



Ageing, solidarity and social protection in Latin America and the Caribbean

Time for progress
towards equality

Sandra Huenchuan



UNITED NATIONS

ECLAC

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Foreword

This publication builds on the knowledge of the situation of older persons in our region at a time unlike any other in the subject's history in the framework of the United Nations.

On 20 December 2012, the General Assembly adopted resolution A/RES/67/139, Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons, in which it requested the open-ended working group on ageing—created by the General Assembly in 2010—to begin preparations for an international convention. The proposal submitted to the Third Committee of the General Assembly, which gave rise to resolution A/RES/67/139, was sponsored by 25 countries, 18 of them from Latin America and the Caribbean, testifying once again to our region's initiative in this area.

The adoption of resolution A/RES/67/139 ushered in a new phase in older persons' affairs and in human rights doctrine. This cannot help but have a significant impact on the agendas of Member States and of the funds, programmes and specialized agencies of the United Nations.

Since its beginnings, the Organization has afforded special attention to older persons and population ageing. Both the General Assembly and other organs of the system have adopted resolutions in this regard, first as part of the effort to achieve progress and development—especially in the developed countries—and, since 1995, as part of the social integration agenda.

However, the treatment of older persons as specific bearers of human rights is much more recent. As a valid working approach, it emerged and is being developed in Latin America and the Caribbean.

As a regional body of the United Nations, the Economic Commission for Latin America and the Caribbean (ECLAC) has been closely involved with this process, which began in 2003 with the adoption of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing. This Strategy attracted broad political support in the form of the Brasilia Declaration (2007) adopted at the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, and was consolidated in the Charter of San José on the rights of older persons in Latin America and the Caribbean, adopted in May 2012. Meetings of the Regional Intergovernmental Conference on Ageing have become forums par excellence for the member States of ECLAC to lay the foundations for a consensus which is gradually spreading beyond this continent.

We hope that this book, like others we have published on this topic, will become an essential reference for the research, analysis and design of social protection policies for older persons. One of the book's main contributions is the link between ageing and gender equality, using an innovative conceptual approach and different indicators to facilitate its measurement in terms of social security, health and social services. The book also identifies and proposes tools for analysis and action with regard to public institutions, and for detailed examination of the guarantees needed to ensure equality in old age.

Here, ECLAC applies the equal rights perspective to the specific situation of older persons and further explores the proposals put forward in *Time for equality: closing gaps, opening trails*. We believe it is imperative that equal rights be extended to all people, without discrimination, with serious, strategic and sustainable commitments capable of tackling both current and long-term challenges simultaneously. This is the only possible way to build an inclusive kind of development that embraces all citizens and provides them with the well-being and security they need to fully develop their capacities, regardless of age and the economic contribution they make.

ECLAC will continue to support the countries of the region in achieving the goals that have been proposed in this area. In the coming years we will develop further the contribution made in this book, in the framework of the implementation and follow-up of the San José Charter on the rights of older persons in Latin America and the Caribbean.

Alicia Bárcena
Executive Secretary
Economic Commission for Latin
America and the Caribbean (ECLAC)

Introduction

The Brasilia Declaration has had a remarkable impact on the approach to ageing and the status of older persons in the region and throughout the world since its adoption at the second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean (Brasilia, 4 to 6 December 2007).

In fulfilment of the commitments made in 2007, several countries in the region, supported by the G77 and China, called for the creation of an Open-ended Working Group on Ageing, which was subsequently established by the United Nations General Assembly in December 2010. These countries are now working together to build an inter-American consensus leading to adoption of a convention on the rights of older persons within the framework of the Organization of American States (OAS).

Both achievements indicate substantial progress along the lines sketched out in Brasilia in 2007, with regard to heightening the visibility of older persons as specific holders of human rights, existing constraints, and the need for greater protection both regionally and internationally. However, this is no more than a first step towards preparing for and overcoming the economic, social and cultural challenges arising from the demographic changes under way in the region.

As the Executive Secretary of ECLAC has repeatedly stated, we are entering a new era. In demographic terms, the region has shifted from a young population structure in 1950 to one that is clearly ageing, at a pace that will pick up in the coming decades. Indeed, the proportion of the population aged 60 or over increased from 6% in 1950 to 10% in 2010. It is expected to reach 21% in 2040 and just under 36% by 2100.

This process will unfold faster in Latin America and the Caribbean than in other parts of the world. The ratio of older persons to under-fifteens will exceed all expectations over the next 25 years. In 2010 there were approximately 36 older persons for every 100 children in Latin America and the Caribbean. Projections indicate that, from 2036 on, this ratio will reverse and by 2040 there will be 116 older persons for every 100 children under 15. As for the Caribbean, its ageing index could stand at 142 older persons for every 100 children by 2040.

Given this demographic reality, particular attention should be paid to older persons, their interests and needs, and the contributions that they can continue to make to society. Conditions must be secured that enable older persons to become a force for development rather than passive onlookers who merely receive assistance.

In recent years, the region has demonstrated an ability to overcome the challenges and difficulties imposed by the global crisis. Thanks to decisive action by the States of the region, the percentage of persons living in poverty in the region declined from 48.4% in 1990 to 30.4% in 2011. Extreme poverty and indigence fell by almost 10 points, from 22.6% to 12.8% of the population; employment increased in quantity and improved in quality.¹ Nevertheless, challenges remain.

Poverty and unemployment simply reflect a more alarming phenomenon: inequality in the region, which citizens experience in different ways throughout their lives and is exacerbated by discrimination and rights violations on the basis of certain characteristics, including age, gender and ethnicity.

There are various forms of inequality in old age, all of which give cause for concern. Most older persons in the region have no pension to cushion them against the loss of income in old age. They often lack access to timely, good-quality health care. Their new assistance requirements—arising from demographic, social, and health factors—place an excessive burden on the family, and care work is already distributed unequally between the sexes.

What is more, many countries have limited institutional capacity to overcome these difficulties. Poor planning, minimal staff and a small budget are all too common. Laws designed to protect the rights of older persons have yet to be effectively implemented, owing to inadequate guarantees and the problems accessing justice experienced by all at-risk social groups.

¹ Remarks by Alicia Bárcena, Executive Secretary of the Economic Commission for Latin America and the Caribbean (ECLAC), at the Sixth Summit of Heads of State and Government of the Americas, held in Cartagena, Colombia, on 14-15 April, 2012.

These facts underscore the urgent need for an effort to advance towards greater equality and protection for all citizens, regardless of their age. This is at the core of the development model proposed by ECLAC and set out in *Time for equality: closing gaps, opening trails*. This is the time to make strides towards both formal and real equality. This is an opportunity to take stock of strengths and weaknesses, to share experiences, to join forces and to strengthen the ties of South-South cooperation, in order to ensure that equality—both formal and real—is enjoyed by older persons as well.

To further this aspiration, ECLAC convened the third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, in San José, in May 2012. The report presented at that meeting led to this book, and it served as a basis for discussion and adoption of the agreement of the meeting, which is encapsulated in the San José Charter on the Rights of Older Persons in Latin America and the Caribbean.

In the San José Charter, government representatives voiced their support for the efforts of the working groups of the United Nations and the Organization of American States, urging them to make progress on drafting an international convention, and called for the Human Rights Council to consider appointing a special rapporteur responsible for safeguarding the human rights of older persons.

They also committed to improving the coverage and quality of social protection systems so that these could respond more effectively to older persons' needs. The universalization of the right to social security and health, and the creation of social services to provide care, while promoting independence, dignity and autonomy, are among the responsibilities set forth in the San José Charter.

The Charter lays out a new road map for the countries of the region; this book outlines the steps to be taken in this regard. It describes the process of population ageing, the status of older persons in the region over the past five years, and the medium- and long-term national trends on key issues and how these compare with other countries. It also offers an assessment of the major public policy developments and examines their relevance, their limitations and their potential to address the problems they seek to overcome.

The first chapter of the book provides elements for analysing the outlook for population ageing and its inclusion in the public agenda, drawing on the development proposal advanced by ECLAC. To that end, it examines the central theme of the document: equality and ageing. The concepts are presented and analysed, with particular emphasis on the challenges facing social protection and solidarity.

Next, the book 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 Latin America and the Caribbean: a falling demographic dependency ratio as a result of a decline in fertility. If the right decisions are taken, this is an ideal time to invest in expanding social protection and developing capacities in all age groups.

Following this, attention is turned to income security and the increased 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 book then focuses on 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, what is most important, helping to identify modes of action that could be consolidated or set in motion to fulfil the commitments undertaken in the San José Charter on the Rights of Older Persons in Latin America and the Caribbean.

Chapter 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 [...]. In 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).

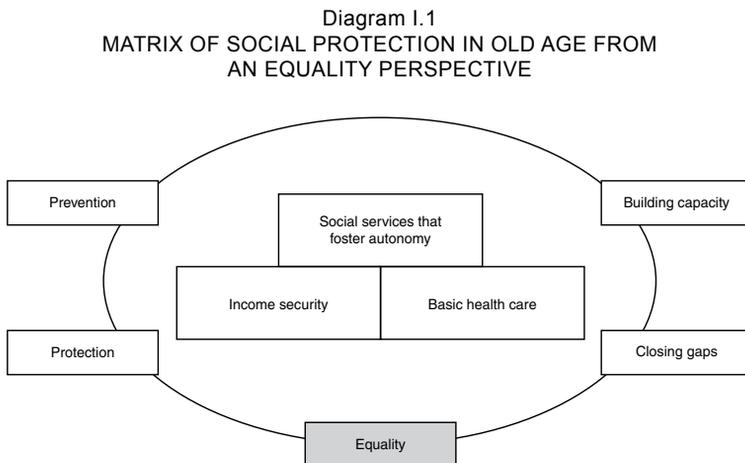
Source: Luis Rodríguez-Piñero Royo, “Los desafíos de la protección internacional de los derechos humanos de las personas de edad”, *Projects documents*, No. 305 (LC/W.305), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2010.

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).



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.

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Chapter II

The pivotal role of older persons in the changing demographics of Latin America and the Caribbean

Demographic changes result in quantitative and qualitative changes in the way societies are organized and shaped. Ultimately, the demographic transition is prompting a re-examination of the State-market-family equation, because, as the age distribution of the population changes, there is a need to reconsider how these three agents interact to provide welfare and build capacity.

The falling child population has given many countries in the region some breathing space, as the potentially active population (15 to 59 years) is large, and, at 58 million, the older adult population is still a manageable size. However, by 2050 the latter will have tripled and by the end of the twenty-first century will comprise 236 million people. The State must therefore be proactive and assume a leading, dynamic role, firstly to counteract the effects of a rapidly ageing population on social protection systems, and secondly, to introduce mechanisms that will boost the coverage and quality of such systems so that they meet lifelong needs, in particular where older persons and new risks are concerned.

