality of life and social services	Physical and psychological health	Education and culture	Housing and a healthy environment	Work	Social security	Fundamental rights and freedoms for persons living in care institutions	Rights for older persons in a detention or prison situation
Brazil (2003)	x	x	x	x	x	x	x	x	x	x		
Colombia (2008)	x	x	x	x	x	x	x		x			
Costa Rica (1999)			x	x	x	x	x	x	x	x	x	
Dominican Republic (1998)					x	x		x				
Ecuador (2001)	x		x	x		x	x	x		x		
El Salvador (2002)				x	x	x	x		x			
Guatemala (1996)	x		x	x		x			x			
Honduras (2007)	x		x	x	x	x	x	x	x	x		
Mexico (2002)	x		x	x	x	x	x	x	x			
Nicaragua (2010)	x				x	x	x	x	x			
Paraguay (2002)	x	x	x	x	x	x	x	x	x			x
Peru (2006)	x	x	x	x	x	x	x	x	x	x	x	x
Venezuela (Bolivarian Republic of) (2005)	x			x	x	x	x	x	x	x	x	

Source: Sandra Huenchuan and Luis Rodríguez-Piñero (2010), "Ageing and the protection of human rights: current situation and outlook", *Project Document*, No. 353 (LC/W.353) Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).

D. Guarantees for enforcing the rights of older persons

The fact that rights are protected in constitutions and specific legal frameworks is not always enough to ensure their enforcement. So there must be special mechanisms for protection (guarantees) to ensure that the needs of rights holders are actually met and their interests protected (Wilhelmi and Pisarello, 2008).

Guarantees can be classed on the basis of the main party or parties charged with safeguarding them (Abramovich and Courtis, 2006). There are institutional guarantees and citizen guarantees. The former are mechanisms for protecting and safeguarding the rights entrusted to institutional bodies such as government offices or judges and legal officials. For the sake of analysis, these may be divided into political and jurisdictional guarantees. The former are safeguards whose enforcement is entrusted to the legislative branch (pursuant to its ordinary or constitutional powers) or the government or administration. The latter are the purview of ordinary courts or special ones, like constitutional courts (Wilhelmi and Pisarello, 2008).

Citizen guarantees are instruments for defending and safeguarding rights that depend directly on the holder (Abramovich and Courtis, 2006); there are many different kinds. One is the guarantee of institutional participation, that is, instruments that directly or indirectly influence the construction of institutional guarantees. Here, access to information is crucial in order learn about and judge policies. To this end, the State must produce and disclose to citizens information on progress on issues and the content of existing or planned public policies, spelling out the rationale, goals, timetables and requisite resources (Abramovich and Courtis, 2006).

A review of existing legislation in the region following this approach shows that not all have explicit institutional guarantees (political or jurisdictional) for enforcing these rights. Some laws lack specific protection mechanisms enabling the holders of rights to effectively defend their needs and protected interests. With notable exceptions, the main weakness of institutional guarantees lies in failure to spell out obligations or identify the parties mandated to protect rights. While the privileges of older persons are listed, it is not clear whether the legislative or judicial branch of government is in charge of enforcing them. The same is true of sanctions, which are usually administrative, with responsibility for enforcement concentrated in institutions created

by the same legislation. Many such institutions lack specifically qualified staff, institutional ubiquity, or budget or procedures for enforcement. And, except for a few countries, there are barriers to access to justice for older persons (Huenchuan, 2011b).

The guiding principle of equality policies should be entitlement, so, in addition to laws, there must be State agencies that enforce and apply the legal and public policy mechanisms in place to ensure that all members of society can exercise their rights. The State thus produces and redistributes well-being, guarantees human rights and should safeguard, protect and expand them. Public policy should be seen as an instrument for promoting and ensuring citizen rights. As the population ages, marshalling the technical and economic capacities of the State and its juridical and policy instruments becomes crucial for guaranteeing old age with equality by enhancing the ability of older persons to overcome defencelessness and insecurity.

E. Strengthening guarantees and the need for an international treaty

It bears repeating that countries with legislation in place specifically protecting the rights of older persons are blazing the trail for setting these human rights into law at the national level. This is being pursued at the international level by the United Nations Open-ended Working Group on Ageing and, at the regional level, by the Organization of American States (OAS) Working Group on Protecting the Human Rights of Older Persons.

Much of this legislation was enacted during the second half of the 1990s. In some countries this was due to a realignment of domestic political power; in others, it was driven by first ladies or by genuine interest on the part of the authorities in addressing the challenges posed by a rapidly growing national population of older persons. External forces, mainly in the form of international cooperation, have also helped drive the development of legislation.

Without diminishing the value of these initiatives, much remains to be done to turn them into an effective tool for substantive equality. Legislative, institutional and, above all, citizen guarantees must be enhanced. In several cases, the principles or objectives of the laws include participation on the part of older persons but the text of the law does not

establish instruments enabling the holders of these rights to defend or safeguard them. There is a need for institutional channels of participation on issues of concern to older persons and for overcoming barriers in access to public information. Real, effective construction and protection of rights is possible only if the holders of those rights are involved.

Notwithstanding the effort that the countries of the region have put into legislating the rights of older persons, the lack of specific regulatory support (particularly in the form of an international treaty) similar to what already exists for disadvantaged and socially discriminated groups has practical consequences for promoting and protecting the rights of older persons. Current international standards do not provide a set of consistent guiding principles for States as they work on legislation and public policy. Human rights doctrine and other international touchstones do not address specific rights that are in need of more detailed legislation in the light of emerging understandings and consensuses concerning, *inter alia*, legislation and jurisprudence at the State level (Jaspers, 2011).

It is unfortunate that these constraints are not being dealt with in national legislation and that men and women usually face new difficulties as they age. The benefits of a treaty to protect the rights of older persons would include helping to lessen the enormous inconsistencies in drafting and interpreting legislation on the rights of older people, dispelling ambiguities in recognizing those rights and furthering efforts to promote and protect them on the part of States, international actors and civil society.

VI. PUBLIC INSTITUTIONS, AGEING AND PROTECTION

At every step of the policymaking process, decision makers must consider how interests and ideas fit into the institutional context that shapes and determines policy. Indeed, institutions can even alter the power of the social group which seeks to benefit from a particular policy and introduce a different interpretation of the reality faced by the group.

Consolidating public institutions geared to older persons in the region continues to be plagued by difficulties. However, the very existence of such institutions is a good starting point. Institutions can facilitate or constrain the advance of actions designed for older persons, and consequently, their status as citizens, to the extent that such institutions are able to provide the mechanisms, instruments and resources needed to ensure the exercise of the rights of these persons (Jusidman, 2007). Therefore, in setting up and maintaining these institutions, decision makers must be cognizant of this challenge and of the complexities involved.

A. Public institutions: the issue evaded by public policy

As political science and public policy evolve, the tendency is to ignore the fact that they are circumscribed by institutions and that the latter set important parameters for raising issues, adopting decisions and finding a solution, whether it be positive (action) or negative (passiveness or inactivity). Thus, policymakers or implementers often tend to overlook this consideration and disregard the fact that various initiatives call for institutional facilities of a different type, many of which are not fully available or are not available across the board in certain relevant subject or thematic areas (Lahera, 2007).

In other words, the future course of a policy is subject to what is considered acceptable, legitimate and fair as regards the means and the end, within the framework of the institutions. This means that the activity and thinking are fundamentally defined by the latter. Institutions are the entities that wield the authority and power and provide the physical, cognitive and moral context for joint action, the capacity for intervention, the conceptual bases for observation, the agenda, memory, rights and obligations as well as the concept of justice and the symbols with which the individual can identify (March and Olsen, 1984). However, they are merely a reflection of the society.

B. Public institutions and inequality

Institutions do not exist in a vacuum. In Latin America and the Caribbean, the context in which they operate is one where wealth, income and opportunities are highly concentrated. In societies that are deeply segmented economically, regionally and ethnically, this results in fragmented political systems that are relatively unstable and have little inclusive impact. (Adelantado and Scherer, 2008). Therefore, according to the ECLAC development proposal, institutions and the way they operate are indispensable for reversing this situation and moving towards equality. Public institutions must respond to this challenge and, the principle of equality must be mainstreamed into any proposal for development that seeks to break with the pattern of inequality.

