



December, 2007



UNITED NATIONS

ECLAC



# 05 *Newsletter*

## **AGEING AND DEVELOPMENT**

**In Latin America and the Caribbean**

**Special Edition Brasilia 2007**

**Society for all ages and social protection in the old age**

**ECLAC:**

**The challenges of the next half-decade**

**Demographic transition in the region:**

**A rapid and heterogeneous ageing process**

**Situation of older persons:**

**Income, health, environments and the public responses**



SEDH in Brazil

# The human rights of older people pose major challenges

## NEWSLETTER AGEING AND DEVELOPMENT

NUMBER 5, DECEMBER 2007

Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC)

[www.cepal.org/celade](http://www.cepal.org/celade)

### Director

Dirk Jaspers-Faijer

### General coordinator

Sandra Huenchuan

### Production

Sandra Huenchuan  
Daniela González  
Laura García  
Mónica Cuevas

### Contributors

Fernanda Stang  
Miguel Villa  
Mariano Ferrero  
Paulo Saad  
Maren Jiménez

### Journal editor

Mónica Cuevas

### Contact

[boletin.envejecimiento@cepal.org](mailto:boletin.envejecimiento@cepal.org)

This newsletter was prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the European Commission for Latin America and the Caribbean (ECLAC) with financial support from the United Nations Population Fund (UNFPA).

The views expressed in this document, which has been reproduced without formal editing, are those of the authors and do not necessarily reflect the views of the organization.

It is with great satisfaction that the Government of Brazil is hosting the Second Regional Intergovernmental Conference on Ageing, whose central theme is “a society for all ages and rights-based social protection”.

Our administration has concerned itself particularly with this issue and has implemented pioneering measures that can be replicated in other countries of the region.

Our country has had a great deal of experience with the issue of human rights, including the rights of older people, and we are sure that this is the appropriate framework within which to address the challenges and opportunities of ageing.

Population ageing poses major challenges for the region. This is because, as ECLAC has pointed out, it is a heterogeneous process whose effects differ between countries and subregions, and which has been approached from different perspectives.

Some countries have made progress with social protection, but there are still huge deficits to make up in others.

Brazil is at a stage of moderate ageing. In the future, it will be confronted with rapid ageing that will affect people differently depending on their gender, place of residence, race and ethnicity.

One of the measures taken by our country to prepare for this imminent prospect has been to develop a social protection system with substantial coverage.

It has also moved towards guaranteed



**Paulo de Tarso Vannuchi,**  
*Secretary, Special Secretariat for Human Rights Brazil.*

provision of medications for the whole population, and in 2003 the Older Persons’ Bill of Rights was enacted.

This legal instrument is unprecedented in the region and shows how important the issue is to our country. The Bill of Rights expanded protection levels and guaranteed rights for the elderly while committing families, society and the State to work to bring about the conditions needed for the effective exercise of citizenship in old age.

Our country thus took a further step forward with the creation of a legal framework standardizing the rights of older people. We are sure that this experience can serve as an example to other countries, always bearing in mind the implications that differences in national contexts may have for its potential application.

We invite the countries participating in the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean to move together towards the construction of a society for all ages –which in practice means effective lifelong citizenship– and towards greater levels of social protection for all with a view to building more caring, democratic societies.



ECLAC

# Social protection and inclusive societies: the challenges of the next half-decade

This issue of the Newsletter Ageing and Development has been especially prepared to mark the Second Regional Intergovernmental Conference on Ageing, whose objective is to assess progress in applying the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, adopted in November 2003 and ratified by the member States of ECLAC at the thirtieth session of the Commission.

The unifying theme of the first review and appraisal of the implementation of the Madrid Plan of Action is “Addressing the challenges and opportunities of ageing”.

At the Conference, the standpoint from which this issue will be addressed is the construction of a society for all ages and rights-based social protection.

These two conceptual frameworks are of the highest importance for the issue of ageing in Latin America and the Caribbean, especially considering the differences in the speed at which the ageing process is taking place within the region’s various subregions and countries.

While some countries are at an advanced stage of ageing, in others the older adult population is still comparatively small.

The challenges are therefore heterogeneous and require a variety of public policy responses tailored to each country’s stage in the demographic transition.

At its last session in Montevideo, ECLAC urged progress towards higher

levels of social protection for the whole population. This required that the demographic dynamic be taken into account, particularly the rapid ageing which the region’s countries are and will be experiencing.

Indeed, improvements in the coverage and quality of social protection depend directly on the number and age composition both of social security contributors and of beneficiaries of the social policies and programmes implemented.

Similarly, it will only be possible to build a society that includes all irrespective of age and to ensure that social rights are properly exercised if the region’s countries succeed in combining economic growth with ever higher levels of social equity in the medium and long term.

During the Conference, it is hoped that the region’s countries will reaffirm the commitments they accepted in the Regional Strategy on Ageing and the Montevideo Resolution on Social Protection, to arrive at the consensus that is needed if the disadvantages and inequalities constricting the exercise of social rights are to be effectively reduced for both current and future generations.

During the Conference, the ECLAC member States will have the opportunity to share experiences, analyse the progress made in the last four years and determine how the Regional Strategy on Ageing is to be implemented in the areas of income protection, health care and the creation of environments that are more conducive to the exercise of citizenship.

The meeting will also serve to strengthen ties between countries.



**José Luis Machinea**  
Executive Secretary, Economic Commission for Latin America and the Caribbean (ECLAC).



**Dirk Jaspers-Faijfer**  
Director, Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

We invite governments, non-governmental organizations, academics and international and intergovernmental institutions to join this process of debate and dialogue, as we believe that everyone can and must contribute to the work of strengthening the Regional Strategy implementation mechanisms.