This chapter identifies regional demographic trends and their main characteristics, focusing on the changing age structure of the Latin American¹ and Caribbean² population, the trajectories of the demographic dependency ratio, and the population ageing process.

¹ For the purposes of this publication, Latin America is made up of 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 of this publication, the Caribbean is made up of Aruba, Bahamas, Barbados, Belize, French Guiana, Grenada, Guadeloupe, Guyana, Jamaica, Martinique,

A. The shifting age structure of the population and demographic change

Thanks to a formerly high birth rate and falling mortality, the regional population more than tripled between 1950 and 2010, rising from 167 million inhabitants in 1950 to 589 million in 2010. Projections indicate that the population will peak at 725 million in 2040, then start to drop from 2055 and will stand at 657 million by the end of the century. In the mid-twentieth century, the rate of population growth in Latin America was 28 per 1,000, and according to predictions, it will average 10 per 1,000 during the five-year period 2010-2015. During 2040-2045 it is expected to drop to 2.5 per 1,000, then to -4 per 1,000 by the end of the twenty-first century. The growth rate in the Caribbean is significantly lower than in Latin America: during 1950-1955 it was 15 per 1,000, and is expected to stand at below 4 per 1,000 in 2010-2015. From 2035, the Caribbean will experience negative growth; by 2040-2045 the rate will already be -1.6 per 1,000, coming to stand at -2.5 per 1,000 in 2100.

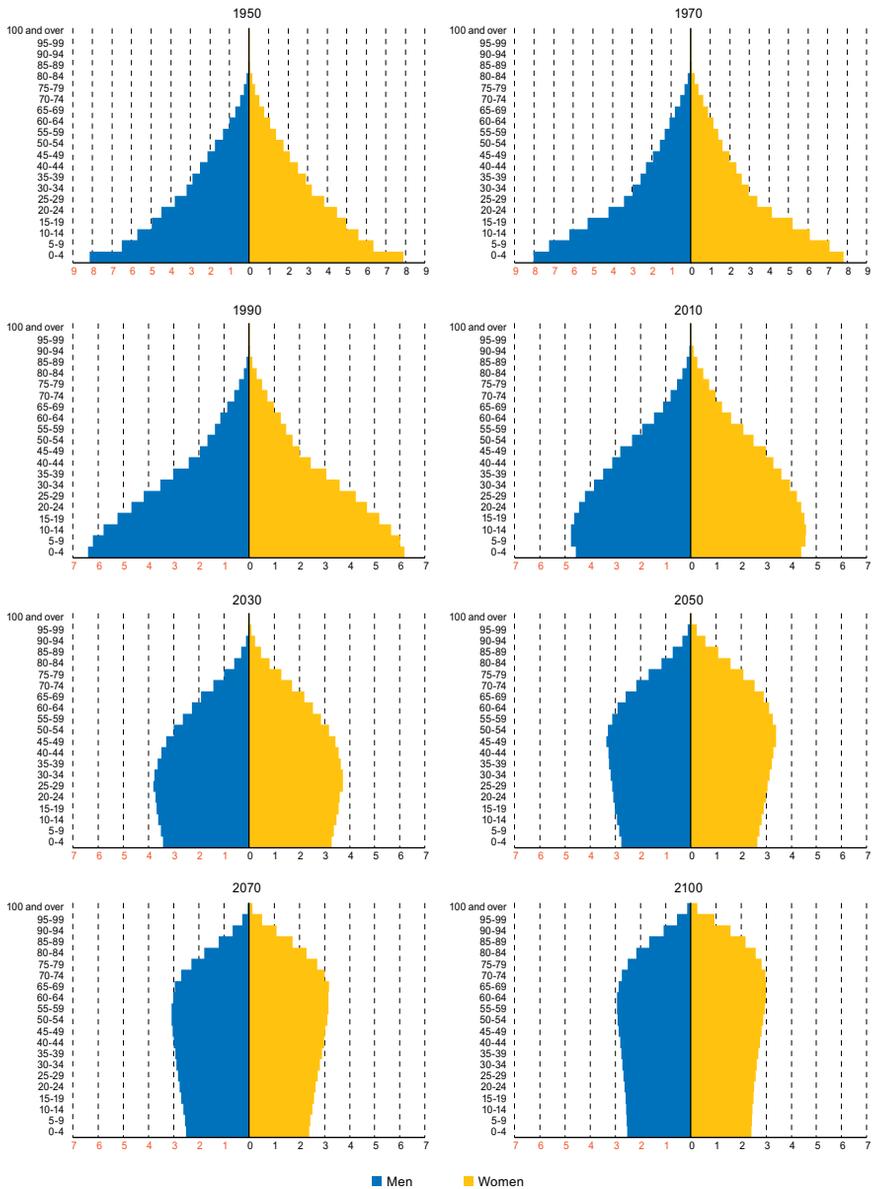
Although Latin America's total fertility rate (TFR) is currently thought to be at replacement level,³ and is expected to drop below replacement level from 2015-2020, while in the Caribbean it is already below replacement level, the total population will continue to grow until 2055. In other words, fertility has to remain at below-replacement level for around 40 years before population levels start to fall. The changing age structure of the population is the most important aspect of the demographic changes observed in and projected for the region. Figure II.1 clearly illustrates the profound changes in the age structure so far and those predicted for the twenty-first century. Already in 2010, the base of the pyramid was starting to narrow and the proportion of older persons has been increasing.

This process, known as population ageing, is unprecedented and has no parallels in human history. The proportion of older persons (aged 60 and over) is increasing, while the percentage of children (aged under 15) is decreasing. At the regional level, older persons are predicted to outnumber children for the first time by around 2036, and their numbers will continue to grow until 2080 (see figure II.2). The region has made a transition from a youthful age structure to an ageing population, and this process will continue apace in the coming decades.

Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States Virgin Islands, the former Netherlands Antilles and other countries and territories for which no specific information is available (Anguilla, Antigua and Barbuda, Dominica, Cayman Islands, Turks and Caicos Islands, British Virgin Islands, Montserrat, Saint Kitts and Nevis and Falkland Islands/Islands Malvinas).

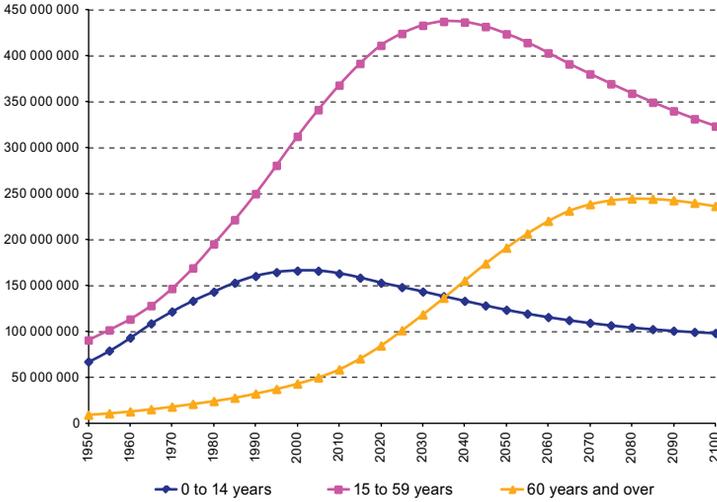
³ The total fertility rate (TFR) of 2.1 children per woman corresponds to a population's replacement level. Given that girls account for just under 50% of births, each woman will be replaced by one daughter.

Figure II.1
 LATIN AMERICA AND THE CARIBBEAN: POPULATION DISTRIBUTION BY SEX
 AND AGE GROUP, SELECTED YEARS, 1950-2100
 (Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

Figure II.2
LATIN AMERICA AND THE CARIBBEAN: POPULATION BY MAJOR AGE GROUP, 1950-2100



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

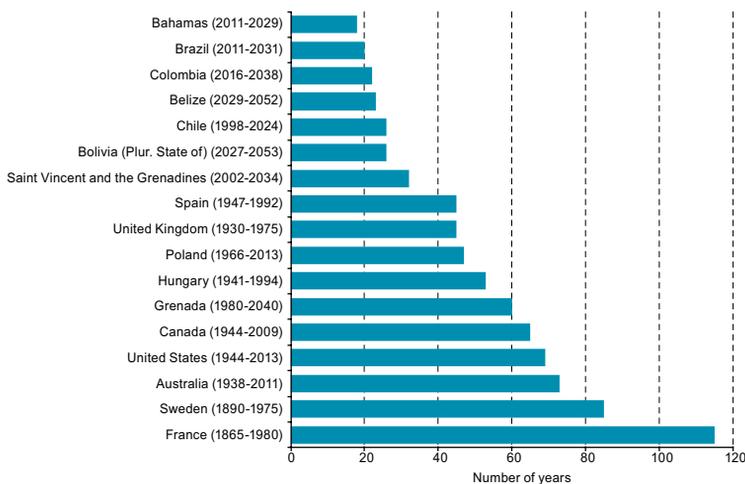
The proportion of the population aged under 15 began to decline in 1970. It decreased from 40% in 1950 to approximately 28% in 2010, and is expected to drop to 18% by 2040 and to under 15% by 2100. In absolute numbers, the under-fifteen group peaked in 2000, at 166 million and began to shrink from then on. Of particular importance are the variations in the percentage for the 15-59 age group, since this segment corresponds to the working-age population. This group represented around 54% of the region’s total population in 1950 and its relative weight has since increased steadily, to stand at 62% in 2010. It will peak in 2020 at 63%, when it will begin gradually decreasing. By 2040 it will represent 60% of the region’s population and is expected to account for 49% by 2100. In absolute terms (see figure II.2), the working-age population will peak at 437 million in 2035, before beginning to decline. As a result, the 60-and-over age group will come to account for an increasingly larger percentage; having made up just 5.6% of the region’s total population in 1950, they will represent 10% in 2010, 21% in 2040 and, according to calculations, almost 36% of the population in 2100, attaining a maximum, in absolute terms, of 241 million people in 2080.

Compared with the developed world, the population of Latin America and the Caribbean has aged more rapidly and over a much shorter period. Europe’s demographic transition unfolded between the eighteenth and nineteenth centuries and the progression from high to low levels of mortality and fertility occurred far more slowly than in the Latin American and

Caribbean countries, that is, population ageing took place more gradually. By the mid-twentieth century, around 12% of the European population were aged over 60, more than twice the proportion in Latin America and the Caribbean, where older adults represented just 5.6% of the population. Declining fertility has been observed in the region since 1950 and has caused the base of the age pyramid to narrow steadily (see figure II.1). In 2010, older persons accounted for close to 22% of the total population in Europe, a percentage that is 2.2 times higher than that of Latin America and the Caribbean. By 2040 this is expected to have dropped to a factor of 1.5 (31.6% versus 21.4%). By 2050, older persons will represent 26% of the total population in Latin America and the Caribbean. In other words, by the middle of this century the region may be at the same stage of the ageing process as the developed countries now are, with one in five people aged 60 or over.