Inequality and weak institutional frameworks are interdependent phenomena and in practice tend to perpetuate the status quo. If institutions do not have clearly defined rules that all stakeholders in a given sphere of public performance can use to orient their interactions and decision, the interests of the traditionally excluded groups in the political stakes will not prevail (Adelantado and Scherer, 2008). Thus, in the end institutions embody the interests of given sectors, which are precisely the most informed and the closest to power circles. Hence, decision making is based on a particular rationale that responds to the interests and values of a limited set of stakeholders, who act out of the need to adopt or alter objectives, undermining or altering public policies and the institutional arrangements themselves.

Furthermore, lack of continuity in public action, lack of qualified staff and limited standardization of rules or procedures are just some of the factors that severely hamper the performance of institutions in

the region and can act as a hindrance to equality. Therefore, any initiative that seeks to combine rights-based development with public policymaking and implementation designed to strengthen the redistributive role of the State is subject to the establishment of appropriate institutions and the relevant public authority, in particular a social authority (Machinea, 2005).

Institutions must, therefore, be moulded into State instruments that can close the gaps in protection and build capacity. They must administer and provide public goods for the whole population and be capable of reducing the distance between social groups in terms of power and wealth (ECLAC, 2010).

As regards these institutions, the emphasis must be two-fold. First, the burden of meaning and of moral and ethical duty affects the way the problem is conceived as well as the underlying need (Székely and Pardo, 2006; Repetto and Chudnovsky, 2008); second, it impinges on the degree of power assumed by the decision-making stakeholders. For both these reasons, when institutions are created or consolidated, the relevant issue (in this case older persons) assumes a certain position on the government agenda. In other words, the future outlook is linked to those instances that have maintained the status quo. In other words, the issues gain credence when they are embodied in an institution and the sphere of influence of the groups or marginal issues is increased when a specific government body adopts or assumes them.

C. Setting up institutions to deal with ageing

The process of creating and subsequently consolidating an institution is a lengthy and complex undertaking. It is a development, both technical and political, that calls for changes in levels of action and decision making, with different stakeholders playing a part and responding to different rationales, while other institutions, each eager to be involved, identify problems, prepare agendas and adopt decisions (ECLAC, 2000).

For this reason, institutionalization cannot be neglected, that is, the process whereby social practices become sufficiently regular and continuous through standards which sanction and maintain them so that they become a substantial part of the organizational structure (Levy, 1996). This is a legitimization mechanism produced by societies which enables entities to create an imaginary in public opinion, and practical applications in the form of policies.

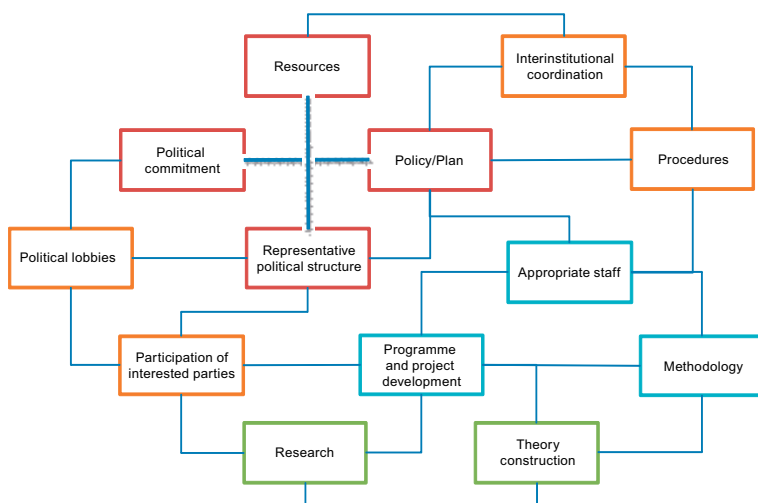
Thus, organizational structures need to be changed radically in order to set up public institutions to deal with a specific issue. Thus,

although it depends on the context, new institutions need not adhere to pre-existing structures and strategies (ECLAC, 2000). The issue should be mainstreamed into general public policy through the creation and development of mechanisms within the general State agenda. Specific targeting actions for implementation and responsibility may also be appropriate in some circumstances, but this will depend on their orientation and on the services and benefits provided given the nature and depth of the problem they wish to address.

A study conducted by the Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC in 2010 and 2011 identified 16 criteria for an institutional framework on ageing, which served as parameters for analysis. These were scrutinized by experts and assessed according to their level of importance (Huenchuan, 2011a).

In keeping with the hierarchy established by these experts, the political commitment, the representative political structure, the existence of a plan and availability of resources could be the starting point par excellence for the whole process and give impetus to the rest of the elements (see diagram VI.1).

Diagram VI.1
NETWORK OF INSTITUTIONS DEALING WITH ISSUES RELATING TO OLDER PERSONS



Source: Sandra Huenchuan, "Desafíos de la institucionalidad pública y el abordaje del envejecimiento", presentation at the International meeting for the monitoring of the Brasilia Declaration and the promotion of the rights of the elderly, 9-10 November 2011.

According to experts, setting up an institution on the basis of a legal prescription provides stability, a clear mandate and a medium- and long-term development perspective. This legal mandate must be supported by a sufficiently large budget allocation to bring the institution on stream and enable it to fulfil its obligations. At the same time, a policy or plan is essential for coordinating the institution's agenda. This tool must be designed as an operational response for enforcing the guarantees contained in the law which gives rise to the institution. These issues are fundamental for boosting the influence of institutions that are responsible for issues relating to older persons and thus to move forward in the consolidation and sustainability over time.

D. Mapping public institutions that address issues relating to older persons

Institutions geared to older persons in the region are by nature heterogeneous. The Caribbean countries have been pioneers in setting up institutions that address the needs of older persons. The Bahamas, Jamaica and Saint Kitts and Nevis created agencies for this purpose in the 1960s and 1970s. Similar institutions have been founded in Central America and South America since 1990 and most of them since the Second World Assembly on Ageing. Countries such as Costa Rica and Mexico have followed a different path, however, as they have dealt with ageing issues quite early in the game, although the names and functions of the institutions have since been changed.

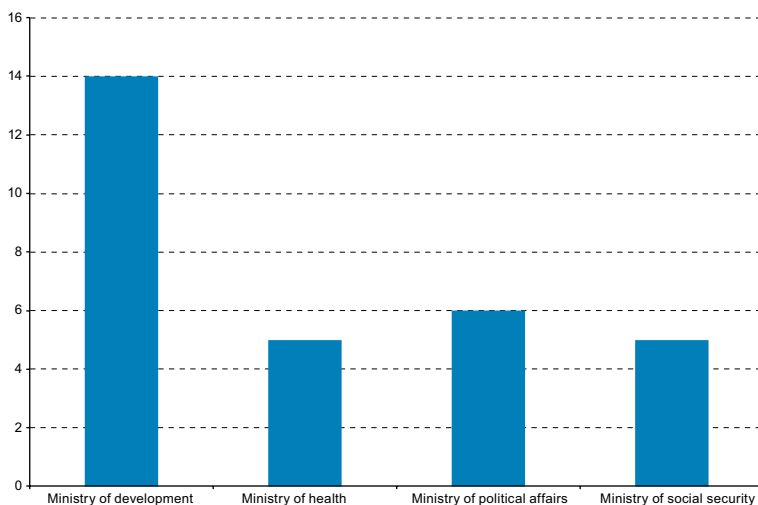
Information available for the 41 countries suggests that the existing institutions are based principally on specific laws for protecting the rights of older persons. Others were established by decree, administrative order or national policy. The most common institutions are national directorates, such as exist in Argentina, Aruba, Colombia, the former Netherlands Antilles, Nicaragua, Paraguay, Peru and other countries. Next are the councils, which are to be found in Anguilla, Belize, Costa Rica, Dominican Republic, Jamaica and Saint Lucia. Institutes are a less common form of organization and exist in the Bolivarian Republic of Venezuela, Mexico and, recently, Uruguay.

Today, the more modern concept of older persons has resulted in the attribution of a broader range of activities to national bodies responsible for issues relating to ageing, and these have thus been gradually absorbed into the sphere of the social development ministries (see figure VI.1).

Some 14 countries are in this situation (Argentina, Bahamas, Belize, Chile, Dominica, Ecuador, former Netherlands Antilles, Mexico, Panama, Peru, Saint Kitts and Nevis, Suriname, Trinidad and Tobago, and Uruguay). This proves that the affairs of older persons are no longer viewed merely as a biomedical issue, as used to be the case in the 1970s and 1980s, since even institutions that depend on a ministry of health, as in Cuba and Paraguay have a sphere of competence that extends far beyond health care for older persons.