ECLAC, as the regional agency responsible for following up and evaluating the Madrid Plan of Action and its Regional Strategy, and in particular CELADE, the Division acting as the focal point for this issue, will continue to work with the countries in this process by helping them to develop the capabilities they need to include ageing as a core issue on their national agendas for development, human rights and social cohesion.





MONICA CUEVAS/MARJORIE BRAVO

Demographic transition:

# A rapid and heterogeneous ageing process

The challenge for Latin America and the Caribbean is to take advantage of the temporary demographic dividend.

The population of Latin America and the Caribbean is changing as the process of demographic transition progresses, characterized by a shift from high to low mortality rates, followed by a steady decline in fertility and an increase in life expectancy.

Latin American and Caribbean countries have been heading towards the most advanced phases of demographic transition, gradually consolidating transition processes. Birth and mortality rates are now considerably below those of previous decades, with a regional average birthrate in the 2000-2005 period of no more than 22 births per thousand inhabitants and an average mortality rate of 6.1 deaths per thousand.

Transition is highly heterogeneous, not

only among countries but also within them. Those lagging behind the furthest in the transition continue to have high mortality and birth rates compared with the regional average, although the natural rate of growth varies from one to another.

While countries in the midst of the transition have reduced their mortality rates markedly, they still have fairly high birth rates, resulting in population growth of between 1.8% and 2.5%.

Another group of countries already has birth and mortality rates considerably below the regional average, slowing down their growth rate, in some cases sharply in recent years.

Finally, a number of countries are in a very advanced phase of transition, and some are even in the post-transitional phase, which is to say they have a low

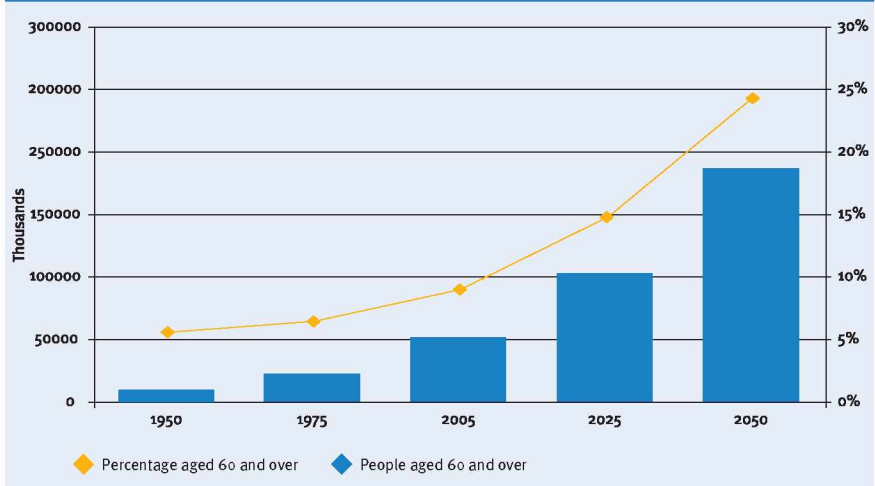
birth rate and a rising mortality rate, which is a typical indicator of an old population.

### Age structure of the population

The changes in fertility and mortality have led to far-reaching demographic change, as population growth slows and the age structure gets older. In 2000, the typical pyramidal shape of the age structure started to unravel and the proportion of persons under 15 in all countries fell to an average of 31% of the region's population. When the number of children in the 0 to 14 age group shrinks, the remaining age groups start to expand, widening the central and upper bars of the age pyramid. All this will pose serious challenges for development in the coming decades.

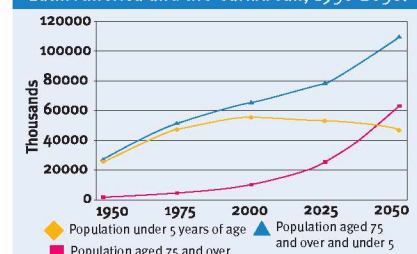
The region is gradually but inexorably ageing. In 2005, there were 50 million people over the age of 60 in Latin America and the Caribbean, representing 9% of the region's population. The proportion and absolute number of people aged 60 or over age group will increase steadily in all countries in the decades to come. The older persons group is growing

**Number and percentage of people aged 60 and over.**  
Latin America and the Caribbean, 1950-2050.



Source: CELADE estimates and projections, [http://www.eclac.cl/celade/proyecciones/basedatos\\_BD.htm](http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm).

**Number of people aged 75 and over and children under 5.**  
Latin America and the Caribbean, 1950-2050.



Source: CELADE population estimates and projections.



rapidly (at an average rate of 3.5% per year) and more vigorously than the younger population: its speed of change will be three times greater than that of the total population in the 2000-2025 period and five times greater in the 2025-2050 period. This means that the number of adults over 60 as a proportion of the total population will triple between 2000 and 2050. By the middle of the twenty-first century, one in every four Latin American and Caribbean people will be elderly.

### Different phases of ageing

Societies do not age at the same rate. Countries in the region can be grouped into four distinct phases of ageing. The first is the incipient ageing phase (eight countries), where fertility rates continue to be fairly high (more than 3.3 children per woman) and the ageing rate is less than 17 older persons for every 100 people under the age of 15.

Fifteen countries have fertility rates of between 2.3 and 3 children per woman and an ageing rate of between 20 and 32 older persons for every 100 people under the age of 15, placing them in the moderate ageing phase.

Five countries are in a phase of moderate to advanced ageing, with fertility rates of between 1.7 and 2.5 children per woman and an ageing rate of between 32 and 51 older persons for every 100 children.

The five countries with the lowest fertility rates (less than the replacement level of two children per woman) and with more than 65 older persons for every 100 children are in the final phase of advanced ageing.

The intensity of the ageing process varies across the region. While some countries have rapidly reached the point where the percentage of older persons exceeds 10%, others have taken their time to increase the percentage of older persons.