The rapid pace of population ageing in the region compared with that of the developed world is striking. In the industrialized countries, ageing occurred gradually. It took several decades for the proportion of people aged 65 and over to double from 7% to 14% in the European countries, and as much as 115 years in France (see figure II.3). By contrast, this process has happened far more quickly in Latin America and most of the Caribbean. In Brazil and Colombia, for example, it will take place in just two decades.

Figure II.3
WORLD (SELECTED COUNTRIES): APPROXIMATE TIME TAKEN
OR TO BE TAKEN FOR THE PROPORTION OF PERSONS
AGED 65 AND OVER TO DOUBLE FROM 7% TO 14%
(Number of years)

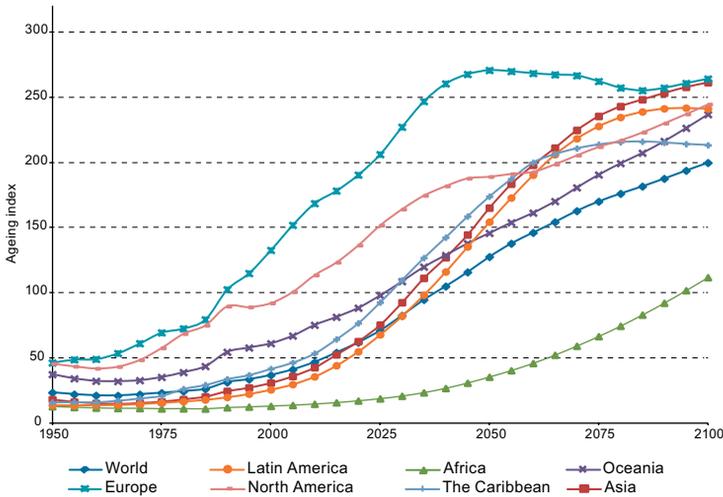


Source: Kevin Kinsella, 2007, "Why population ageing matters. A global perspective", paper presented at the IUSSP Seminar on Ageing in Developing Countries, Santiago, Chile, 2007; Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

B. The low demographic dependency ratio: an ideal time to act

The ageing index reflects the difference between growth of the older adult population and that of the youngest.⁴ It shows the capacity of a population to replace itself. The higher the ratio, the lower a population’s replacement capacity. The extent to which older persons are replacing children and young people provides information on the speed at which the supply of goods and services must be adjusted to meet a new and growing demand (ECLAC, 2007a). Figure II.4 illustrates the ageing indices for the world and its regions,⁵ which vary considerably depending on the respective stage of the demographic transition and the period. In all cases, the index is rising. Nevertheless, there are sharp differences between developed and developing regions.

Figure II.4
REGIONS OF THE WORLD: AGEING INDEX,^a 1950-2100



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

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

⁴ It is interpreted as the number of older persons for each young person. For the purposes of this publication, an older person is considered to be 60 years or over, and a young person under age 15. The ageing index is calculated by dividing the number of persons aged 60 or over by the number of persons aged 0 to 14 and multiplying the result by 100.

⁵ Figures for regions other than Latin America are taken from United Nations (2011).

Based on estimated figures for 2010, in Europe, the most aged region, there were almost 170 older persons for every 100 individuals under 15, while in North America the ratio was approximately 113. By 2040, the ageing index will be 260.4 in Europe and 182 in North America, and in 2050 it will stand at 270 and 190, respectively. By the end of the century, Europe's index will have stabilized at around 260 and that of North America at around 240. This suggests that the developed world's capacity to replace its population is very limited.

Among developing regions, the indices in Asia and Latin America present similar patterns during the period under study, but Asia's index has remained higher than that of Latin America at all times. There are currently 43 persons aged 60 and over for every 100 under-fifteens in Asia, and according to projections, this ratio will converge with that of Europe by the end of the century, when both will stand at around 260. Latin America recorded approximately 36 older persons for every 100 under-fifteens in 2010. Based on projections, this ratio will reverse in favour of the older adult population from 2036, and by 2040 there will already be 116 older persons for every 100 under-fifteens. Towards the middle of the century the index will be over 150, and calculations suggest that it will be close to 240 by the end of the century. In the Caribbean, the index is following a similar course as in Asia and Latin America, but levels are slightly higher. By 2040 the Caribbean ageing index will be 142 older persons for every 100 under-fifteens. From 2065 this indicator will begin to stabilize at levels that signify there are more than twice as many older persons than children.

Nevertheless, although projections show similar levels of ageing in North America, Asia, Latin America and the Caribbean by 2055, the conditions in which this takes place will not be the same. Population ageing in developing regions is occurring in a less socioeconomically advanced environment than was the case in North America. The population in these three regions is ageing faster than in the developed regions, and governments will have less time to adapt to the consequences. Ageing in Latin America and the Caribbean is still at reasonable proportions, and the scale of the impending situation is not yet fully apparent.

Population ageing will unfold faster in Latin America and the Caribbean than in other regions and the number of people whose needs must be met will exceed all expectations

There are also differences within Latin America and the Caribbean; in countries with old and very old populations, a drastic situation is expected to arise during the second half of the twenty-first century, comparable to that of Europe in terms of the age structure of the population (see figure II.4), but not in terms of social protection. These countries are likely to find it very difficult to replace their population during this century.

The ageing process is very advanced in Cuba, the United States Virgin Islands and Martinique: in 2010 the number of older persons was almost the same as the number of under-fifteens (with ageing indices of 99, 105 and 103, respectively), something which is occurring 30 years earlier than the regional average. In 2040 the indices in these countries may be well above average; for example, the index in Cuba will be far more than double that of Latin America (288 older persons for every 100 under-fifteens).

In contrast to other countries, the ageing index in Argentina and the Bahamas will continue to rise throughout the twenty-first century, although the figure in 2040 will closely reflect the regional average. In Argentina, there will be 116 older persons for every 100 under-fifteens, and in the Bahamas, 144. Jamaica, Saint Vincent and the Grenadines and Saint Lucia will experience slower increases in the ratio of the older adult population to under-fifteens. Indeed, projections indicate that in 2040 these three countries will be below the Caribbean average (with an ageing index of 117 in Jamaica, 121 in Saint Vincent and the Grenadines, and 130 in Saint Lucia).

Population ageing in Ecuador will begin to accelerate in 2040, when the number of older adults will be the same as the number of under-fifteens (with an ageing index of 102) and will peak at 238 during the last five years of the century. Brazil will record 148.6 older persons for every 100 under-fifteens in 2040, well above the Latin American average. By 2100 its ageing index is expected to be 243. The situation in both countries therefore appears similar to that projected for North America.

In countries in the early stages of the process, older adults may replace children and young people at a slower rate than in others. The ageing index in Belize, French Guiana, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and the Plurinational State of Bolivia is projected to be under 70 in 2040, significantly lower than the predicted subregional averages. The youngest country in the region, Guatemala, may record an ageing index of less than 40 in 2040, and it may not reach 100 until 2060, while the Latin American average will stand at 100 by 2036.

In most countries the index will reach its maximum before 2100 and will then decline gradually until it reaches an asymptotic figure, which will in almost every case be above 200 older persons for every 100 under-fifteens. In other words, in the long term, there will be at least twice as many older persons as children, a factor compelling faster progress in adjusting the supply of goods and services to meet the demands generated by this reality.

The demographic dependency ratio⁶ is a useful indicator of the potential impact of demographic change on socioeconomic development.

⁶ To obtain the demographic dependency ratio, the number of persons aged 0 to 14 is added to the number of persons aged 60 and over, and the result is divided by the number of potentially active persons (aged 15 to 59) and then multiplied by 100.

The current decline in the dependency ratio has given rise to the concept of the demographic dividend, or a period that is conducive to development, as the burden on working-age adults is low compared with previous and future periods (ECLAC, 2008). At the start of the demographic transition, the dependency ratio was high because children accounted for a larger proportion of the population, which placed enormous pressure on health systems (especially maternal and child) and education. During a second stage, the total dependency ratio falls, owing to lower fertility. This opens up the possibility of investing in production or boosting investment in the social sphere to combat poverty and improve education and health services; it is also helpful to act early and invest in mechanisms to cope with the future increase in the older population. During the third stage, when the dependency ratio has already bottomed out, change is consolidated, not only demographically, but also in social, economic and political terms which will have an impact on the whole of society.

Most of the region is currently experiencing the demographic dividend, as the total dependency ratio is following a downward trend. It will hit its lowest point in Latin America in 2020, when there will be 58 persons who are theoretically dependent for every 100 working-age adults, while the lowest figure for the Caribbean will be 59.5, around 2015 (see figure II.5). When the dependency ratio begins to rise again, the older adult population will start to make new demands.

Figure II.5
LATIN AMERICA AND THE CARIBBEAN: TOTAL DEPENDENCY RATIO,^a YOUTH DEPENDENCY RATIO^b AND OLD-AGE DEPENDENCY RATIO,^c 1950-2100

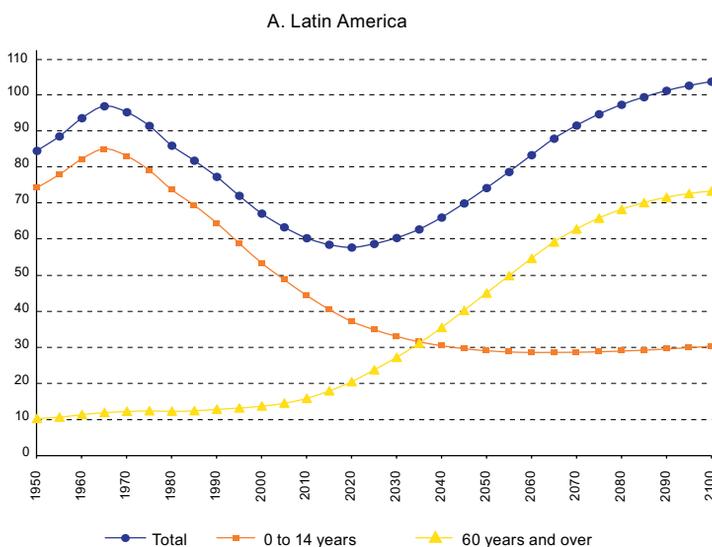
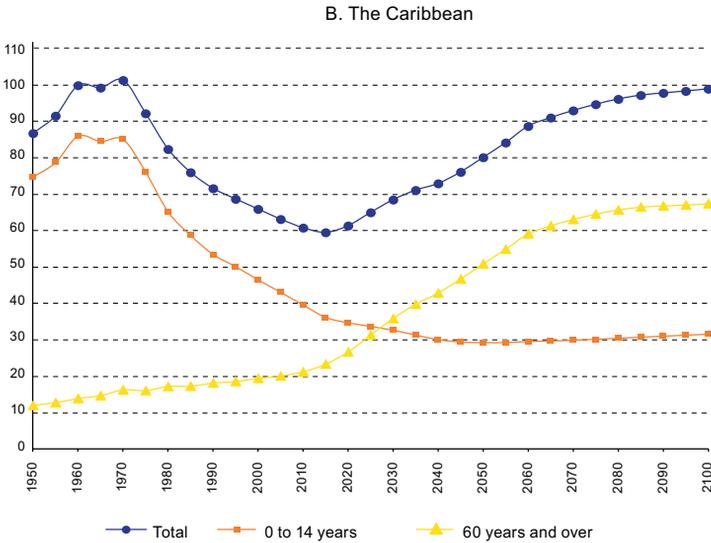


Figure II.5 (concluded)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

- ^a Total dependency ratio = ((number of persons aged 0 to 14 years + number of persons aged 60 and over)/ number of persons aged 15 to 59 years) x 100.
- ^b Youth dependency ratio = ((number of persons aged 0 to 14 years)/ number of persons aged 15 to 59 years) x 100.
- ^c Old-age dependency ratio = ((number of persons aged 60 and over)/ number of persons aged 15 to 59 years) x 100.