Figure VI.1

LATIN AMERICA AND THE CARIBBEAN (30 COUNTRIES): APPOINTMENT OF INSTITUTIONS TO DEAL WITH ISSUES RELATING TO OLDER PERSONS



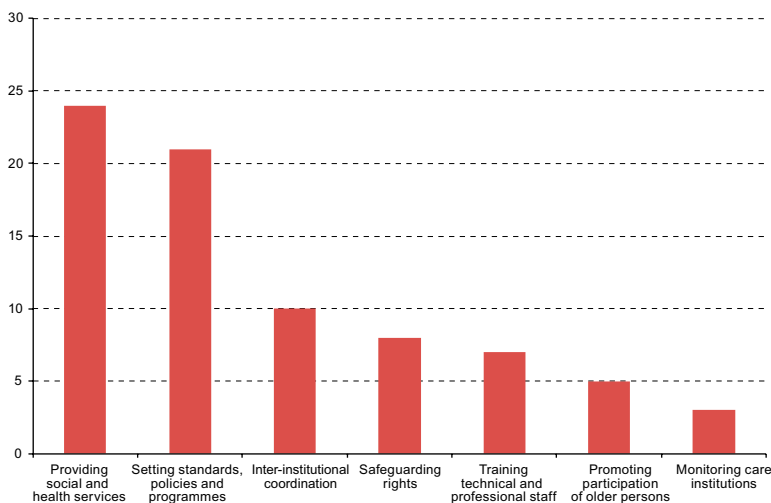
Source: Sandra Huenchuan, "Desafíos de la institucionalidad pública y el abordaje del envejecimiento", presentation at the International meeting for the monitoring of the Brasilia Declaration and the promotion of the rights of the elderly, 9-10 November 2011.

In the past, it was also common to assign these functions to the ministries for political affairs and social security institutions; the former, because the issue of older persons had been mainstreamed into the government agenda, in many cases, thanks to the initiatives by first ladies; and the latter because —just as had occurred with health— older persons only qualified as a group for government attention under the category of pensioners or retirees. Today social security institutions continue to play an important part in promoting the well-being of

older persons, but the low coverage observed in different countries in the region is due to the fact that these institutions, with notable exceptions, are usually concerned with just one segment of the older adult population.

More than half of the countries under review deal directly with social and health services for older persons (see figure VI.2). Argentina, Belize, Brazil, Cuba, Chile and Uruguay are among those where these agencies devote a substantial part of their activity to this purpose. In a large number of countries, institutions are responsible for setting standards, policies and programmes for older persons. In some cases, monitoring is an important part of their agenda, for example, in Colombia, Costa Rica, Ecuador, El Salvador, Haiti, Mexico, Panama, Suriname, and Trinidad and Tobago. Safeguarding rights is a sphere in which several institutions play a part, especially in Spanish-speaking countries. The same occurs with the protection of older persons against violence. Institutions in Anguilla, Belize, Ecuador, Guatemala and other countries address this issue.

Figure VI.2
LATIN AMERICA AND THE CARIBBEAN (41 COUNTRIES): FUNCTIONS OF INSTITUTIONS RESPONSIBLE FOR ISSUES RELATING TO OLDER PERSONS



Source: Sandra Huenchuan, "Desafíos de la institucionalidad pública y el abordaje del envejecimiento", presentation at the International meeting for the monitoring of the Brasilia Declaration and the promotion of the rights of the elderly, 9-10 November 2011.

With respect to the guidance provided by institutions geared to older persons, 83% of those surveyed maintain close collaboration and cooperation ties with other government agencies, 78% do so with civil society organizations and 54% with academic institutions. Several agencies in the English-speaking Caribbean belong to this last category, although the majority are Central American and South American institutions.

In terms of the programmes implemented, a high percentage of institutions geared to older persons (89%) focus on development tasks; just over half are concerned with health and well-being; and only 34% conduct programmes relating to enabling environments. In the first of these areas, the institutions carry out actions designed to foster the participation of older persons through organizations, retirement centres, volunteering or intergenerational exchange activities.

Knowledge-access, education and training programmes are frequently implemented albeit to a lesser extent than poverty alleviation activities. National institutions on ageing in 34 countries run programmes for this purpose consisting in providing specific subsidies or bonuses (Ecuador, Panama and Suriname, among others), and food or non-contributory benefits (principally in the English-speaking Caribbean countries including the Bahamas, British Virgin Islands, Guyana and Jamaica). Institutions also foster employment programmes, as in Mexico, and in providing emergency care to individuals (Anguilla, Belize and El Salvador, for example).

The health programmes are implemented in different work spheres, such as nutrition (Anguilla, Bolivarian Republic of Venezuela, Cuba and Ecuador, among others) and access to medication (Bolivarian Republic of Venezuela, Costa Rica, Cuba, Dominican Republic, Guyana, Paraguay, Peru, Puerto Rico, Suriname and others). Cuba and Anguilla also provide for the mental health of older persons and Anguilla and Guyana provide services for older persons with HIV/AIDS.

Lastly, some institutions have support programmes for victims of abuse and ill-treatment (Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, El Salvador and Puerto Rico, among others) and programmes for access to housing, whether through the provision of subsidies or housing loaned in commodatum or home repairs (Anguilla, Bahamas, Chile, Costa Rica, Cuba, Dominican Republic and Haiti). The provision of transport facilities is another area of work of

these institutions in countries such as the British Virgin Islands, Costa Rica, Cuba, Dominican Republic and Puerto Rico while Argentina, British Virgin Islands, Costa Rica, Cuba, Dominican Republic, Guyana, Jamaica, Panama, Puerto Rico, and Trinidad and Tobago have home care programmes that vary in scope and coverage.

E. Equality as a basis for institutions geared to older persons

The various administrations in the region are starting to set up institutions to cater for issues relating to older persons, and this enhances the visibility of the interests and needs of this group on the public and government agenda. These institutions show a genuine interest in contributing to the well-being of older persons and in many cases have created facilities to encourage the participation of older persons in decision making. In some cases, it has been possible to introduce innovations with respect to traditional spheres of dealing with ageing issues, on the basis of the reality in each country.

By dint of struggling for recognition, in some countries, the institutions are becoming legitimate interlocutors for political dialogue. They are conscious of the need to establish partnerships and to mainstream the issue throughout the State apparatus; moreover, they are confident that civil society, whether academia or social organizations, can improve the status of older persons.

Notwithstanding the will of these institutions, there are still many disadvantages today that constrain their ability to act and jeopardize their consolidation. The main difficulties stem from the fact that with notable exceptions, the issue is limited to operating units that are low in the institutional hierarchy, with a limited budget and few staff members. This practice sometimes fails because of the pressure of lobbies (whether professional, organizational, trade-unionist or others), which develop ties with other power networks (political parties, parliaments or international experts) or else the interest is promoted directly by a government authority with a keen interest in the issue.

The foregoing is due to the fact that even in the more economically developed countries, ageing has always been treated as a welfare issue and, often, as an obstacle to growth and development (Sidorenko, 2003).

In dealing with the changes looming ahead, this trend must be reversed and age equality needs to be promoted in all areas of government and in all organizations.

The most important goal is however already within reach: the political commitment to adopting measures on the issue. Henceforward, the other elements of the institutionalization network will be set in motion. The rest is part of the construction process. During their development, public institutions designed for older persons will be in a position to reform the classical social institutional framework in a country. Clearly, they cannot make up for all the past deficiencies that social institutions have displayed but they do have the opportunity to go beyond the classic forms of conceptualizing and dealing with social issues, in this case, the situation of older persons. This is a newer institutional framework, even more so than that set up to address issues concerning gender, indigenous peoples or children. For this reason, they will be able to draw on a wealth of experience for modernizing their forms of intervention, generating knowledge, providing feedback on their practice and blazing trails so that solidarity can, effectively, be an inherent value in equality.

VII. PROGRESS AND PRIORITY AREAS OF ACTION FOR IMPLEMENTING THE BRASILIA DECLARATION¹

Progress in implementing the Madrid International Plan of Action on Ageing and the Brasilia Declaration was taken up in earlier chapters, but some key aspects warrant further discussion because they have recently been shaping government agendas or are work areas in need of increased government attention over the coming years in order to move ahead with the ECLAC equality agenda.