In 2000, the countries with incipient ageing had an average of 6% older persons, whereas in those with moderate ageing the average was 7.6%. Countries in the other two categories had already exceeded the 10% threshold of elderly people: those with moderate to advanced ageing had 12.4% of people aged 60 or over, while those with the most advanced ageing already had 15%.

Over the next 50 years, the process will be marked by rapid ageing within the elderly group itself, as the most dramatic increase will occur in the population segment aged 75 and older. If the older adult population is divided

into two age groups (60-74 and 75 and over), the older group (75 or over) is seen to have increased its share: in 2000 it exceeded 25% and by 2050 it is expected to represent 36% of the total.

In the region there are currently 116 women for every 100 men aged 60 or over, although differences do exist according to area of residence: in urban areas there are more elderly women, whereas in rural areas older men predominate.

The male survival rate after the age of 60 compared with the female rate differs from one country to another in the region. According to estimates for the 2000-2005 period, the gap is widest in Uruguay and Argentina, where women aged 60 and older live an average of five years more than men, to the age of 83. By contrast, in Guatemala there are no differences between men and women.

Another feature of ageing in the region is the territorial distribution of older persons. The vast majority live in urban areas, which determines their requirements and living conditions. However, out-migration by young people has in turn prematurely aged the countryside, which will impact on the development and profile of demand from rural areas.

### An opportunity and a challenge

An important concept in analysing ageing is the total dependency ratio, that is to say, the number of people under age 15 and over age 60 for every 100 people of working age (15 to 59 years).

The total dependency ratio in Latin America and the Caribbean has now dropped to under 60 children and older persons for every 100 people of working age.

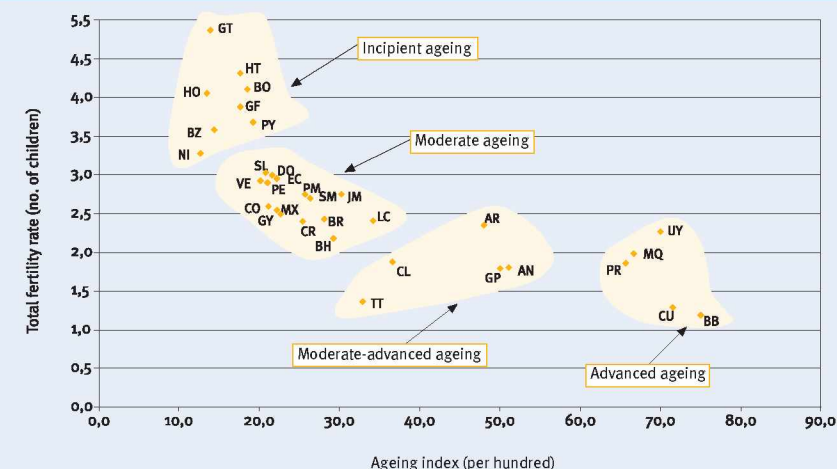
As trends indicate that the ratio will fall still further for a time, this creates a window of opportunity, which will afford most countries in the region the chance to expand their production potential and to prepare themselves for the final phase of demographic transition, marked by a relative increase in the older population and a greater dependency ratio.

To ensure that this temporary 'demographic dividend' is not just an illusion, the skills of the workforce will need to be upgraded by systematically improving the quality of education and job training, and building production sector capacity to use these human resources effectively.

Not all the benefits of the dividend are guaranteed, since the economies in the region must be capable of creating employment during the interval when the dividend occurs. Failing this, the dividend could turn into an additional burden on countries, which would turn into strong pressure from the job-seeking population in a climate that is far from conducive to job creation.

The dividend will only last a short time, after which population ageing will cause the dependency ratio to rise once again, creating further demands for health care and economic security. Countries must therefore redouble their efforts to take advantage of this chance to boost their development and expand opportunities for lifelong protection while there is still time.

Placing of countries by current phase in the ageing process  
Latin America and the Caribbean, 2000.



Source: CELADE population estimates and projections, [http://www.eclac.cl/celade/proyecciones/basedatos\\_BD.htm](http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm).



MÓNICA CUEVAS

Old-age and retirement pensions:

## Effective means for reducing insecurity in old age

The region needs to conduct reforms to improve the coverage of the social security systems.

Poor social security coverage is one of the weaknesses of social protection systems in Latin America and the Caribbean. In 1997, 43% of older persons in the region received no form of income at all, a figure that rose slightly in 2002 before falling to 39% in 2005.

This segment of the older adult population suffers acute economic vulnerability and is prey to the risks associated with poor health, disability and declining social support networks. This compels families to become one of the main sources of protection for the elderly, to whom they also provide other services, such as care, when dependency increases.

In addition, lack of protection leads older people to delay the age of retirement from work or to seek income by entering the labour market, very often under conditions of informality and insecurity.

The old-age and retirement pensions available in countries in the region do provide protection against the risk of loss of income during old age. However, according to the latest World Bank study, even though the reforms of recent decades have brought Latin America major fiscal, social and financial benefits, they have failed to extend access to formal social protection to a wider segment of society.

Indeed, the region's pension coverage has not increased significantly in recent years because benefits continue to be heavily dependent on people having worked in the formal sector of the economy for their entire working lives. Those who make no contributions while they are working receive no benefits, with the result that the

inequalities which marked their working lives go on to become social protection inequalities in their old age.

### Work as a strategy

Although the situation varies from country to country, a simple average shows that between 1997 and 2005 the percentage of people receiving old-age or retirement pensions remained relatively stable (around 4 out of every 10 older persons). In addition, figures show that pension coverage in old age is unequal, and is less favourable to women in rural areas.

The limited capacity of social security systems to provide protection during old age increases labour force participation of the elderly, which, in a context of population ageing, can disrupt the operation of the labour market. A comparison between older persons and the rest of the working population confirms that economic participation rates during old age are

growing in the countries of the region.