C. Population ageing will be the most significant demographic trend of the coming decades

There are two components to the total dependency ratio: the burden represented by the under-fifteens (child-youth dependency), and the burden represented by persons aged 60 and over (old-age dependency). As may be observed in figure II.5, the decline in the total dependency ratio is primarily the result of a fall in the youth dependency ratio while the subsequent increase is due to the rising burden of persons aged 60 and over. The major differences in terms of the policies and programmes required reside in these factors. A specific value in the total dependency ratio has a very different meaning depending on whether it arises before or after the tipping point. The values prior to reaching the record low indicate that demands for health care, housing, economic security, education and social protection, among others, are associated with the youth population, while values after reaching the lowest point will be associated with the older population. Decision-makers must focus on very different groups in these two scenarios.

The picture across the region is very varied (see box II.1). In Aruba, the Bahamas, Barbados, Chile, Cuba and Trinidad and Tobago, the dependency ratio has already hit its lowest point, in 2010. In fact, in some Caribbean territories, such as Guadeloupe, Martinique, the former Netherlands Antilles and the United States Virgin Islands, this point was reached in 1990. In the rest of Latin America and the Caribbean, meanwhile, the dependency ratio is still falling. Projections for some countries, such as Colombia, Costa Rica, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines and Uruguay, indicate that the lowest point will be reached in just a few years (in 2015), reflecting an abrupt and permanent change in the needs of the majority of the population.

Box II.1
THE HETEROGENEITY AND SPEED OF POPULATION AGEING
IN LATIN AMERICA AND THE CARIBBEAN

As part of the process of demographic transition, mortality, and in particular, fertility, fall, which has an impact on the age structure of a population and translates into a gradual rise in the number of older persons. The ageing index is one indicator of this process, as it reflects the ratio of the number of older persons to the number of children and young people. It is obtained by calculating the ratio between the persons aged 60 and over and persons under 15 years and multiplying this by 100. If the index is under 100, there are fewer older persons than children under 15, while if it is over 100, the number of older persons exceeds the number of children and adolescents. In 2010, there were 36 older persons for every 100 under-fifteens in Latin America, while this ratio was 54 per 100 in the Caribbean, an indication that the ageing process in the subregion is more advanced. In the most aged region, Europe, there are almost 170 older persons per 100 under-fifteens; in North America the ratio is around 113, while in Africa it is just 15.

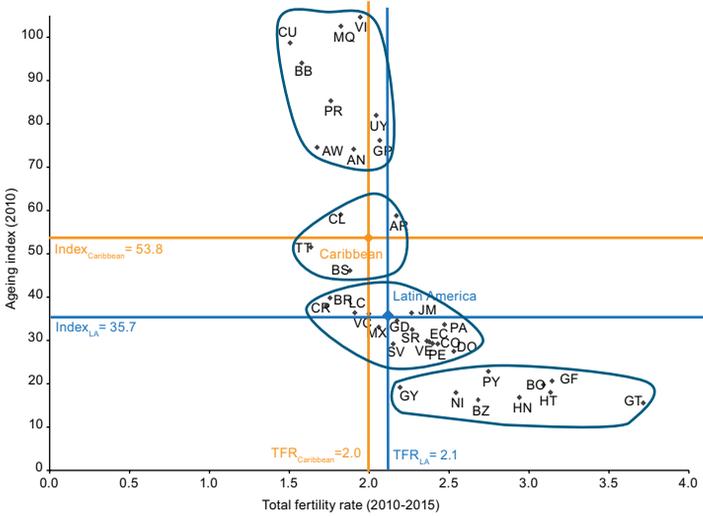
During the second half of the twentieth century, fertility plummeted in Latin America and the Caribbean, taking the average number of children per woman or total fertility rate (TFR) from 6 in the mid-1960s to 2.5 in 2000; it is now 2.1 children per woman. Nevertheless, fertility is declining at different rates across the region. For 2010-2015, for example, the total fertility rate in Cuba is 1.5 children per woman, while in Guatemala it is 3.7. As shown in figure A, the ageing index rises as fertility declines. The index in Cuba is 98.8 older persons per 100 under-fifteens, while in Guatemala it is 15.6.

Figure 1 depicts four country groups. In the first group, comprising countries such as Belize, French Guiana, Guatemala, Haiti, Paraguay and the Plurinational State of Bolivia, total fertility rates are high by regional standards and ageing indices are low, which ECLAC (2007b) terms incipient population ageing (below 20%) (see annex 1). Although they have a lower fertility rate than the others, Guyana and Nicaragua are also in this group, because their ageing index is still low. The second group is at a moderate stage of population ageing, and comprises the majority of the Latin American and Caribbean countries. The total fertility rate is between 1.7 (Costa Rica) and 2.5 (Dominican Republic) children per woman and the ageing index

Box II.1 (continued)

ranges from 27 to 40 persons aged over 60 for every 100 under-fifteens. Countries at a moderately advanced stage of population ageing have total fertility rates of between 1.6 and 2.2 children per woman and ageing indices from 45 to 60. All of the nine countries experiencing advanced population ageing are in the Caribbean, with the exception of Uruguay. The countries in this group have fertility rates of between 1.5 children per woman in Cuba and 2.1 in Guadeloupe, while their ageing indices range from 74 to 105.

Figure 1
LATIN AMERICA AND THE CARIBBEAN: STAGES OF
POPULATION AGEING, 2010-2015

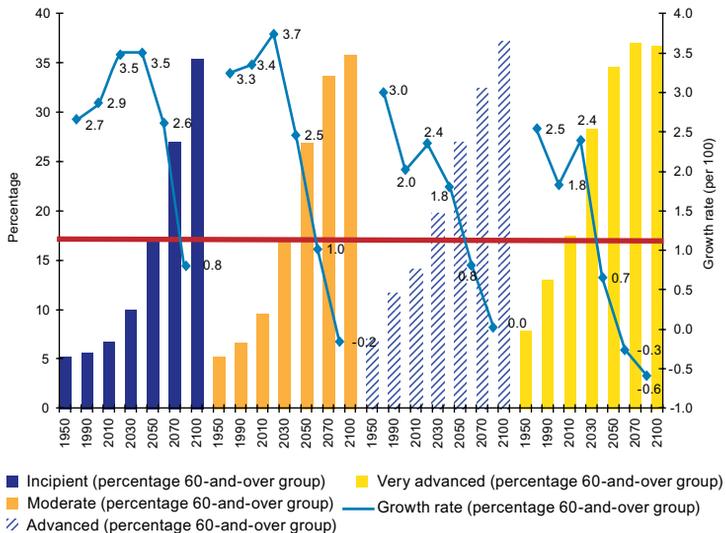


Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

The ageing process has not been equally intense everywhere in the region. In 1950, older persons accounted for less than 10% of the population in all country groups, regardless of whether the country's stage of ageing is classified as incipient, moderate, advanced or very advanced (see figure 2). Nevertheless, countries at an advanced or very advanced stage of population ageing had already surpassed this figure by 1990, while those at a moderate stage were approaching it by 2010 and those at an incipient stage will not do so until 2030. In countries at a very advanced stage of ageing, the population aged 60 and over has increased so fast that by 2010 over 17 of every 100 people were 60 or over. In 20 years' time, 28% of the population will be in this age group. By 2050, 35 of every 100 people may be 60 or over. Even so, this population will see negative growth after 2050.

Box II.1 (concluded)

Figure 2
LATIN AMERICA AND THE CARIBBEAN: PERCENTAGE AND
GROWTH OF THE POPULATION AGED 60 AND OVER
BY STAGE OF AGEING, 1950-2100



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

The proportion of older persons in countries at an advanced stage of ageing was 14% in 2010; this will increase to 20% by 2030, but growth will slow over the next 20 years and by 2050 this group will represent 27% of the total population. Among countries at incipient or moderate stages of population ageing, the proportion of older persons in 1990 was similar (around 6%), but growth of this group was variable. The proportion of older persons in countries at a moderate stage of ageing stood at 9.5% in 2010, while in those at an incipient stage of ageing this was under 7%. Over the period 2010-2030 the number of older adults is likely to increase faster in the moderate ageing group than in the incipient ageing group. By 2030, older adults could represent 10% of the population in countries at an incipient stage of ageing, while in countries at a moderate stage of ageing this figure may be 17%. By 2050, the relative weight of older persons in incipient countries may reach 17% of the population, increasing to 27% by 2070 and 35% by 2100, placing it at the same level as the other three groups by the end of the century.

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

While on average the regional dependency ratio will stop declining around 2020, this will not occur until approximately 2040 in the cases of Belize, Honduras, Paraguay and the Plurinational State of Bolivia. As for Guatemala, the dependency ratio is projected to continue decreasing until the middle of this century. Public policies and programmes in these countries must continue to focus on the child and youth population.

In both Latin America and the Caribbean, the child-youth dependency ratio has fallen steadily since 1965-1970, and is expected to stabilize towards the end of the twenty-first century at around 30 under-fifteens for every 100 working-age adults. By contrast, the old-age dependency ratio increased gradually between 1950 and 2010, after which it gained great momentum. Projections indicate that it will continue to accelerate every five-year period, reaching 35 older persons in Latin America and 43 older persons in the Caribbean for every 100 working-age adults in 2040. By 2100, the old-age dependency ratio is likely to be 73 older persons in Latin America and 67 in the Caribbean for every 100 working-age persons.