A. Older persons and development

1. Work and a diverse labour force

The issue of work and old age, which will become increasingly relevant in the future, has so far been addressed mainly by regulations targeting older persons and by some social programmes. One of the most substantial steps forward since 2002 is the growing number of countries seeking to eradicate age-based discrimination in employment, by means of affirmative action measures or a specific ban on segregating any worker on the grounds of age (Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay). In some cases job training is available (Chile, Colombia, El Salvador, Honduras, Mexico, Panama, Puerto Rico and Uruguay). In other cases there are databases and information on jobs for older

¹ This chapter looks at general progress made recently by the countries of the region. Information is provided for 2002 on, but the focus is on progress since adoption of the Brasilia Declaration (2007). The information includes measures seen in chapter VI regardless of whether they have been implemented by public institutions responsible for the affairs of older persons.

persons (El Salvador, Mexico and Puerto Rico). And there are countries that have promoted access to entrepreneurship loans (Brazil, Costa Rica, El Salvador, Honduras and Peru). Funding for productive initiatives can come from many sources, including direct subsidies (Belize) and competitive funding (Chile, Honduras, Mexico, Paraguay).

Except in very few cases, initiatives to promote work in old age are still isolated low-budget measures that sometimes do not provide appropriate guarantees for older workers. This is an area in need of far more sweeping reforms over the short to medium run in order to augment the scope and impact of the measures implemented. Experience in developed countries shows that actual practice will not change until employers fully accept the importance of a diverse labour force and discover the value added that older workers can bring to the workplace.

2. Social security and sustainability

One of the most significant advances since 2002 has been the decision to broaden access to social security by creating non-contributory pension programmes for older persons. Belize recently expanded its special non-contributory pension scheme in order to assist those most in need. In 2009, 65% of the 4,297 older beneficiaries were women. In Guatemala, the economic contribution programme has, since 2005, been providing pensions for older adults not covered by social security. In the Plurinational State of Bolivia, the Renta Dignidad (decent income) programme, created in 2007 to replace the old Solidarity Bonus (BONOSOL), provides all persons aged 60 or over with a monthly income of 200 bolivianos. In 2009 Panama began giving a bonus to persons aged 70 or over with no retirement or other pension coverage. That same year, El Salvador established a basic pension for persons aged 70 or over with no pension or remittance income.

Since 2011, Peru's National Solidarity Assistance Programme "Pensión 65" provides a monthly income of 125 nuevos soles to households with one older member and 250 nuevos soles to those with two older persons. In December 2011 there were 40,676 older persons on the roster of beneficiaries. In 2012 the Bolivarian Republic of Venezuela rolled out its Greater Love Mission programme, which is expected to cover more than 675,000 older persons this year. Similar initiatives are under way in Anguilla and the Bahamas.

The big challenge that these initiatives face is, without question, their medium- and long-term sustainability. One example is the difficulties that Paraguay encountered after its 2009 approval of a non-contributory pension that has yet to be fully implemented.

In this regard, ECLAC has said that many of the countries of the region would have no problem funding a minimum non-contributory pension scheme. But there could be problems down the road if programmes are approved without reforms expanding the social security funding base. ECLAC has maintained that a fiscal covenant that envisages tax structures and tax burdens with a greater redistributive effect, while strengthening the role of Government and public policy so as to ensure the welfare threshold is respected, is part of the equality agenda (ECLAC, 2010).

3. The crisis and poverty in old age

Assessing poverty among older people is a complex exercise, and several factors cause household surveys to underestimate poverty among older persons. Such difficulties are particularly problematic when the issue is approached from a human rights perspective. They result in weaker knowledge of the specificities of old-age poverty, which tends to lead to policy choices that ignore the complex issues involved in tending to this segment of the population (United Nations, 2010b).

It is often felt that cash subsidies are an effective way to alleviate poverty among older persons, but the most recent crisis has shown how vulnerable they are to the loss of income. Indeed, according to the International Committee of the Red Cross (ICRC) annual report issued in June 2010, the crisis worsened the situation of many older persons around the world despite their pension income by turning some of them into the means of support for their children and families dealing with unemployment (ICRC, 2010). This was also noted by Peru's Ministry of Women and Social Development (MINDES) in a 2009 study showing that older persons account for more than 50% of family income in households living in extreme poverty and that this percentage increases in times of crisis (Ramos, Vera-Tudela and Cárdenas, 2009).

This vulnerability of older persons has, so far, been utterly ignored. The focus is often on other sectors without factoring age into the equation. But recent experience has laid bare the potential risks, especially in view of the fact that in some countries (above all, developed ones) cuts to address the crisis centre on pensions and social services.

Among the most innovative recent approaches to alleviating poverty among older persons are conditional cash transfer programmes that provide subsidies to poor families with an older member (Brazil, Chile, Colombia, Panama and Uruguay). There is no doubt that such transfers are extremely important for the well-being of older persons. However, as noted by the United Nations (2010b), they should not be regarded as the only response to poverty.

In order to effectively promote an adequate standard of living, cash subsidies should be just part of a more comprehensive social protection strategy that tackles the impact of poverty throughout the life cycle and includes measures to ensure that older persons have access to all appropriate social services, including health and care services.

B. Health and well-being

1. Health-care plans and insurance

Health-care institutions focused on older persons are becoming an increasingly active player, as can be seen in the growing number of older persons in health-care plans and programmes. New kinds of insurance have been created, or the way existing insurance regimes work has been improved.

In October 2011 Ecuador's Ministry of Public Health announced its 2011-2013 Inter-Institutional Plan of Action for the Health of Older Persons, Including Active and Healthy Aging. The Plan of Action comprises four work areas: public policy, services tailored to older adults, trained human resources and monitoring and evaluation. Also in 2011, the Ministry of Public Health of Uruguay rolled out its National Health Promotion Strategy (ENPS) with a chapter devoted to older persons. There are also initiatives in the English-speaking Caribbean (the Bahamas, for example, has implemented a national plan for healthy aging), but they differ in the conditions covered and in how they are organized.

On the insurance front, the Plurinational State of Bolivia set up the Health Insurance for Older Adults system (SSPAM) in 2006 under law No. 3323, providing access by persons aged 60 or over who are permanent residents and have no other health insurance. More recently, Chile took a big step forward last year when it eliminated the 7% health-care contribution for pensioners; this is expected to benefit nearly one million older persons.

Such practices are becoming more widespread in the region, but there are still few countries with instruments that define roles and guide States as they tackle the issue of the health of older persons and make it easier for them to access care. The right to health involves obligations; one of them is the obligation to guarantee that right by means of legislative, administrative, budgetary and other measures. Affordable plans and insurance are a prime tool for this and must be coupled with effective action to put well-being within the reach of older persons.

Box VII.1
SPECIAL GROUPS OF OLDER PERSONS

Older persons in emergency situations, older women, older persons living in rural areas and older persons in situations of imprisonment are not as high on government agendas as other groups. This is despite the fact that natural disasters have lately garnered public attention, that the issue of older women has even been the subject of debate within the United Nations, and that the ageing rural population and the ageing population in situations of imprisonment are cause for concern, even for developed countries, because of their potential impact on the economy.

(i) Older persons in emergency situations

Natural disasters have revealed how unprotected older persons are throughout the world. The earthquakes in Haiti and Chile and the tidal wave in Japan showed that older persons are one of the most at-risk groups. In Haiti, findings from the survey coordinated by the Office for the Coordination of Humanitarian Affairs (OCHA) and the Government showed that older persons are particularly at risk during emergencies because it is harder for them to go for help. In Chile, nearly 60% of the fatalities reported by the Ministry of the Interior were older persons and minors (Jaspers, 2011). But this stark situation has not yet led to specific action by States. Only a few countries (such as Anguilla, Belize and Ecuador) are tackling this issue.

(ii) Older persons in rural areas

Older persons in rural areas face a special set of problems having to do with inheritance rights and access to productive resources and technologies. There is considerable pressure from their children, neighbours and even some government agencies because it is the older persons who usually own the land and this is seen as an obstacle to land productivity. In Mexico in 1999, 24.5% of the land rights were held by 60-to-75-year-old cooperative farmers (*ejidatarios*) or members of agrarian communities (*comuneros*); 15% of the landowners were aged over 75 (Vásquez, 2010). This has led some to suggest that ageing landowners contribute

Box VII.1 (concluded)

to the underuse of land because clinging to customary practices and traditional farming methods makes it hard for older persons to embrace change or adopt new technologies. Except for some countries (Argentina, Belize, Mexico, Peru and the Plurinational State of Bolivia, among others), this issue is not getting the attention it deserves.