Countries with the least social security coverage have larger numbers of older workers. Much the same has occurred in the poorest countries, where the economic participation of older people is greater than in the rest of the region.

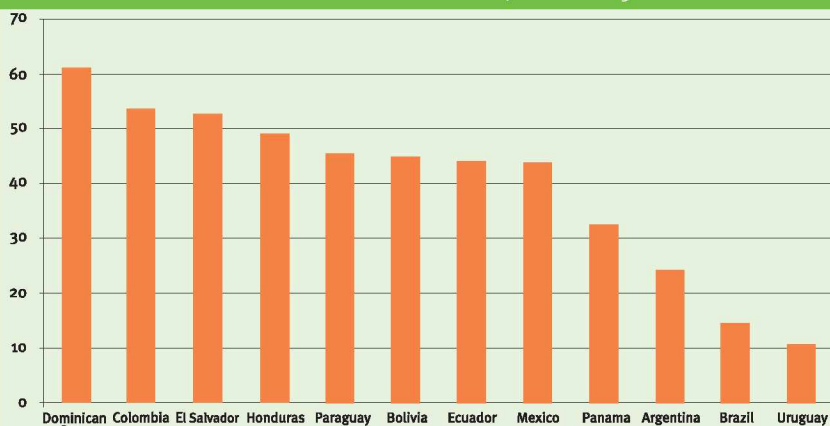
For instance, in 2005, the economic participation rate of the older adult population in El Salvador, Paraguay, the Dominican Republic, Guatemala, Ecuador and Bolivia (which have lower per capita GDP rates than the regional average) was greater than the forecast regional average for 2030.

By contrast, where there is greater pension coverage, labour participation falls, irrespective of whether the protection system is contributory or non contributory.

### Alleviating poverty

Measurements of poverty and indigence

**Percentage of older people not receiving pension and/or employment income.**  
Selected countries of Latin America and the Caribbean, around 2005.



Source: ECLAC, on the basis of data from household surveys in the countries concerned.

## BETTER COVERAGE AND SUPPORT FOR ECONOMIC ENDEAVOURS

Even though the majority of countries in the region have mainstreamed the right to social security and employment into their ageing legislation, policies and action plans, this has not necessarily resulted in concrete and enforceable allowances, assets and benefits.

In the past five years, countries like Aruba, the Dutch Antilles, Chile, Honduras, Nicaragua, the Dominican Republic and Uruguay have made efforts to extend pension coverage and improve pension quality by raising the value of benefits.

However, the greatest weakness lies in protection for those who have not been able to contribute throughout their lives. Argentina has regulated access to pensions for people with insufficient contributions, and Bolivia has made a great effort with its solidarity bonus programme, BONOSOL, which delivers a lifetime annuity to everyone over the age of 65. Guatemala has approved an economic contribution for older people without social coverage.

Other measures have been introduced to improve the economic situation of specific groups. These include rural pension programmes in Brazil and Mexico, a non-contributory pension programme for women over the age of 65 in Belize, and Uruguay's welfare benefit, 'ingreso ciudadano' (universal basic income), which was created for people living in a situation of indigence and benefits more than 7,000 older persons.

In the employment field, countries such as Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay have made advances in abolishing age discrimination in the workplace. Some countries have also created databases and information banks on jobs for older people and, in Mexico, economic incentives have been introduced for employers hiring older workers.

Other fields where various advances have been made include loans, donations and technical support to promote microbusiness creation. While the promotion of economic endeavours in old age might seem an effective means for guaranteeing old people's livelihoods, it is no substitute for public policies founded on the right to social protection.

show that, after a period of stagnation from 1997 to 2002, the percentage of poor people and indigents had fallen in most countries in the region by 2005.

Echoing this trend, poverty in households with older members also shrank and, in 2005, both urban and rural households with older members continued to be less poor than households with no older members, although the gap between the two types of household varies widely from country to country.

In developed countries there is less poverty in households with older members and households composed solely of older persons because pensions are their main source of income and protection during old age.

In Latin America and the Caribbean, the picture is quite different and, in countries with high poverty rates like Honduras, Nicaragua and Paraguay, older persons and their households reproduce the national pattern. In such countries there is no marked distinction between households with older members and those without.

By contrast, in countries like Chile, Brazil, Panama and Uruguay, where there is wider social security coverage and the household poverty rate is lower than the regional average, the differences between households with and without older members are more sharply defined.

The reason is clear: despite the poor

coverage of old-age and retirement pension systems, they are still the most important policy instruments for alleviating poverty and vulnerability in old age. At the same time they contribute to the welfare of other generations.

In an ideal situation, social protection systems should guarantee income for everyone and provide benefits that afford recipients a standard of living above that which society considers as the minimum acceptable level.

However, as stated by the International Labour Organization (ILO), the way in which social protection systems operate at present means that only those who began to contribute during the earliest years of their professional careers are allowed an opportunity to avoid poverty when they are old.

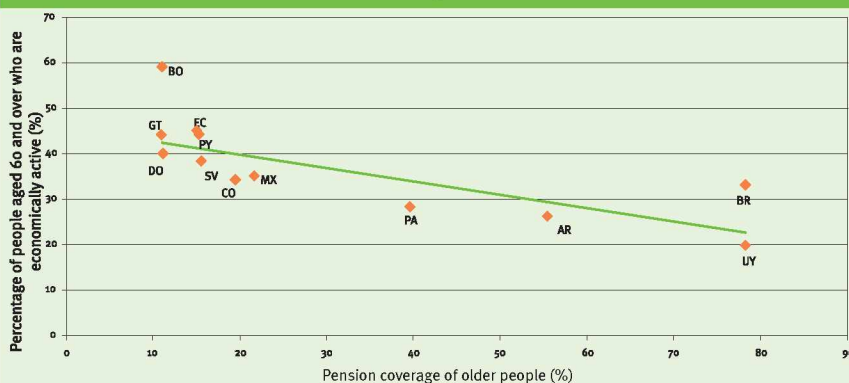
### Solidarity-based social protection

Given this scenario, the unprecedented demographic changes facing the region call for a whole new approach to formulating and implementing income protection policies.