To illustrate current and future disparities in the social and economic needs associated with population ageing, countries have been grouped according to their estimated ageing index for the period 2010-2015 (see figure II.6). The first group —formed of the six countries with the highest ageing indices in the region— recorded 13 persons aged 60 or over for every 100 aged 15-59 years in 1950, with the exception of the United States Virgin Islands and Uruguay, which were already recording a higher value (22 and 19.5 older persons for every 100 persons aged 15-59 years, respectively). In 2010, all the societies in this group had at least 25 older persons per 100 working-age adults, and by 2040 this level is expected to be 44. Cuba and Martinique are likely to deviate from the majority, since their old-age dependency ratio will stand at 83 older persons per 100 working-age adults in 2065 and 2070, respectively.

The countries in the second group present a homogenous pattern to 2020, with an old-age dependency ratio of under 40 older persons per 100 persons of working age. In the former Netherlands Antilles, the ratio of older adults to working-age adults will increase by leaps and bounds from 2015, reaching 63.6 in 2040 and peaking in 2055, when it will be the highest in the region (88 older persons for every 100 individuals aged 15-59 years). It will then decrease until the end of the century, when the old-age dependency ratio will be 62. In the third group of countries, the old-age dependency ratio will remain under 30 until 2025. By 2040 there will be between 30 and 40 older persons per 100 working-age persons, on a par with the Latin American average. From 2030, the numbers will start to rise faster in Brazil and Costa Rica, while Saint Vincent and the Grenadines will remain below its counterparts during the second half of the century.

Figure II.6
LATIN AMERICA AND THE CARIBBEAN: OLD-AGE DEPENDENCY RATIO,^a BY COUNTRY, 1950-2100

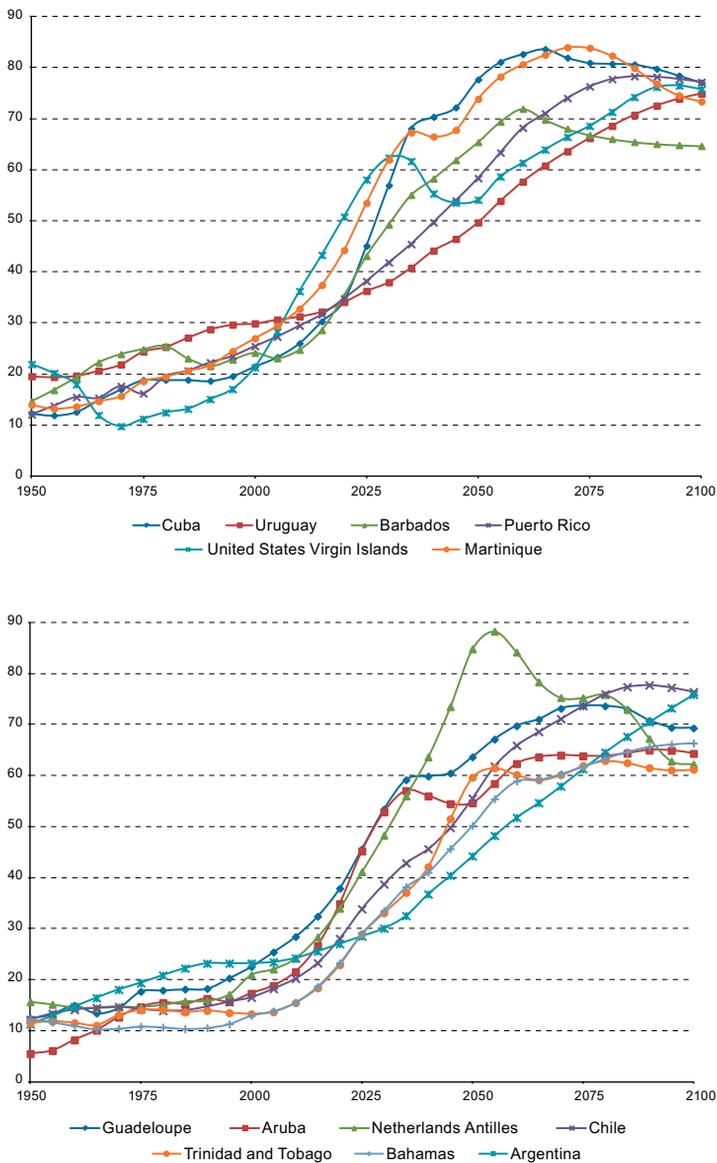


Figure II.6 (continued)

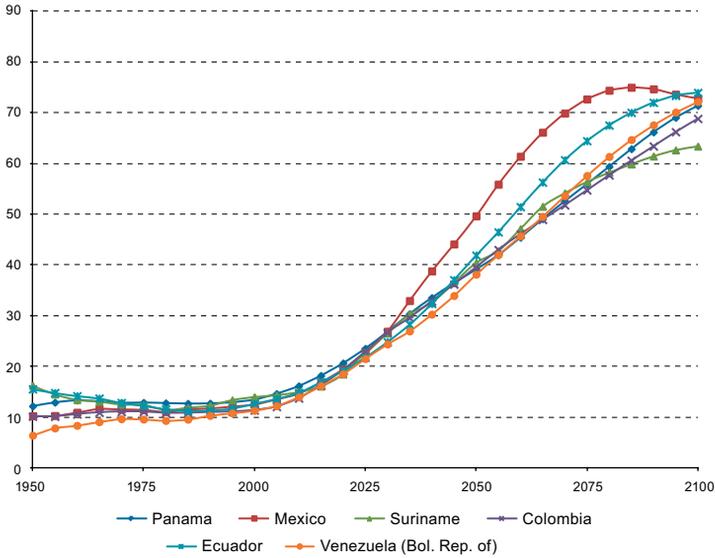
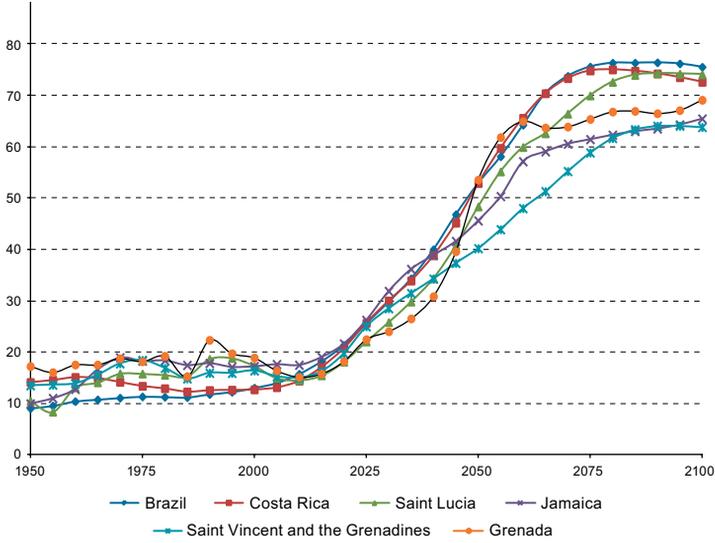
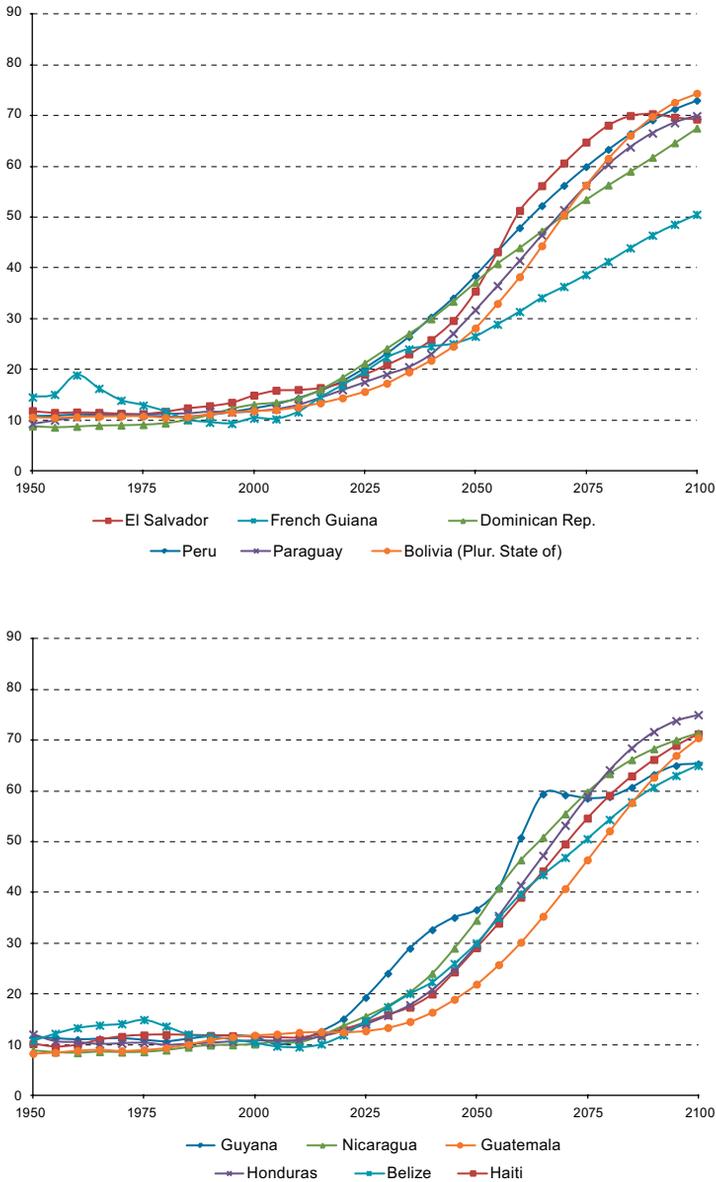


Figure II.6 (concluded)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

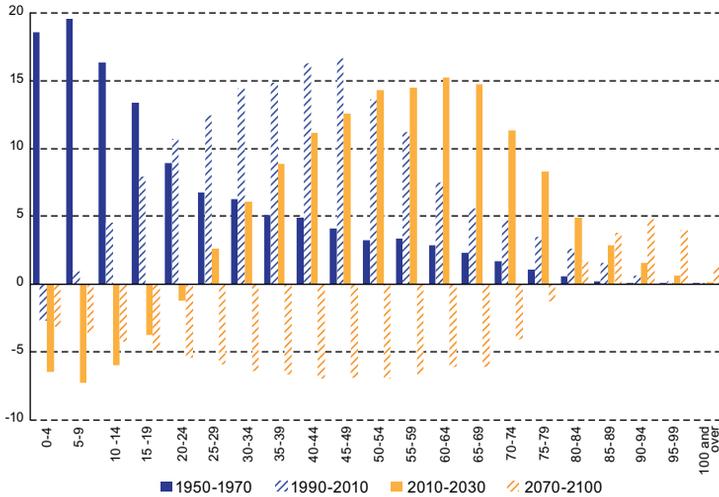
^a Old-age dependency ratio= (number of persons aged 60 and over)/(number of persons aged 15 to 59 years) x 100.