(iii) Older women

The rights of older women are not systematically addressed in State reports or in non-governmental organization shadow reports. In the majority of cases, older women and the discrimination that they experience still receive little attention (CEDAW, 2009). This is also true in the public policy arena. A review of information from 41 ECLAC member States shows that very few have taken action for older women. Discrimination against older women, which is the result of inequalities accumulated throughout life, is dealt with as an economic security issue or by recent social services initiatives.

Worthy of note is the social-community health model being implemented by Argentina's National Institute of Social Services for Retirees and Pensioners (INSSJP), focusing on primary health-care and on developing social benefits to bring in more older persons. In June 2011 the roster of INSSJP enrollees (all ages including newborns) stood at 4,429,922. Women aged 60 or over accounted for 56% of the total and stood at 2,488,284 users; 1,056,359 users were women aged 75 or over. Among the most innovative INSSJP programmes are the rights, citizenship and volunteerism programme, with two work areas targeting older women.

(iv) Older persons in situations of imprisonment

Another neglected area is the impact of ageing on prisons. According to a study on the ageing prison population in the United States, older men and women are the fastest-growing segment of the prison population of that country. Prison officials are hard-pressed to provide them with appropriate housing and medical care. Between 2007 and 2010 the number of older persons serving time in federal or state prisons grew 94 times faster than the total prisoner population (HRW, 2011).

Older persons in situations of imprisonment often do not receive the care they need; others spend long stretches of time in prison without being sentenced. In 2009, there were 514 older persons in the penal system of El Salvador. Six per cent of the female inmates in the women's prison were more than 60 years old; for many of them, conditional release is beyond their reach because of a lack of information or means to post bond (Jaspers, 2011). There is a higher prevalence of diseases and disabilities among this population, with medical costs that are three to nine times higher than for younger inmates. This is one of the reasons why this issue is coming increasingly to the fore, especially in the developed countries (Le Mesurier, 2011).

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC.

2. Access to and regulation of essential drugs

Noteworthy drug access programmes for older persons are in place in Antigua and Barbuda, Argentina, the Bolivarian Republic of Venezuela, the British Virgin Islands, Belize, Costa Rica, Cuba, Dominica, the Dominican Republic, Mexico, Paraguay and Saint Vincent and the Grenadines. Nicaragua's Ministry of Health recently committed to restoring the health benefits that older persons had lost when the minimum pension from the Nicaraguan Social Security Institute was discontinued, and to implementing a plan in the country's 153 municipalities to guarantee better care for older persons and provide drugs and prostheses.

The core obligations of the right to health include the provision of essential drugs as regularly defined in the Action Programme on Essential Drugs of the World Health Organization (WHO) (CESR, 2000). In Latin America and the Caribbean this is an area in need of further consolidation because it is a major item of expense for families. In Peru in 2005, 34% of health spending fell to households, and 70% of that went to purchasing drugs. This impacts the poorest segments of society. Insurance reduces or eliminates household spending on health, but once access to drugs is secured the next step is to regulate the market with uniform pricing in order to make them more affordable.

3. Long-term care and human rights

There are two main kinds of long-term care: home care and residential care (United Nations, 2011b). The English-speaking Caribbean has a longer tradition of home care services (Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Dominica, former Netherlands Antilles and Trinidad and Tobago, among others). Countries have been venturing into the residential care policy area, but vast challenges remain to be met in the coming years. Some countries have tended to focus on regulating long-term care facilities (Argentina, Aruba, Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, former Netherlands Antilles, Panama, Uruguay, Trinidad and Tobago and many others). In most cases, though, regulation is weak and even usually relegated to administrative measures. A detailed review shows that most regulations fail to fully guarantee the fundamental rights and freedoms of older persons, amidst recurring complaints that the guaranteed rights of residents are violated.

According to a recent United Nations report (2011b), the challenges seen in the countries of the region are the same as those faced by older persons everywhere in the world. The institutions that supervise long-term care facilities find that their job is made even more difficult by the lack of international guidelines and national systems for regulating and overseeing residential care practices to ensure that older persons are supported in making informed decisions as to their health-care, human dignity and autonomy. The countries should move ahead with safeguards to protect the adult population in residential care settings while working on the regional and international levels to set guidelines for core areas in order to protect the fundamental rights and freedoms of older persons.

4. Human resources training and South-South cooperation

This area of work is still unresolved and involves a vast array of challenges stemming from changes in care needs and service distribution: more complex solutions and high demand for multidisciplinary action; more time spent by health teams in caring for older persons; and longer periods of ill health and a heavier individual disease burden. This is a scenario where half of the human resources who will tend to older patients over the next 20 years were trained in the past 10 years (Fernández, 2010).

Health systems therefore face a shortage of specialized medical professionals, compounded by emigration of health care workers from the English-speaking Caribbean. To address this shortage, some countries have university-level specialization in geriatrics (Bolivarian Republic of Venezuela, Chile, Costa Rica, Dominican Republic and Mexico). An interesting approach is the one taken at the Raúl Blanco Cervantes hospital in Costa Rica: in addition to training professionals, it coordinates an extension programme involving geriatric services throughout the country. Another fairly frequent approach—and one that usually achieves broader coverage—is to provide other health professionals with training in geriatrics and gerontology (Argentina, Cuba, Chile, Brazil, El Salvador, Belize, former Netherlands Antilles).

Training for caregivers is more common in the English-speaking Caribbean countries. Most of the States examined have initiatives in this area (inter alia, Aruba, Belize, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago). Such training is not as frequent in Latin America, where existing programmes do not always have an

institutional framework or are sporadic or small in scope. Standouts in this sphere are Argentina's National Home-Care Programme and Cuba's schools for caregivers in the community, among other training programmes.

Population ageing will increase the demand for skilled personnel in the developing countries, which need to strengthen their own health systems and boost the number of skilled health workers (United Nations, 2007). This will require measures geared towards allocating more resources for training medical and non-medical personnel, including potential strategies for South-South cooperation.

C. Enabling and supportive environments

1. Citizen participation and guarantees

Recently, and especially since 2007, some countries have stood out for opening and/or enhancing channels of participation for older persons. One of them is Costa Rica, which established a consultative forum made up of leaders from throughout the country who are consulted on actions taken by the national institution. The regional committees for older adults in Chile, created by law No. 19.828 enacted in 2002, comprise authorities and representatives from civil society organizations, among other actors. Nicaragua began the process in January 2012 under law No. 720, as did Uruguay with the start-up of its National Institute for Older Adults (Inmayores) and the creation of a Consultative Council with representatives from organizations of older persons.

Some countries have encouraged older persons to participate in designing national plans concerning them. In Brazil, the National Conference on the Rights of Older Persons has been bringing together more than 1,000 participants once every two years since 2003 to define policy guidelines. The Plurinational State of Bolivia deployed a consultation strategy for its national plan to be drafted and validated jointly with the organizations. Uruguay consulted older persons for drafting its National Plan for Old Age and Ageing, as did the Dominican Republic with its 2010-2030 National Development Strategy and Peru with its 2006-2010 National Plan for Older Adults.

One new development is the creation of organizations of older adults to advocate for their own rights. Some examples are the Association

of Independent Retirees and Pensioners (AJUPIN) in Nicaragua, the Older Adult Network (REDAM) in Uruguay, the National Association of Older Adults of Bolivia (ANAMBO) and the National Association of Older Adults (ANAMH) in Honduras. There are also strong older adult movements in the Bolivarian Republic of Venezuela, Honduras, Guatemala, Paraguay, Peru and Puerto Rico that have won passage of targeted legislation in their favor or blocked regressive measures impacting their rights. Nevertheless, promoting participation in old age is a work area in need of more will and resources in order to make headway on the basis of targeted guarantees.

2. Care, economy and employment

In the area of care and support for informal caregivers, the report produced by the Organization for Economic Cooperation and Development (OECD) (Colombo and others, 2011) warns that spending on long-term care is expected to triple by 2050 as the population ages, making it increasingly important to step up support for family and professional caregivers. Across OECD countries, some 70% of the users of long-term care services receive them at home. But spending on care in institutional settings accounts for 62% of total spending on long-term care. Respite care, promoting part-time work and payment of benefits to family caregivers could be cost-effective policies that reduce the demand for costly institutional care (Colombo and others, 2011).