ECLAC has two proposals for creating a more solidarity-based social protection system. The first is to build the capacity of national economies to create decent jobs for the entire economically active population, to make sure that labour markets really are a gateway to social protection. The second is to supplement employment-based protection with non-contributory solidarity-based protection mechanisms.

The challenge in this regard is to develop a concept of social rights that not only includes but also transcends the labour market.

**Economic participation rate and pension coverage, population aged 60 and over.** Latin America (selected countries), around 2005.



Source: CELADE (2007), Observatorio Demográfico No. 2, and ECLAC, on the basis of data from household surveys in the countries concerned. Pension coverage means the percentage of people aged 60 and over stating they were in received of retirement or pension income.

Coverage

Security

Solidarity



MÓNICA CUEVAS/TASARDD

Health attention:

# Ageing demands improvements in health access

Public policies must take account of the new epidemiological profile and foresee the impact of the demographic changes.

*F*ewer childhood diseases but more chronic diseases. The demographic change occurring in Latin America and the Caribbean has its corollary in the health field, in terms of changes in the population's epidemiological profile and its health care needs.

Not only do Latin American and Caribbean people die earlier than those in developed countries, they also spend a large portion of their lives in a state of poor health. The data reveals that the average person lives around 10 years of his or her life in bad health and, as various studies have shown, women are the hardest hit because of their higher morbidity rate and the cumulative effect of a lifetime of inequality.

Overall, lower-income countries suffer

a heavier disease burden. An analysis of lost years of health also shows that communicable diseases are much more of a burden for the poorest countries than for medium- to high-income countries. This pattern is repeated within countries themselves, where the lowest-income population is subject to a higher incidence of communicable diseases, irrespective of age group or sex.

### Causes of death

Not only do mortality rates indicate the frequency of deaths in a population, they are also good indicators of the risk of dying from a specific cause. According to the information available for four countries in the region (Argentina, Colombia, Uruguay and Ecuador), older people die mainly from vascular disease and malignant tumours.

Diabetes is another disease that increasingly affects the health of the older adult population. The growing incidence of this disease is the result of a combination of factors extending over a person's lifetime (including childhood health, eating habits and amount of physical exercise), which have major consequences for functional autonomy in old age. That is why it is important to adopt a life-cycle approach to health policies.

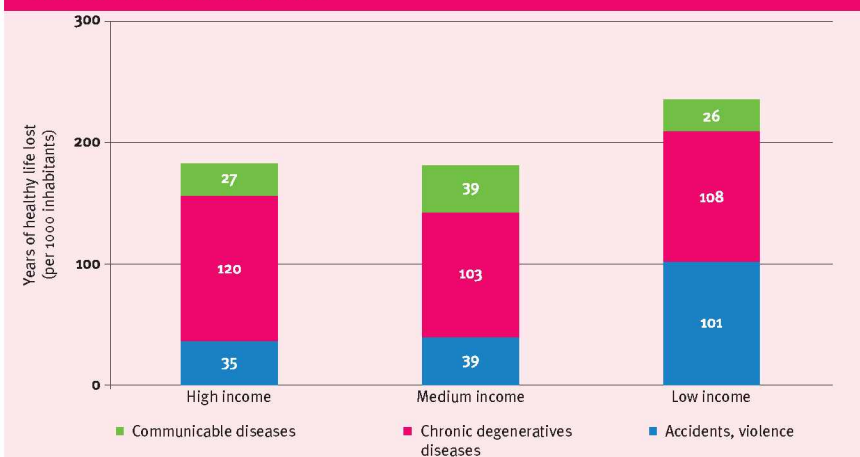
Acute respiratory disease is the main cause of death from communicable diseases, killing around 400 in every 100,000 older persons every year. Deaths from this type of cause are typical of low- to medium-income countries, and one of the factors that increase their incidence is a lack of timely access to health care.

In the English-speaking Caribbean countries, a significant rise in health costs is expected in the future as the incidence of cardiovascular diseases, obesity and HIV/AIDS increases. Progress has been made in formulating proposed reforms for setting up a system of national health insurance schemes to secure alternative sources of finance and improve administrative efficiency.

### Ageing and health expenditure

Population ageing will exert pressure on available health resources at a time when countries still have many basic health care problems to resolve for other sectors of the population. Even though such pressure on the system has a demographic component, it is more heavily affected by non-demographic factors like changes in people's health-related behaviour, inefficient health service provision, the introduction of new medical technology

**Disease burden indicator. Years of healthy life lost in the population per one thousand inhabitants, by income group. Latin America and the Caribbean.**



Source: Prepared on the basis of the document "Shaping the Future of Social Protection: Access, Financing and Solidarity", ECLAC (2006).



and price increases for medicinal products and health insurance.

Indeed, a comparison of countries' average health expenditure shows that there were no major variations in health expenditure between 2002 and 2004, nor did a country's phase of ageing alter the amount of health expenditure to any great extent. An exercise conducted by Chile's health control body (Superintendencia de Salud) showed that the estimated health expenditure on older persons in 2002 was 1% of gross domestic product but that in 2020 it is expected to represent 2.13%, assuming an average growth rate for the older adult population of 4% per year.

### Restricted access to health care

One of the great challenges regarding health care access and coverage is the amount of solidarity contributions that health care systems in the region are able to raise. A sign that solidarity is at work is when people are allowed access to health services irrespective of their contributions to the system and their ability to pay out of pocket.