In the fourth group of countries, the old-age dependency ratio at the start of the period under examination ranged from less than 7 in the Bolivarian Republic of Venezuela to 16 in Suriname. Later some convergence is expected, and up to 2030 the indicators for the six countries will present similar levels and trajectories. As in the third group, these countries will record between 30 and 40 older persons per 100 working-age adults by 2040. From that year onwards, the old-age dependency ratio will rise faster in Mexico and possibly also in Ecuador than in the rest of the group. Old-age dependency ratios in the fifth group were around 10 older persons per 100 working-age persons in 1950, with some divergence from this figure in French Guiana. Ageing is expected to progress in a similar way in all these countries, with gradual increases in old-age dependency ratios but these will not exceed 30 before 2040. From 2045 the ageing process will slow in French Guiana and speed up in El Salvador. The least aged countries in the region (sixth group) will age at a slower pace and, with the exception of Guyana, will not experience a significant rise in the old-age dependency ratio until the mid-twenty first century.

Population ageing represents the main demographic phenomenon of this era and it has significant future implications for both society as a whole (population ageing) and for older persons themselves (individual ageing). Society must adapt to an unprecedented situation and implement policies that facilitate the necessary adjustments in a number of areas of public affairs. These adjustments require intergenerational and gender equity, since the needs of people at different stages of the life cycle must be met. Similarly, the roles of the State, the private sector and the family must be redefined, in light of the changes within households as a result of women's emancipation and their growing participation in the labour market. Given the magnitude and the scope of these challenges, the public, private and academic sectors must join forces and pool their resources to conduct novel and multisectoral research. New and creative solutions must be found in order to provide the population of all ages with well-being.

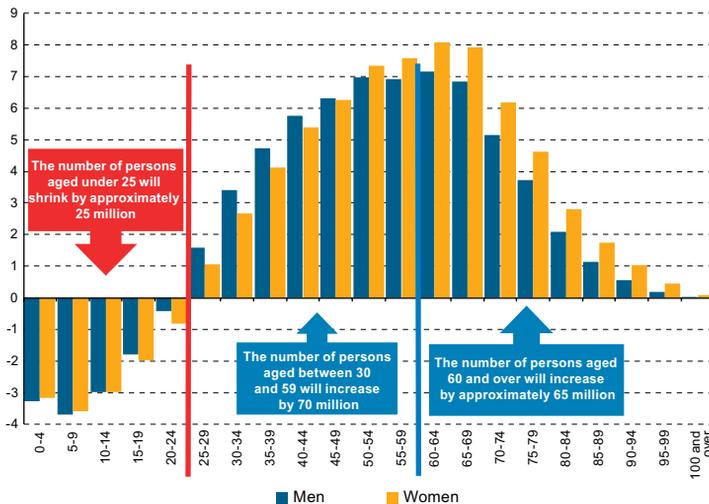
Population ageing is here to stay and is following a particularly steep trajectory in Latin America and the Caribbean. The general population will grow increasingly slowly (see figure II.7). From 1950 to 1970 all age groups recorded positive growth, but, starting in the period 1990-2010, a decline was observed in the youngest age groups. It is estimated that the 60-and-over group will increase to almost 65 million between 2010 and 2030 in the region, 15 million of whom will be aged 80 or over (see figure II.8). By contrast, there will be 25 million fewer under-25s in 2030 than in 2010.

Figure II.7
LATIN AMERICA AND THE CARIBBEAN: POPULATION GROWTH BY AGE GROUP, SELECTED PERIODS
(Millions of people)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

Figure II.8
LATIN AMERICA AND THE CARIBBEAN: POPULATION GROWTH BY SEX AND AGE GROUP, 2010-2030
(Millions of people)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

Relatively speaking, the older adult population is likely to register a very high growth rate; it is predicted to increase in Latin America and the Caribbean by an annual ratio of 3.5 per 100 over the period 2010-2030, much faster than the population aged 25-59 years, whose annual increase will be 1.2 per 100. The under-25 group, meanwhile, will decrease on average by 0.5 per 100 a year. This rapid increase will compel most countries to make huge social and economic changes. Between 2070 and 2100, only the 80-and-over age group is expected to experience positive growth.

D. Rising life expectancy and ageing within the older adult population

Thanks to medical and healthcare advances, life expectancy indices are at levels that were unimaginable just a few decades ago. Over the past 60 years the population of the region has gained 23.4 extra years of life, on average (United Nations, 2011). In Latin America and the Caribbean, life expectancy at birth for both sexes went up from 51.3 years during the period 1950-1955 to 74.7 during 2010-2015. The difference between the sexes increased from 3.5 to 6.2 years, with life expectancy at birth of 49.6 years for men and 53.1 years for women in 1950-1955 and 71.6 and 77.8 years, respectively, in 2010-2015.

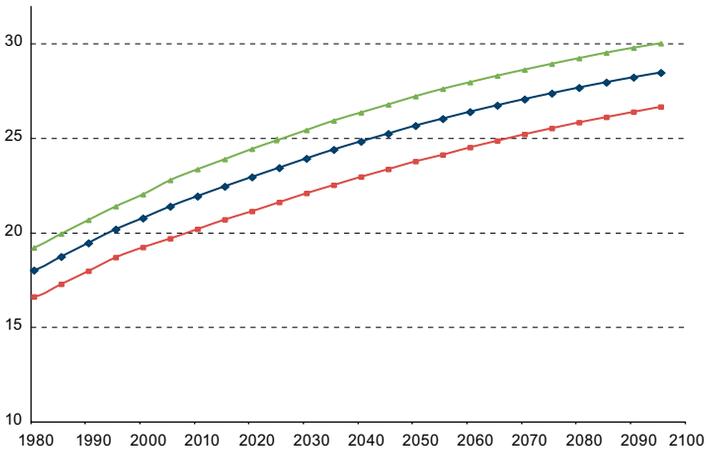
Although these gains in life expectancy are mainly due to a fall in child mortality, life expectancy at 60⁷ also increased between 1950-1955 and 2010-2015 in Latin America, bringing this indicator more into line with that of developed countries, on average. Figure II.9 shows that the gap between Latin American men and women was 2.6 years in 1980-1985, with life expectancy at age 60 of 16.6 years for men and 19.2 years for women. This gap has widened over time, and by 2010-2015 it was already 3.2 years (life expectancy at 60 of 20.2 years for males and 23.4 years for females). It is expected to increase slightly over the coming decades as life expectancy at 60 rises to 23.8 and 27.2 years, respectively, by 2050-2055.

Life expectancies at age 60 in the Caribbean are similar to the levels seen in Latin America, although the gender gap is estimated to be somewhat larger. The difference is likely to exceed four years in 2010 and is then predicted to remain constant for the rest of the twenty-first century. In 2010 this indicator stood at 19 years for Caribbean men and 23.5 years for women and by 2100 it will be 25.5 years for men and 29.6 years for women.

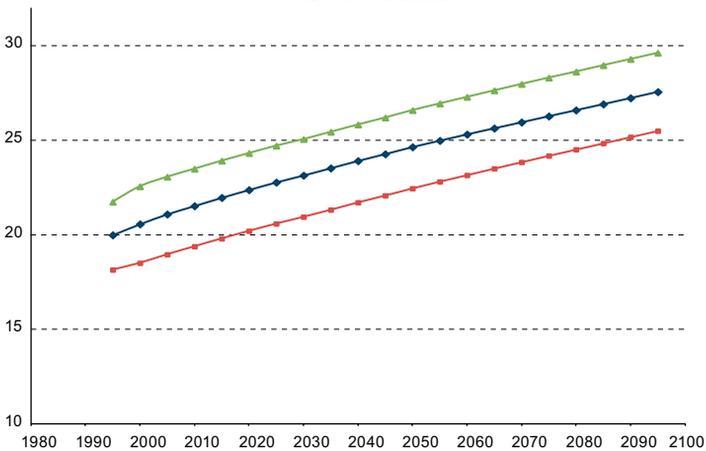
⁷ This indicator should be considered with caution, because it has weaknesses associated with the underlying data used to calculate it and is usually inconsistent. It should therefore not be considered as a precise measurement of the remaining life expectancy of 60-year-olds.

Figure II.9
LIFE EXPECTANCY AT AGE 60,^a 1980-2100

A. Latin America



B. The Caribbean



◆ Both sexes ■ Men ▲ Women

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

^a Weighted average based on the total population of men and women, respectively.

^b Information available for the Caribbean from 1995 onwards.

Women are in the majority among older persons

Owing to these differences between the sexes, women outnumber men as they get older. It is estimated that in 2010, for example, there were 82 men aged 60 or over for every 100 women of the same age, while for the general population the figure was 97.6 men for every 100 women. This proportion will remain stable until at least 2040. In Latin America and the Caribbean there are currently 5.8 million more women than men aged 60 and over. Among persons aged 80 and over, there are approximately two men for every three women. In the 90 and over age group, there are two women for every man, and among those aged 100 and over there are more than twice as many women. Given that women live longer and are less likely to form a new union, they are more likely to be unmarried and also to live alone. This leaves women more at risk of suffering social isolation and economic hardship, and in need of special support. What is more, they are exposed to additional risks. Based on the way labour is traditionally divided, women are more likely to work in unpaid jobs, or in low-productivity or informal sectors during the early stages of the life cycle. They may have focused on caring for children, older adults or persons with disabilities. Strategies that respond to population ageing must take account of the fact that women have larger social security gaps that affect their pensions and their access to health services and care. They are thus more vulnerable than older men.

Life expectancy at 60 varies across the region. Figure II.10 illustrates the levels and trends for this indicator by country group, based on the estimated ageing index for 2010. One striking feature of the first group is the longevity documented in Cuba. In 2010, life expectancy in these countries at 60 was close to 23 years; by 2040 it will already be around 25 years, on average, and by 2100 it will have increased by a further four years, taking life expectancy at 60 to 29 years. Among the countries in the second group, two extremes may be found: Guadeloupe is at the top with life expectancy of 24 years at age 60 in 2010, 26.6 years in 2040 and 30.5 years by the end of the century, while in Trinidad and Tobago it is 18.6 years in 2010, 21.5 years in 2040 and 25 years during the last five years of the century, placing it at the bottom. In the third group, life expectancy at 60 in Brazil was low in 1980 (less than 17 years). However, from that point on, the indicator began to improve and it was estimated to be 22 years in 2010, almost on a par with Costa Rica. In 2040, 60-year-olds could hope to live for another 25 years in both Brazil and Costa Rica and by the end of the century older Brazilian adults are expected to have life expectancy of 29 years, surpassed only by Puerto Rico, the United States Virgin Islands, Martinique and Guadeloupe.