Informal caregivers, i.e., those who care for family members without being paid a wage, are an increasingly attractive alternative, both for government coffers and for job creation. In Spain in 2008, informal caregivers saved the State between 25 billion euros and 40 billion euros; this equates to between 2.29% and 3.79% of Spain's GDP that year. The Spanish Association of Services for Individuals expects to be caring for 1.5 million citizens by 2015, which would be the same as creating one million jobs in the social services area and could be a significant labour sector in the coming decades.

The English-speaking Caribbean countries have better-developed social services compared with the countries of Latin America, where the need for care is starting to move up government agendas. As a result, a purely public-health approach to such services is gradually giving way to more integral initiatives, some of which are community-based.

Nevertheless, the few assessments conducted to date show that they are, as a rule, insufficient and of poor quality.²

The main challenge is to find solutions that preserve the dignity and independence of persons in need of care and allow them to remain in a familiar environment. Costa Rica's progressive care network for integrated care of older persons is a useful initiative; it seeks a model bringing in all parties involved in care (including the community, government, companies and families) to provide an organized and coordinated set of services and benefits. In 2011, 20 months after roll-out, the programme was operating 41 care networks that were tending to 3,638 older persons; 3,548 of them were receiving care at home and 120 in nursing homes or day-care facilities. It is expected that the network will cover 2,500 users by 2014.

3. Safety and abuse

Prior to 2007, violence against older persons was dealt with mainly through prevention campaigns. The scope of action is far broader now and ranges from specific protocols (policy guidelines for preventing abuse and defending the rights of older persons in Peru) to new institutions (prosecutor for older persons in the Dominican Republic) to special programmes (Argentina's programme for preventing discrimination, abuse and mistreatment of older persons). There is also a growing number of socio-legal services (Peru, Brazil, Plurinational State of Bolivia). Unlike other spheres of action, this is not as widespread in the English-speaking Caribbean countries, with the exception of Trinidad and Tobago, where there is a help desk for reporting cases of abuse and guidelines are in place for preventing mistreatment at long-term care facilities.

This progress notwithstanding, this area is in need of greater attention. The lack of legal protection can be seen, for example, in national laws for the rights of older persons in the countries of the region that, with the exception of Colombia and Mexico, leave the prevention of violence against older persons to soft measures that are very limited in scope. Older women tend to be the most at risk. In Mexico, according to the 2006 national survey on household relationship dynamics it was reported that 27% of women aged 60 or over, married or in a relationship, were victims of violence over the year. But 6 of the 17 countries of the

² For example, in the Plurinational State of Bolivia, an Ombudsman's Office study showed that care services were reaching only 1 of every 10 older persons in situations of neglect.

region with laws against intrafamily violence do not protect older persons. In many cases where there is legislation against mistreatment in old age, the guarantees are inadequate (Jaspers, 2011).

Noteworthy in this regard is the work being done by the government of the Federal District of Mexico City, which has (i) a network for preventing, detecting and addressing violence against older persons that operates in close cooperation with social organizations; (ii) an inter-institutional group for preventing, detecting and addressing violence against older persons, launched in 2005, comprising 10 institutions that are currently drafting a care protocol; and (iii) an agency specialized in caring for older persons who have been victims of violence, created in April 2010.

4. Housing, transport and accessibility

Home has a special meaning for older people. It provides familiar, cherished surroundings and belongings that hold a lifetime of memories. That is why the desire to age at home should be supported, information on the risk of accidents and how to prevent them should be provided, and home safety checks should be conducted (Huenchuan, 2009; Roqué and others, 2010).

Most housing-related action in Latin America targets sectors in situations of poverty. Uruguay is one of the countries of Latin America that has made the most progress in this regard. Law No. 18.340 enacted in 2001 established the first housing benefits for retirees and pensioners. These benefits were expanded in 2006, when a rent subsidy was created; the subsidy was enhanced in September 2009 by executive order 397/009. There are many initiatives along these lines in the English-speaking Caribbean countries. Some provide direct transfers (subsidies) for home improvement (Saint Lucia, Saint Vincent and the Grenadines). Others lend government-owned housing free of charge or provide low-rent housing (Aruba, the Bahamas). Still others provide services to maintain housing in good repair, such as cleaning services, basic household items and discounted utility rates (the Bahamas and Barbados).

Only a few countries and territories offer free transport; others just offer discounts (Argentina, Aruba, Belize, Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Guatemala and Puerto Rico). But many of these programmes are facing oversight challenges or

involve considerable red tape that sometimes discourages older persons. The most noteworthy public accessibility interventions have to do with strategies for inclusion in cities, although they are limited to a few countries (Argentina, Aruba, Colombia, Honduras, Mexico, Peru, Paraguay). In some, accessibility initiatives are closely linked to mobility for persons with disabilities, so they also benefit older persons. Even so, the failure to adapt transport systems to demographic change is obvious, and it adds to the urban barriers encountered by older persons, along with others arising from the lack of age-friendly, safe public spaces (Roqué and others, 2010).

Any assessment of potential housing and transport solutions must take into account that health and well-being in an appropriate environment enable older persons to enjoy a good quality of life and age in health in a proper setting. Accessible physical space, technical support and services are tools for personal autonomy. The ability to care for oneself with the smallest possible degree of dependency is what makes it possible to remain an active and independent member of the social, family and community environment (Roqué and others, 2010).

Bibliography

- Abramovich, Víctor and Christian Courtis (2006), *El umbral de la ciudadanía: El significado de los derechos sociales en el Estado social constitucional*, Buenos Aires, Editores del Puerto.
- Adelantado José and Elenise Scherer (2008), “Desigualdad, democracia y políticas sociales focalizadas en América Latina, Estado, gobierno y gestión pública”, *Revista chilena de administración pública*, No. 11, June.
- Bárcena Alicia (2010), Opening remarks at the thirty-third session of the Commission, Brasilia, 30 May 2010 [online] http://www.eclac.org/prensa/noticias/discursossecretaria/8/39678/Discurso_Inaugural_Alicia_Barcena_Ingles.pdf.
- Bertranou, Fabio (2006), *Envejecimiento, empleo y protección social en América Latina*, Santiago, Chile, International Labour Organization (ILO).
- Bertranou, Fabio, Wouter Van Ginneken and Carmen Solorio (2004), “The impact of tax-financed pensions on poverty reduction in Latin America: evidence from Argentina, Brazil, Chile, Costa Rica and Uruguay”, *International Social Security Review*, vol. 57, No. 4, Oxford, Blackwell Publishing.
- Bobbio, Norberto (1991), “Derechos del hombre y filosofía de la historia”, *El tiempo de los derechos*, Madrid, Sistema.
- Budlender, Debbie (2008), “The statistical evidence on care and non-care work across six countries”, *Gender and Development Programme Paper*, No. 4, United Nations Research Institute for Social Development (UNRISD).
- Castells, Manuel (1999), *La era de la información. Economía, sociedad y cultura. El poder de la identidad*, vol. II, Mexico City, Siglo XXI.

- CEDAW (Committee on the Elimination of Discrimination against Women) (2009), Concept note on the draft general recommendation on older women and protection of their human rights (CEDAW/C/2009/II/WP.1/R), 12 May.
- CELADE (Latin American and Caribbean Demographic Centre - Population Division of ECLAC) (2006), “Manual sobre indicadores de calidad de vida en la vejez”, *Project document*, No. 113 (LC/W.113), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- _____(2003), “La situación de las personas mayores”, paper presented at the Regional Intergovernmental Conference on Ageing, Santiago, Chile, 19-21 November.
- CESCR (Committee on Economic, Social and Cultural Rights) (2000), Right to the highest attainable standard of health, General Comment No. 14 (E/C.12/2000/4), New York, Economic and Social Council.
- _____(1989), General Comment No. 18, General Comments adopted by the Human Rights Committee, Non-discrimination (HRI/GEN/1/Rev.7), New York.
- Cichon, Michael and others (2004), *Financing Social Protection*, Geneva, International Labour Office/International Social Security Association (ISSA).
- Colombo, F. and others (2011), *Help Wanted? Providing and Paying for Long-Term Care*, OECD Health Policy Studies, Paris, Organization for Economic Cooperation and Development (OECD).
- ECLAC (Economic Commission for Latin America and the Caribbean) (2011a), “Long-term ageing process”, *Demographic Observatory*, No. 12 (LC/G.2517-P), Santiago, Chile, forthcoming.
- _____(2011b), “Long-term projections”, *Demographic Observatory*, No. 11 (LC/G.2515-P), Santiago, Chile. United Nations publication, Sales No. E/S.12.II.G.10.
- _____(2011c), *Social Panorama of Latin America 2011* (LC/G.2514-P), Santiago, Chile.
- _____(2010), *Time for equality: closing gaps, opening trails* (LC/G.2432 (SES.33/3)), Santiago, Chile.