According to the latest household surveys available for Bolivia and El Salvador, 7 out of every 100 older persons with health problems failed to attend a health care facility because of problems with access. The proportion of older persons who received no health care for economic reasons ranges from 17% in El Salvador to 48% in Bolivia.

Peru's INTRA III study produced similar results and, according to Ecuador's 2004 Demographic and Maternal and Child Health Survey (ENDEMAIN), 68% of Ecuadorians in the 60-74 age bracket and 82% of the over-75s failed to receive health care on economic grounds.

Results confirm this trend in the region as a whole. According to the latest Latinobarómetro annual public opinion poll of Latin American countries, problems in accessing health care increase the farther down the socioeconomic scale older people find themselves, and older persons with a very low socioeconomic level simply have no access at all.

The peculiarities of demographic and epidemiological transition in the region suggest that health protection should strengthen solidarity-based mechanisms to provide fair access to services. This being the case, investment is needed to improve the population's state of health and to make up the epidemiological lag affecting the poorest countries.

## SPECIALIST CARE MAKES GREAT STRIDES FORWARD

A number of countries are making efforts to improve elderly health care by stepping up primary care, including specific benefits for old people, incorporating specialist care into the out-patient, hospital and home-care regime and providing pharmaceutical services.

For example, Brazil's Family Health Programme includes primary care benefits specifically for older people, whilst Cuba's family programme periodically assesses the elderly to refer them to a multidisciplinary geriatric care team. Honduras offers specific primary care benefits to the elderly and Uruguay has devised a special protocol for the care of older people.

The English-speaking Caribbean countries have the greatest experience with home-care services. Belize runs a programme coordinated with civil society that provides health care, home-delivered meals and visits from professionals. Aruba has adopted a strategic inter-ministerial plan on a continuum of care among the various levels of health and social welfare.

In the field of outpatient care, Costa Rica provides care via a day hospital and an in-patient geriatric convalescence and rehabilitation service, whilst Nicaragua has extended the coverage of its cervical, uterine and breast cancer programme to women on widows' and old-age pensions. The Bolivarian Republic of Venezuela offers dental, multidisciplinary care and rehabilitation services for the elderly.

In the medicinal products field, Argentina, Belize, the Dominican Republic, the Bolivarian Republic of Venezuela and Paraguay have made major progress, either via subsidies or the direct provision of pharmaceutical products.

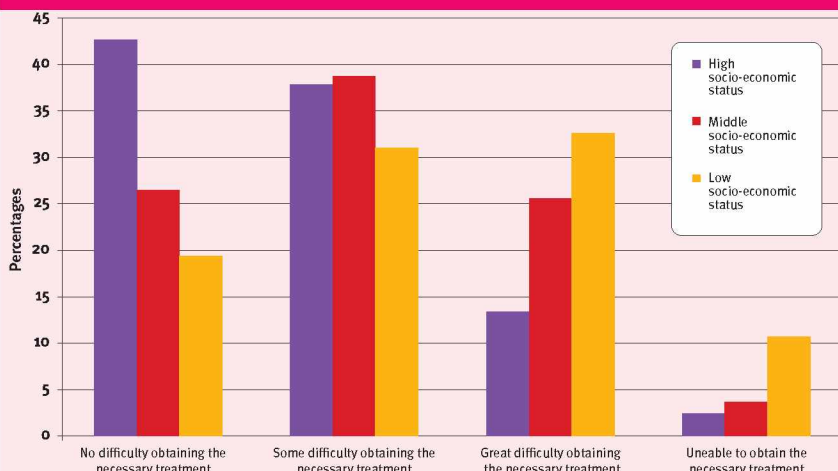
The lack of trained personnel is a serious concern, stemming from a lack of specialists and from migration of health professionals. Chile, Costa Rica, Mexico, the Dominican Republic and the Bolivarian Republic of Venezuela offer university specializations in geriatrics, and other countries train health professionals by means of graduate courses (diplomados) or training courses in health promotion and care. Much still remains to be done in terms of incentives to induce health professionals to remain in service.

There have also been advances in the area of long-term care, in two main directions: the promotion of community care and the regulation of long-stay institutions.

In addition, plans must be implemented for the prevention and cure of non-communicable diseases, which often stem from lifelong habits and behaviours. All of this should form part

of the wider objective to gradually abolish inequity and resolve the problems of exclusion from health care affecting a large sector of the population.

Older people's health care access, by socio-economic status (percentages). Latin America and the Caribbean, 2006.



Source: ECLAC/CELADE, on the basis of specially processed data from the Latinobarómetro survey, 2006.



MONTE CUEVAS

Physical and social environments:

# More support is needed to strengthen autonomy and exercise citizenship

Families are the main source of well-being. More and better social services are required.

In Latin America and the Caribbean, at least two in every 10 households contain an older person. In incipient ageing countries, such as Nicaragua and Paraguay, multigenerational households represent about 20% of the total, while in moderate to advanced ageing countries such as Chile and Argentina, they represent almost 30%.

Older people are more likely to live alone in the Caribbean than in South and Central America. In the region as a whole, though, there are fewer older people living alone than in other parts of the world.

According to data from the United Nations Population Division, this type of household represents 9% of all those containing older people, a percentage very close to that of Africa (8%) and Asia (7%), whereas the figure in Europe and North America is 26%.

Looking beyond the figures, the main difference between our region and the developed world is that in the latter people live alone as a matter of choice and conditions are favourable to this type of arrangement. In Latin America and the Caribbean, on the other hand, living alone might rather represent a risk that people run for want of a better alternative.

Protecting people who are in need of care in old age will be an unavoidable responsibility for public policies over the coming decades. The challenge is to meet the needs of people who are in a situation of particular vulnerability and thus require support to carry out essential activities of daily living, attain greater personal autonomy and fully exercise their rights as citizens.