Figure II.10
 LATIN AMERICA AND THE CARIBBEAN: LIFE EXPECTANCY AT 60 FOR BOTH SEXES, BY COUNTRY, 1980-2100^a

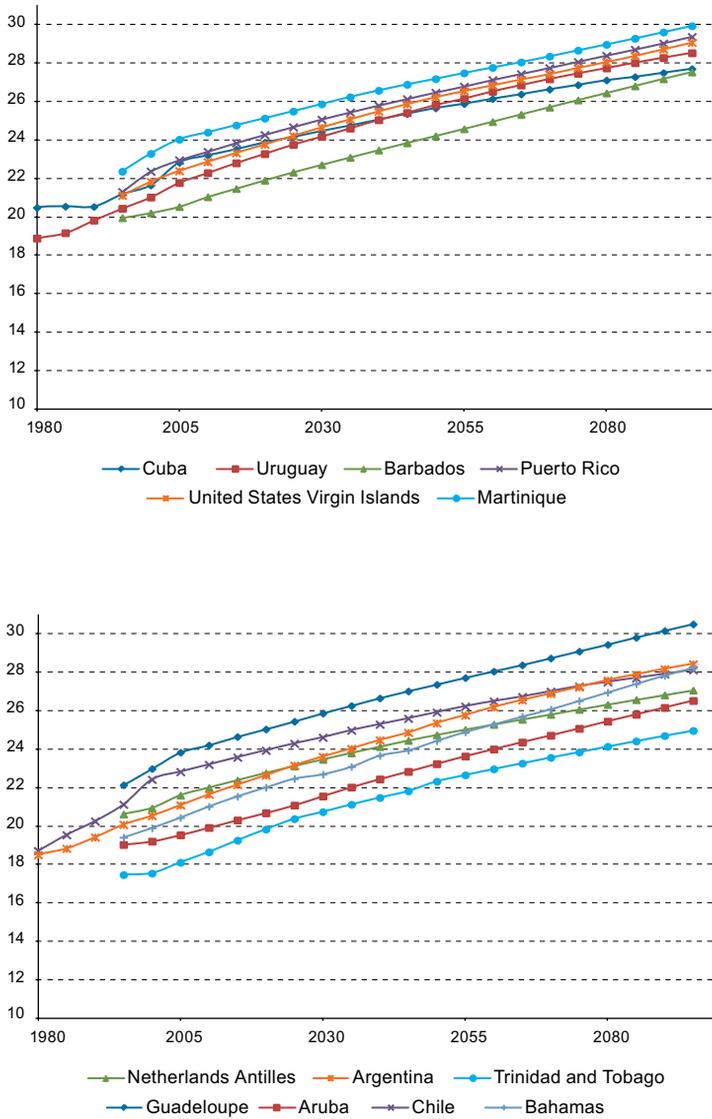


Figure II.10 (continued)

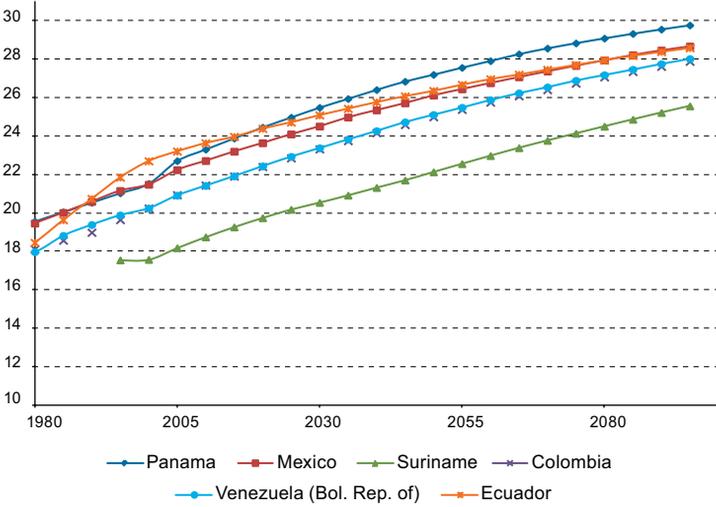
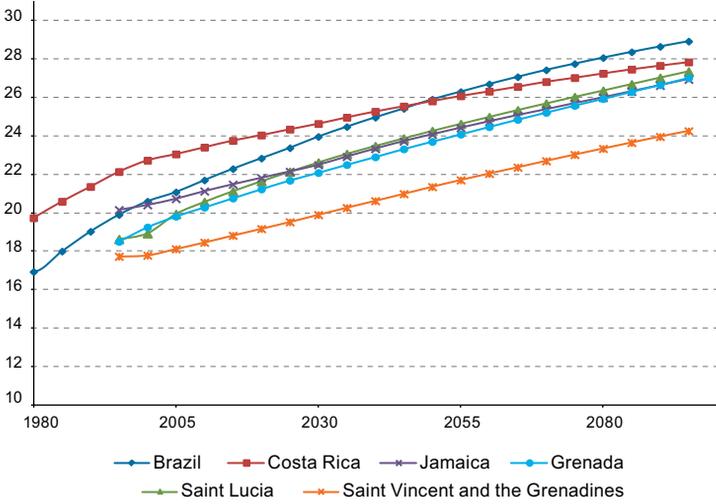
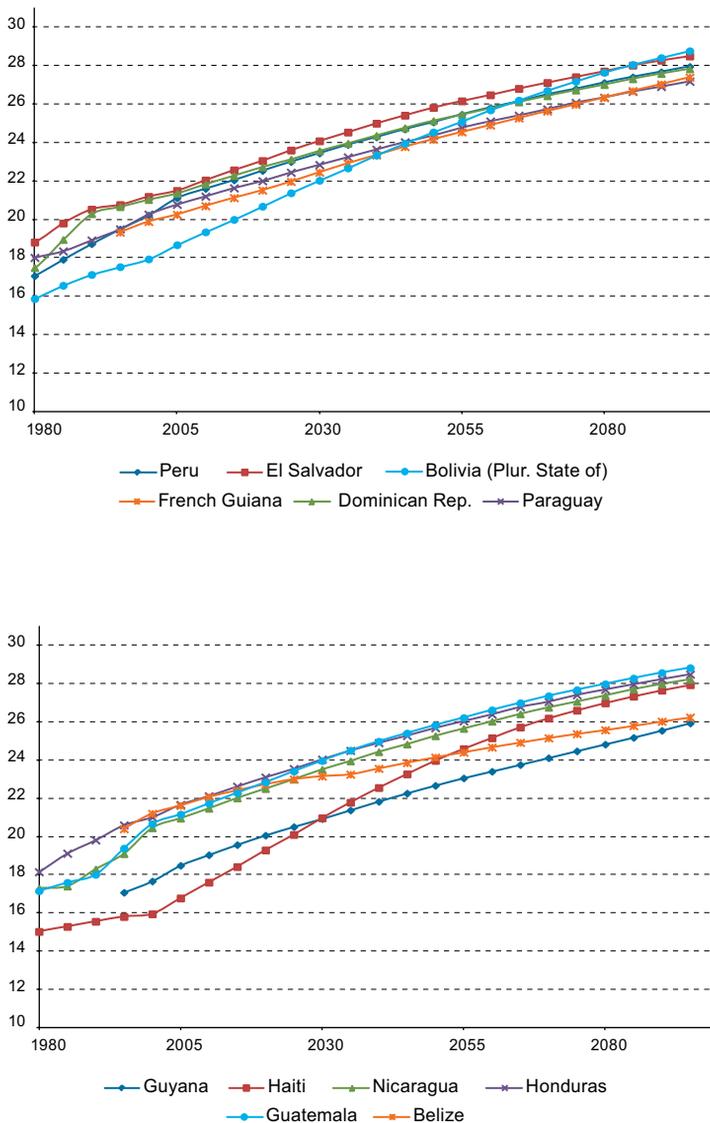


Figure II.10 (concluded)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

^a Information available for the Caribbean from 1995 onwards.

In the fourth group, Suriname is noteworthy because its figures are lower than the regional average for the entire period under examination, and are comparable to those of Saint Vincent and the Grenadines and Trinidad and Tobago. Paraguay is of particular interest in the fifth group, as its older adults were already enjoying longer life expectancy in 1950. In fact, life expectancy in Paraguay for 60-year-olds was 17 years, the highest in Latin America at that time. By 2010, the other countries in this group had the same life expectancy at 60 as Paraguay (around 21.5 years), except for the Plurinational State of Bolivia, where it is estimated to be 19 years.

In the sixth and final group, Haiti and Guyana stand out. Life expectancy at 60 in Haiti barely rose from 14 years between 1950 and 1980. In 1995, older adults in Guyana could expect to live for 17 years at age 60, just one year more than in Haiti. This had changed little by 2010 (19 years in Guyana and 17.6 years in Haiti) but these figures are expected to draw closer together over time until they converge in 2025, when 60-year-olds will live, on average, for 20 years in both Haiti and Guyana. By the end of the century, life expectancy at 60 in Haiti will have improved and will average 28 years, a figure that is comparable with Peru and Colombia. Guyana, on the other hand, is expected to remain at the bottom with 26 years, along with Belize.

The rising life expectancy of the 60-and-over population is producing ever greater and more complex demands in terms of social security, health care, work, education, social participation and policy. A paradigm shift is needed with regard to the way society is organized and the concept of age itself. Some demographers have proposed a new concept of “prospective age”, which takes into account the increases in life expectancy that have been recorded from a specific age (60 years), and does not count years since birth but rather remaining life expectancy (Sanderson and Scherbov, 2008). In other words, they propose that policies for older adults should not depend on chronological age (time lived) but rather on prospective age (time to live), since remaining life expectancy is the factor that will determine mental and physical health and thus labour status, needs, requirements and behaviour.

The older adult population is ageing internally

Owing to expanding longevity in the region, observed and projected rates of growth for the population aged 80 and over (the current rate being 3.8 per 100) outstrip those of any other group for the period between 1950 and 2100. Moreover, this is the only age group that is expected to see positive growth through to the end of the twenty-first century. Should medical advances further extend the life span of older persons, this group could expand even more sharply. Among older adults, the relative weight of those aged 80 and over will increase, meaning that this population is ageing internally. It has

become important to study the living conditions and enforce the rights of the much older age group, and will become even more so in the region, given the particular fragility of much older adults, among other factors. The chronic illnesses typical of this age group and the deteriorating health that naturally accompanies the ageing process will result in a significant increase in the size of the population with physical or mental limitations. The proportion of older persons able to be autonomous, to participate in economic activities and to enjoy better social integration will decrease (Chackiel, 2000), since the risk of suffering some kind of disability and becoming functionally dependent is significantly higher post-80, in particular when no social support network exists (Abellán García and others, 2007).