- _____(2007), Report on the Application of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing (LC/L.2749(CRE.2/3)), Santiago, Chile.
- _____(2006), *Shaping the Future of Social Protection: Access, Financing and Solidarity* (LC/G.2294 (SES.31/3)), Santiago, Chile.
- _____(2000), “El proceso de institucionalización del enfoque de género en el trabajo sustantivo de la CEPAL” (DDR/1), reference document for the eighth session of the Regional Conference on Women in Latin America and the Caribbean, 13 January.
- Espen, Emily (2009), *Gender and Care. Overview Report*, Institute of Development Studies, University of Sussex, Brighton, Bridge Publications.
- European Commission (2009), *International Perspectives on Positive Action Measures: A Comparative Analysis in the European Union, Canada, the United States and South Africa*, Brussels.
- Fernández, Alberto (2010), “Formación de recursos humanos en materia de adulto mayor en Cuba”, presentation at the tenth Riicotec conference “De la necesidad a los derechos en las políticas públicas de discapacidad y envejecimiento”, Asunción, 22- 24 September.
- Harwood, Rowan H., Avan Aihie Sayer and Miriam Hirschfeld (2004), “Current and future worldwide prevalence of dependency, its relationship to total population, and dependency ratios”, *Bulletin of the World Health Organization*, vol. 82, No. 4, Geneva, World Health Organization (WHO).
- Huenchuan, Sandra (2011a), “Desafíos de la institucionalidad pública y el abordaje del envejecimiento”, presentation at the International meeting to follow up on the Brasilia Declaration and the promotion of the rights of the elderly, 9-10 November.
- _____(2011b), “Legislación comparada sobre personas mayores en Centroamérica y la República Dominicana”, *Project document*, No. 432 (LC/W.432), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- _____(2011c), “La protección de la salud en el marco de la dinámica demográfica y los derechos”, *Población y desarrollo series*, No. 100 (LC/L.3308-P), Santiago de Chile, Economic Commission for Latin America and the Caribbean (ECLAC).

- (ed.) (2009), “Ageing, Human Rights and Public Policies”, *Libros de la CEPAL series*, No. 100 (LC/G.2389-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No. E.08.II.G.94.
- Huenchuan, Sandra and Luis Rodríguez-Piñero (2010), “Ageing and the protection of human rights: current situation and outlook”, *Project document*, No. 353 (LC/W.353) Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- HRW (Human Rights Watch) (2012), *Old Behind Bars. The aging prison population in the United States*, New York.
- ICRC (International Committee of the Red Cross) (2010), *Annual Report* [online] <http://www.icrc.org/eng/assets/files/annual-report/icrc-annual-report-2010.zip>.
- ILO (International Labour Organization) (2011a), *Social protection floor for a fair globalization: Policy coherence and international coordination* (GB.310/WP/SDG/1), 310th session, Governing Body, Geneva, March.
- (2011b), *World Social Security Report 2010/2011. Providing coverage in times of crisis and beyond*, Geneva, November.
- Jaspers, Dirk (2011), “La situación de los derechos humanos de las personas mayores y sus formas de protección” (OEA.Ser.G CAJP/GT/DHPM/INF.3/11), presentation at the meeting of the Working Group on the Protection of the Rights of the Elderly, Committee on Juridical and Political Affairs, Permanent Council of the Organization of American States (OAS), 4 November [online] <http://scm.oas.org/IDMS/Redirectpage.aspx?class=CAJP/GT/DHPM/INF&classNum=3&lang=t>.
- Jusidman, Clara (2007), “Ciudadanía social y derechos políticos”, *Working paper*, “Protección de Programas Sociales” project, Mexico City, United Nations Development Programme (UNDP).
- Lahera, Eugenio (2007), “Reforma del Estado: Un enfoque de políticas públicas”, *Revista Reforma y democracia*, No. 38, Latin American Centre for Development Administration (CLAD), June.
- Le Mesurier, Nick (2011), *Supporting Older People in Prison: ideas for practice*, June.
- Levy, Caren (1996), “The process of institutionalizing gender in policy and planning: the “web” of institutionalisation”, *Working Paper*, No. 74, London, University College.

- Mac Andrew, Steven (2006), “CARICOM, CSME and CARICOM Agreement on Social Security” [online] http://www.ciss.org.mx/caosa/pdf/es/2006/steven_macandrew_es.pdf.
- Machinea, José Luis (2005), “Institucionalización de la política social para la reducción de la pobreza”, *Cuadernos de desarrollo humano*, No. 23, Mexico City, Secretariat of Social Development.
- March James, Johan Olsen (1984), “The new institutionalism: organizational factors in political life”, *The American Political Science Review*, vol. 78, No. 3, September.
- MIDES (Ministry of Social Development of Panama) (2010), “Informe de Panamá en la sesión sobre protección jurídica en materia de envejecimiento: Momento actual y proyección futura”, tenth Riicotec conference “De la necesidad a los derechos en las políticas públicas de discapacidad y envejecimiento”, Asunción, 22-24 September.
- Oliva Moreno, Juan (2011), “La Ley de la dependencia en los cuidadores de los ancianos dependientes”, paper presented at the “XII Congreso de la Sociedad Española de Rehabilitación Geriátrica”, Madrid, 25-26 February.
- Paddison, Oliver (2007), “Social protection in the English-speaking Caribbean”, *ECLAC Review*, No. 92 (LC/G.2339-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), August.
- PAHO (Pan American Health Organization) (2009), *Health Situation in the Americas, Basic Indicators 2009*, Washington, D.C.
- Puga, María Dolores (2002), *Dependencia y necesidades asistenciales de los mayores en España: Una previsión a 2010*, Madrid, Fundación Pfizer.
- Ramos, Miguel Angel, David Vera-Tudela and María Kathia Cárdenas (2009), *Las personas adultas mayores y su contribución a la lucha contra la pobreza*, Lima, United Nations Population Fund (UNFPA), November.
- Repetto, Fabian and Mariana Chudnovsky (2008), “La incidencia de la institucionalidad social en la gestión, pertinencia y alcance de los planes y programas sociales en la Argentina” [online] <http://siteresources.worldbank.org/INTARGENTINAINSPANISH/Resources/MarianaChudnovsky40608.ppt>.

- Rodríguez-Piñero, Luis (2010), “Los desafíos de la protección internacional de los derechos humanos de las personas de edad”, *Project document*, No. 305 (LC/W.305), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- Roqué, Mónica (2010), “Informe de Argentina en la sesión sobre protección jurídica en materia de envejecimiento: Momento actual y proyección futura”, tenth Riicotec conference “De la necesidad a los derechos en las políticas públicas de discapacidad y envejecimiento”, Asunción, 22-24 September.
- Roqué, Mónica and others (2010), *Accesibilidad al medio físico para adultos mayores*, Buenos Aires, National Secretariat of Childhood, Adolescence and Family.
- Sanderson, Warren and Sergei Scherbov (2008), “Rethinking age and aging”, *Population Bulletin*, vol. 63, No. 4, Population Reference Bureau.
- Serrano, Claudia (2005), “La política social en la globalización. Programas de protección en América Latina”, *Mujer y desarrollo series*, No. 70 (LC/L.2364-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- Sidorenko, Alexandre (2003), “Progress in implementing the the Madrid International Plan of Action on Ageing at the global level [online] http://www.eclac.cl/celade/noticias/paginas/4/23004/ASidorenko1_p.pdf.
- Sunkel, Guillermo (2006), “El papel de la familia en la protección social en América Latina”, *Políticas sociales series*, No. 120 (LC/L.2530-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No. S.06.II.G.57.
- Székely, Miguel (2006), “Midiendo el nivel de institucionalidad de la política social en América Latina”, United Nations Development Programme (UNDP) [online] <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=785693>.
- UNDP (United Nations Development Programme) (2007), *Human Development Report 2006. Beyond scarcity: Power, poverty and the global water crisis*, New York.
- United Nations (2011a), “World Population Prospects: The 2010 Revision”, New York [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