The region's countries are particularly

sensitive in this regard, since the ageing process has been faster than in the developed countries, demand for care at preschool ages is still high and socio-economic conditions have not always made it possible to introduce public measures to sufficiently cover assistance needs.

### The main responsibility

There are three sources of care in old age: the family, the State and the market. None of these institutions has exclusive competence in the provision of care, and as a result there is not always a clear dividing line between the assistance supplied by each of these three agents, although there are differences as in regards to which carries the main responsibility.

Data from the 2006 Latinobarómetro opinion survey show that, in most of the countries, the people interviewed thought the responsibility for ensuring

that older people enjoyed decent living conditions fell upon the family and, to a lesser extent, the State.

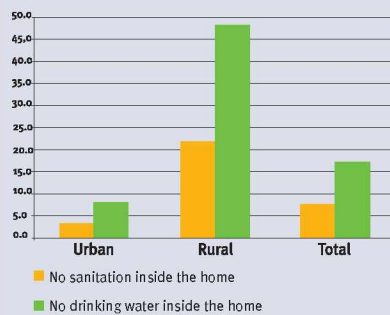
At the present time, the likelihood of help being received from children and grandchildren in old age is conditioned by the demographic and social circumstances of earlier decades, which have been changing substantially.

Fertility has dropped sharply, women have begun to work more outside the home and life expectancy is higher than in previous decades.

All this is combining to create a new situation in which there are fewer children to support their parents, old age is prolonged and families are having to take care of their older members for longer. This particularly affects women, who traditionally have played by far the largest role as caregivers.

### Percentage of older people living in households with no access to basic services inside the home.

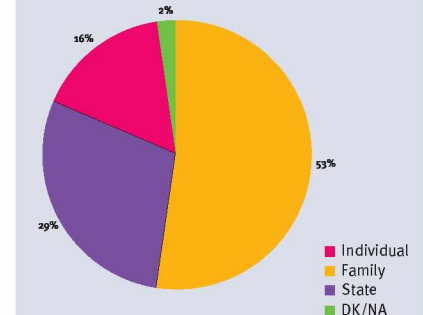
Latin America and the Caribbean, around 2000.



Source: CELADE, on the basis of specially processed census microdata.

### Who is primarily responsible for ensuring decent living conditions for older people?

Selected countries of Latin America and the Caribbean, 2006.



Source: ECLAC/CELADE, on the basis of specially processed data from the Latinobarómetro survey, 2006.

## Housing and services

Housing and its environment strongly influence older people's quality of life, both in the objective sphere of living conditions and assets and in the sphere of subjective or perceived well-being.

Among the attributes that adequate housing must possess, stability of occupation is very important. In the countries with information available on this subject from the 2000 round of censuses, over 80% of older people state that they are living in a home of their own, although there is no common pattern by urban and rural areas. In some cases the percentage living in their own homes is higher in rural areas, while in others it is higher among older people in urban areas.

## Sanitation facilities

Regarding access to sanitation services for older people, the regional picture is mixed. Countries' situations differ by their development level, and access also varies within countries by area of residence.

In the 14 countries considered, 5.8 million older people, or 17% of the older adult population covered by the analysis, lack access to drinking water in the home. There is a wide urban-rural divide, with virtually half (48%) of all older people in rural areas suffering from this deficiency.

The number of older people living in households without sanitation is 2.5 million (7.3%), and the situation is worst in rural areas.

In the English-speaking Caribbean, the situation differs: basic services coverage is over 95% in a number of countries (Bahamas, Barbados, Saint Kitts and Nevis and Saint Lucia).

Lack of access to high-quality basic services does not only affect the elderly, but puts the entire family at a social disadvantage. If there are children in the household, for example, they too are at greater risk from premature mortality and a higher incidence of communicable or diarrhoeic diseases.

Thus, older people lacking basic services, along with their families, are extremely vulnerable to a variety of related risks, since the lack of appropriate sanitation facilities and/or an adequate, safe and physically accessible supply of water restricts their access to a range of other rights, such as the right to a healthy environment, health and adequate nutrition, that are directly or indirectly linked to water and sanitation.

## WHAT NEEDS TO BE DONE TO IMPROVE LIVING ENVIRONMENTS

Efforts to strengthen informal social support networks have become an important area of work in the region because of the importance of families and communities in meeting the needs of older people. This is why a number of countries encourage voluntary work and support older people's self-help groups and civil society initiatives that provide services to the elderly.

A very important area in which the countries have taken visible steps is that of mistreatment, which is a human rights violation and major source of injuries.

Belize, Chile, Colombia, El Salvador, Mexico, Nicaragua, Panama, Puerto Rico and the Bolivarian Republic of Venezuela have implemented awareness-raising campaigns. Brazil has an action plan centring on prevention, reporting, treatment and rehabilitation in cases of mistreatment, with specialist referral centres.

Similar initiatives have been launched by Argentina, Costa Rica and Puerto Rico, the last of which has built up an enormous body of experience in the matter. In Chile, the Dominican Republic, Peru and the Bolivarian Republic of Venezuela, arrangements have been made to provide care to victims. Cuba has taken measures on the prevention side, introducing the subject into care-givers' training at institutions with physically or mentally dependent patients.