- _____(2011b), 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.
- _____(2010a), *World Population Ageing 2009* (ST/ESA/SER.A/295), New York. United Nations publication, Sales No. E.10.XIII.5.
- _____(2010b), Report of the independent expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona (A/HRC/14/31), Human Rights Council, 14th session, 31 March.
- _____(2007a), Convention on the Rights of Persons with Disabilities (A/RES/61/106), New York.
- _____(2007b), *World Economic and Social Survey 2007: Development in an Ageing World*, New York, Department of International Economic and Social Affairs.
- _____(1995), The economic, social and cultural rights of older persons, General Comment, No. 6 (E/C.12/1995/16/Rev.1), Geneva, Committee on Economic, Social and Cultural Rights.
- Vásquez, Felipe (2010), “Ruralidad y vejez”, *Envejecimiento y salud. Una visión transdisciplinaria*, Mexico City, Institute of Geriatrics.
- Villa, Miguel (2004), “La transición demográfica y algunos retos sobre población y desarrollo en América Latina”, *Población y desarrollo en México y el mundo ICPD +10*, Mexico City, National Population Council (CONAPO).
- WHO (World Health Organization) (2009), *World Health Statistics 2009*, Geneva.
- _____(2002), Current and future long-term care needs (WHO/NMH/CCL/02.2), Geneva.
- Wilhelmi, Marco Aparicio and Gerardo Pisarello (2008), “Los derechos humanos y sus garantías: Nociones básicas”, *Los derechos humanos en el siglo XXI. Continuidad y cambios*, Jordi Bonet Pérez and Víctor M. Sánchez (comps.), Barcelona, Huygens Editorial.
- Zapata, Ricardo (coord.) (2010), “Desastres y desarrollo: El impacto en 2010 (cifras preliminares)”, *Boletín*, No. 2, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC) [online] http://www.eclac.cl/desastres/noticias/noticias/2/42102/Desastres2010_WEB.pdf.

ANNEX

Table A.1
LATIN AMERICA AND THE CARIBBEAN: SELECTED INDICATORS OF THE AGEING PROCESS, BY COUNTRY
AND STAGE OF POPULATION AGEING, 2010-2015

Stage of ageing process	Country or territory	Ageing index ^a	Total fertility rate ^b	Population aged 60 years and over ^c (Percentages)	Population aged 80 years and over ^d (Percentages)	Total dependency ratio ^e	Old-age dependency ratio ^f	Life expectancy at age 60 ^g	Potential support ratio ^h	Parent support ratio ⁱ
Incipient	Belize	16.1	2.7	5.7	0.9	68.6	9.5	22.1	10.5	11.7
	Bolivia (Plurinational State of)	19.8	3.1	7.1	0.7	75.9	12.5	19.3	8.0	7.6
	French Guiana	20.7	3.1	6.9	0.7	67.5	11.6	20.7	8.6	6.2
	Guatemala	15.6	3.7	6.5	0.9	91.9	12.4	21.7	8.1	12.2
	Guyana	19.2	2.2	6.4	0.7	66.7	10.8	19.0	9.3	6.9
	Haiti	18.1	3.1	6.5	0.6	74.3	11.4	17.6	8.8	6.8
	Honduras	16.9	2.9	6.2	0.9	75.4	10.9	22.1	9.2	12.1
	Nicaragua	18.0	2.5	6.2	1.0	68.5	10.5	21.5	9.6	11.8
	Paraguay	22.9	2.7	7.7	1.1	70.0	13.0	21.2	7.7	11.0
	Brazil	39.9	1.8	10.2	1.5	55.3	15.8	21.7	6.3	11.3
Moderate	Colombia	29.9	2.4	8.6	1.1	59.6	13.7	21.4	7.3	9.4
	Costa Rica	38.0	1.7	9.5	1.5	52.4	14.4	23.4	6.9	11.7
	Dominican Republic	27.5	2.5	8.6	1.3	65.8	14.2	21.8	7.0	12.4
	Ecuador	29.7	2.4	9.0	1.4	64.8	14.9	23.6	6.7	13.5
	El Salvador	29.2	2.1	9.4	1.6	70.7	16.0	22.0	6.2	17.1
	Grenada	34.7	2.2	9.5	1.9	59.0	15.2	20.3	6.6	19.2
	Jamaica	36.4	2.3	10.6	1.9	65.6	17.5	21.1	5.7	17.1
	Mexico	33.1	2.1	9.2	1.4	59.1	14.7	22.7	6.8	12.7
	Panama	33.7	2.5	9.8	1.4	64.1	16.2	23.3	6.2	11.6
	Peru	29.3	2.4	8.8	1.1	63.2	14.3	21.6	7.0	10.6
Parent support ratio	Saint Lucia	36.4	1.9	9.4	1.6	54.5	14.6	20.6	6.9	14.9
	Saint Vincent and the Grenadines	36.2	2.0	9.6	1.4	56.5	15.0	18.5	6.7	11.7
	Suriname	32.6	2.3	9.3	1.1	60.9	15.0	18.7	6.7	9.3
	Venezuela (Bolivarian Republic of)	29.3	2.4	8.6	1.1	61.6	14.0	21.4	7.2	9.3

Table A.1 (concluded)

Stage of ageing process	Country or territory	Ageing index ^a	Total fertility rate ^b	Population aged 60 years and over ^c (Percentages)	Population aged 80 years and over ^d (Percentages)	Total dependency ratio ^e	Old-age dependency ratio ^f	Life expectancy at age 60 ^g	Potential support ratio ^h	Parent support ratio ⁱ
Advanced	Argentina	58.9	2.2	14.6	2.6	65.3	24.2	21.6	4.1	18.7
	Bahamas	46.2	1.9	10.4	1.1	49.1	15.5	21.0	6.4	7.6
	Chile	59.1	1.8	13.1	2.1	54.4	20.2	23.2	4.9	13.7
	Trinidad and Tobago	51.6	1.6	10.6	1.3	45.4	15.5	18.6	6.5	8.7
Very advanced	Aruba	74.7	1.7	14.3	1.4	50.3	21.5	19.9	4.6	6.9
	Barbados	94.1	1.6	16.4	3.0	51.0	24.7	21.0	4.0	15.7
	Cuba	98.8	1.5	17.1	3.0	52.3	26.0	23.2	3.8	18.6
	Former Netherlands Antilles	74.2	1.9	15.4	2.3	56.7	24.1	22.0	4.1	12.2
	Guadeloupe	76.3	2.1	17.1	3.4	65.6	28.4	24.2	3.5	19.8
	Martinique	102.6	1.8	19.9	4.0	64.7	32.8	24.4	3.1	21.5
	Puerto Rico	85.4	1.8	18.0	3.3	63.9	29.4	23.4	3.4	20.1
	United States Virgin Islands	104.7	1.9	21.2	2.6	70.7	36.2	22.9	2.8	12.7
	Uruguay	82.0	2.0	18.5	3.9	69.3	31.2	22.3	3.2	25.1

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, population estimates and projections, 2011 revision, and United Nations, *World Population Prospects: The 2010 Revision [CD-ROM]*, 2011.

^a Ageing index = (number of persons aged 60 years and over / number of persons aged 0 to 14 years) x 100.

^b Total fertility rate = average number of children per woman, assuming she were to experience the current age-specific fertility rates throughout her reproductive life and that she survives from birth through to the end of her reproductive life.

^c Population aged 60 years and over = (number of persons aged 60 years and over / total population) x 100.

^d Population aged 80 years and over = (number of persons aged 80 years and over / total population) x 100.

^e Total dependency ratio = (number of persons aged 0 to 14 years + persons aged 60 or over) / (number of persons aged 15 to 59 years) x 100.

^f Old-age dependency ratio = ((number of persons aged 60 years and over) / number of persons aged 15 to 59 years) x 100.

^g Life expectancy at age 60 = average number of additional years a person of 60 years can expect to live.

^h Potential support ratio = (number of persons aged 15 to 59 years / number of persons aged 60 years and over) x 100.

ⁱ Parent support ratio = (number of persons aged 60 years and over / number of persons aged 50 to 64 years) x 100.

The logo consists of the letters 'E', 'C', 'L', 'A', and 'C' in a bold, white, sans-serif font, each contained within its own white square. The squares are arranged in a horizontal row.

E C L A C

Economic Commission for Latin America and the Caribbean (ECLAC)
Comisión Económica para América Latina y el Caribe (CEPAL)
www.eclac.org