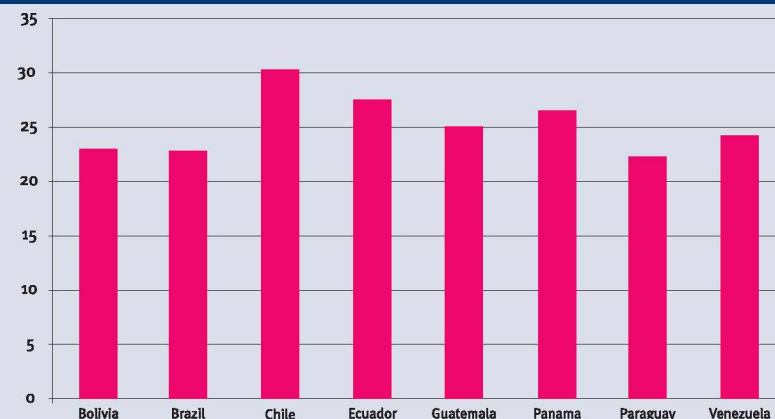
With regards to physical environments, a great deal of ground remains to be covered in the region. Only a handful of countries allow the elderly to travel on public transportation for free, while in some cases fare reductions are supposed to be available but are not enforced or involve a series of bureaucratic procedures that often make them inaccessible.

Efforts to remove physical obstacles for the disabled have benefited older people, but more needs to be done. As for housing, some countries (Aruba, Belize, Chile, Costa Rica, Cuba, El Salvador, Mexico, Panama, Peru and Uruguay) have made provisions for older people in their programmes, aiming to accommodate special needs, improve the sanitation and inhabitability of housing, or provide rental subsidies.

Enabling environments are crucial to greater autonomy and independence in old age, and thus represent an area of action of the highest importance in the near future.

### Percentage of households containing older people.

Selected countries of Latin America and the Caribbean, around 2000.



Source: ECLAC/CELADE, on the basis of specially processed census microdata.

CELADE- Population Division of the ECLAC:

## Precursor in the study of ageing



Since its beginnings, the institution has been taking action to include ageing in the development agendas of the countries of the region.

Since its creation in 1957, the Latin American and Caribbean Demographic Centre has made a crucial contribution to the study, understanding and inclusion of demographic processes in the development policies of Latin American and Caribbean countries. Its work on ageing predates the first World Assembly on Ageing and has led CELADE to amass valuable experience in research, technical assistance and training, acting as the ECLAC Focal Point on Ageing in the regional follow-up to United Nations actions on ageing.

In 1948, the General Assembly of the United Nations addressed the issue of ageing for the first time when it drafted a resolution on a declaration of old age rights and, since then, the issue has been tackled from a variety of perspectives. Between the 1950s and the 1970s, the international community considered ageing to be a phenomenon affecting only developed countries. Even so, in Latin America and the Caribbean the issue was already included in the CELADE work programme, as a subject of demographic analysis within the broader theme of the changing age structure of the population and its effect on development processes.

In 1982, the United Nations General Assembly convened the first World Assembly on Ageing in Vienna, which culminated in the adoption of the Vienna International Plan of Action on Ageing. In response to the global trend, CELADE made a systematic assessment of ageing and drew up the ECLAC regional document for the World Assembly, which took a broad-based approach to ageing and studied old people's living conditions in addition to making a demographic analysis.

### A key priority

After the World Assembly on Ageing, which raised the international community's awareness of the repercussions of ageing, CELADE was incorporated as part of the ECLAC Division responsible for regional monitoring of activities to implement international agreements, and applied itself to the task of mainstreaming ageing into the work programme of ECLAC and its member states.

In the mid-1980s, ageing was consolidated as a key priority of CELADE-Population Division of ECLAC, which strengthened its links with other organizations and agencies in the United Nations system working on the issue from different perspectives. This led CELADE to play an active role in formulating the United Nations Principles for Older Persons, which were approved by the General Assembly in 1991.

A major milestone was the visit to CELADE by French demographer, Jean Claude Chesnais, in the 1990s, which prompted CELADE to engage in a more in-depth study of the demographic dimensions of ageing and its socioeconomic effects, focusing on pension systems.

Shortly afterwards, to mark the International Year of Older Persons, CELADE, together with the United Nations Population Fund (UNFPA) and the Pan American Health Organization (PAHO), held the First Latin American and Caribbean Symposium on Older Persons in September 1999, inaugurating a more comprehensive work approach centred on building a society for all ages.

In 2002, CELADE was heavily involved in the second World Assembly on Ageing

Last October, CELADE, the Latin American and Caribbean Demographic Centre, celebrated its fiftieth anniversary with an international seminar. The meeting, held at ECLAC headquarters in Santiago, Chile, was attended by well-known international experts, as well as authorities from the United Nations Population Fund, the Ibero-American Secretariat and French and Latin American research centres.

Visit us  
[www.cepal.org/celade](http://www.cepal.org/celade)

in Madrid, and the Inter-Agency Group on Ageing was set up, bringing together various international organizations working on the issue (ECLAC, UNFPA, PAHO, ILO, the World Bank and the United Nations Programme on Ageing).

The following year, CELADE, jointly with the Chilean government, held the first Regional Intergovernmental Conference on Ageing, which adopted a Regional Strategy for the Implementation in Latin American and the Caribbean of the Madrid International Plan of Action on Ageing. At the request of the countries participating in the Conference, CELADE-Population Division of ECLAC acted as technical secretary of the conference and was made responsible for monitoring implementation of the 2003 Santiago agreements.

### Inclusive societies

At present, CELADE-Population Division of ECLAC is engaged in the task of mainstreaming the issue into the countries' public policies. In response to a world trend, ageing and development issues are also being addressed within a wider framework of building inclusive and cohesive societies that provide security and protection to everyone, irrespective of age or other grounds for social differentiation.

To fulfil CELADE duties and maintain a line of research, training and technical assistance, a number of CELADE teams have worked under the coordination of officials acting as Focal Point on Ageing: César Peláez, Omar Argüello, Miguel Villa and José Miguel Guzmán. CELADE Director, Dirk Jaspers-Faijter, currently heads ageing and development activities, which this year have focused on the upcoming second Regional Intergovernmental Conference on Ageing to be held in Brasilia.