In Latin America, the population aged 80 and over is currently growing faster than any other age group. In relative terms, the proportion of the population aged 80 and over compared with the total population has risen inexorably. In 1950, only 0.4% of the Latin American and Caribbean population was in the very old age bracket; by 2010 this percentage had nearly quadrupled, to 1.5%. This percentage will continue to spiral up to an expected 6% by the mid-twenty first century. By 2075, one in ten people will be older than 80, outnumbering even those under 10 years of age.

The older segment of the population is, then, undergoing its own ageing process. It is estimated that one in eight older men is aged 80 or over within the 60 and over age group in Latin America. The ratio is one in seven in the Caribbean, and for women it is one in six in Latin America and one in five in the Caribbean. By the middle of the century, 20% of men aged 60 and over will be 80 or over, while for women this percentage will be 25%. In the Caribbean the index values are higher because this subregion is at a later stage of the population ageing process than Latin America. Table II.1 illustrates the growth of the older population and much older population in absolute terms, as well as the large proportion of females.

In short, although those aged 80 and over currently only represent a small proportion of the population, the number of people in this group is not insignificant. Most countries will have to make huge economic and social adjustments, given that health-care costs will rise, and this much older segment of the population will make greater demands in terms of long-term care and special residential arrangements.

In Latin America and the Caribbean, families (women, for the most part) take responsibility for meeting the health and care needs of the much older members of the population. Furthermore, their older adult children (aged 60 and over) often provide those aged 80 and over with financial support and maintenance, in addition to care and commitment. If the public infrastructure is not in place, families will have to respond to these requirements on an individual basis, at the expense of their participation in the labour market, and to the detriment of their well-being or personal goals.

Table II.1
LATIN AMERICA AND THE CARIBBEAN: OLDER POPULATION BY
SEX AND AGE GROUP, SELECTED YEARS

		Latin America			The Caribbean		
		60 years and over	80 years and over	80 years and over / 60 years and over (percentages)	60 years and over	80 years and over	80 years and over / 60 years and over (percentages)
1950	Men	4 220 750	287 964	6.8	177 961	12 769	7.2
	Women	4 760 814	396 003	8.3	225 337	18 810	8.3
1970	Men	8 186 816	616 002	7.5	321 856	29 823	9.3
	Women	9 230 928	832 819	9.0	377 027	49 695	13.2
1990	Men	14 213 946	1 429 655	10.1	512 463	68 730	13.4
	Women	17 052 593	2 080 771	12.2	622 294	101 994	16.4
2010	Men	25 753 083	3 313 175	12.9	710 186	101 284	14.3
	Women	31 355 428	5 188 328	16.5	909 534	173 893	19.1
2030	Men	52 121 719	7 265 979	13.9	1 196 311	166 060	13.9
	Women	63 580 588	11 162 292	17.6	1 567 846	291 917	18.6
2050	Men	84 609 402	16 997 754	20.1	1 553 967	327 010	21.0
	Women	102 864 485	25 707 865	25.0	2 035 967	579 386	28.5
2070	Men	106 923 852	28 397 820	26.6	1 786 638	435 447	24.4
	Women	127 501 623	41 227 953	32.3	2 182 945	715 045	32.8
2100	Men	107 538 677	36 002 392	33.5	1 748 503	531 060	30.4
	Women	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, population estimates and projections, 2011 revision; and United Nations, World Population Prospects, 2010 Revision [online] <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>.

To deal with the consequences of population ageing, therefore, countries should design strategies that take into account the former and the current demands and needs of other groups. The priority of policies on ageing should be to provide the same opportunities for personal development to all family members and, in parallel, to build and maintain a family environment that offers its members support and cohesion.

E. In order to achieve equality for all age groups, the roles of the State, the private sector and the family must be redefined

Population ageing is a near-universal process; it is affecting virtually every country in the world and it has a direct impact on intergenerational and intra-generational equity and solidarity, which constitute the foundations of society (United Nations, 2010). Taking a long-term view helps predict future scenarios and prepare societies to meet the needs of their older members. According to projections, older persons will outnumber children in the region by 2036, and will do so by an increasingly large

margin until the end of the twenty-first century. However, the expanding adult population will not have the same impact everywhere, nor will it be noticeable within the same time frame. In some countries, the child and youth population, as well as the working-age population, are and will remain of great importance and will continue to pose a formidable challenge for public policy. Although ageing is a hugely significant phenomenon, it should not be the only priority; that would divert attention from these other groups, whose well-being is by no means assured.

Latin America and the Caribbean is currently enjoying the demographic dividend, but the dependency ratio will start to rise again within a few years, generating new demands associated with older persons, such as health care, economic security and social protection. The number of people whose needs must be met will exceed all expectations. Time is short and there is only a small margin of error for making adjustments in pursuit of a fairer and inclusive society for its members of all ages. Given the changes in households following women's emancipation and their growing incorporation into the work force, intergenerational and gender equity are essential, as the needs of people at different stages of the life cycle must be met. Moreover, policymakers in the countries must bear in mind that family support networks are becoming weaker, and that social services to ensure decent living conditions for older persons are lacking.

According to projections, with effect from 2063 approximately, there will be at least twice as many older persons as children in the countries in the region, and governments, the market, families and society in general should start to prepare for a lasting paradigm shift. Population ageing is a subject that merits special attention on account of its implications for society as a whole as well as for each individual. New and creative solutions will be needed in order to provide well-being and intergenerational and gender equity. It would not be an exaggeration to say that the roles of the State, the private sector and the family need redefinition.

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Annex

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

Stage of population ageing	Country or territory	Ageing index ^a	Total fertility rate ^b	Population aged 60 and over ^c (percentages)	Population aged 80 and over ^d (percentages)	Total dependency ratio ^e	Old-age dependency ratio ^f	Life expectancy at 60 years ^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	
	Moderate	Brazil	39.9	1.8	10.2	1.5	55.3	15.8	21.7	6.3	11.3
		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	2.1	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	
Advanced	Peru	29.3	2.4	8.8	1.1	63.2	14.3	21.6	7.0	10.6	
	Saint Vincent and the Grenadines	36.2	2.0	9.6	1.4	56.5	15.0	18.5	6.7	11.7	
	Saint Lucia	36.4	1.9	9.4	1.6	54.5	14.6	20.6	6.9	14.9	
	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	

Annex (concluded)

Stage of population ageing	Country or territory	Ageing index ^a	Total fertility rate ^b	Population aged 60 and over ^c (percentages)	Population aged 80 and over ^d (percentages)	Total dependency ratio ^e	Old-age dependency ratio ^f	Life expectancy at 60 years ^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
Very advanced	Trinidad and Tobago	51.6	1.6	10.6	1.3	45.4	15.5	18.6	6.5	8.7
	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	104.7	1.9	21.2	2.6	70.7	36.2	22.9	2.8	12.7
	Virgin Islands	82.0	2.0	18.5	3.9	69.3	31.2	22.3	3.2	25.1
Uruguay										

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, population estimates and projections, 2011 revision, and United Nations, *World Population Prospects, 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 80 years and over / number of persons aged 50 to 64 years) x 100.

Chapter 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, 2011).

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. Population ageing is a long-term trend and as it progresses, the potential support ratio will wane (see chapter II).

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 and stand at 3 potential workers per older person by 2040. 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, with implications for all generations.

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 learnt 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. Social security as a key component of economic security in old age

Ownership of assets —whether economic or non-economic³⁴ is a key element for quality of life in old age. Economic security is usually defined as the capacity to dispose independently of a regular economic income that is sufficient to ensure a good quality of life (Guzmán, 2002). However, the economic well-being of older persons is also influenced by other elements, including cash transfers made by family members or time devoted to providing them with assistance or care. The concurrence of both types of element (economic and non-economic) enables older persons to satisfy their needs, to remain functionally independent and to make their own decisions.

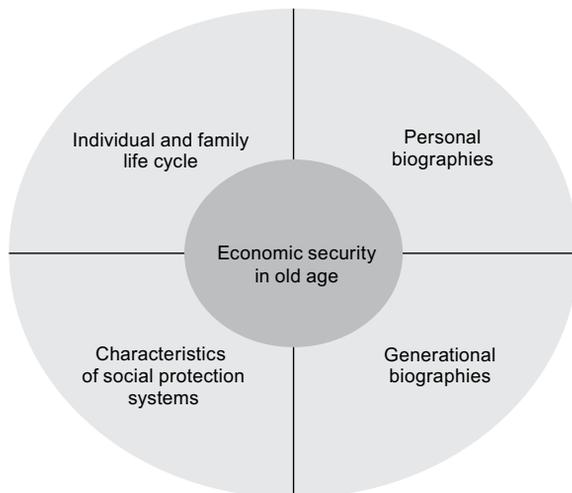
According to the United Nations, economic security is a legitimate aspiration not only for those persons who have contributed throughout their life to social security but also for those who —for career or other reasons— do not fulfil the requirements for access to a contributory pension (United Nations, 1995).

The economic security of older persons depends on two factors: economic situation and economic position. The economic situation is determined by their purchasing power in terms of their ability to finance consumption; this can come from various sources: work, savings, retirement benefit or pension or an accumulation of assets. It is directly linked to the level and type of consumption, which depends on the person's age, state of health, living arrangements and enjoyment of State benefits in the form of free services or subsidies (ECLAC, 2003). The economic situation in old age, as opposed to other phases of life, implies that the life cycle should be viewed as a core element, since current purchasing power has to do with the earlier economic position and with the individual's decisions and circumstances at other times of his or her life (Pérez, 1997). Some authors state that the most crucial stage in determining the economic

situation in old age is the period immediately prior to retirement (Maddox and Campbell, 1985). Recent studies show, however, that factors relating to earlier periods are also crucial: for example, the level of schooling, the choice of a particular career and the number of children (Pérez, 1997, Marco 2004, Huenchuan, 2009). However, retirement pensions are not universally available, and this lack is particularly acute in the case of women.

The economic position of older persons is based on their income or assets in relation to other age groups or the total population, although it is also important to analyse the differences within the same generation, basically because the disadvantages accumulated throughout one's life come to the fore in old age. Thus, the economic position of older persons at a given time depends on a complex combination of interrelated factors, which can be illustrated in diagram III.1. It should be noted that gender is a fundamental stratifying variable and has a drastic effect on the economic position of women when they reach old age.

Diagram III.1
FACTORS THAT HAVE A BEARING ON ECONOMIC SECURITY IN OLD AGE



Source: Sandra Huenchuan, "Pobreza y redes de apoyo social en la vejez. Acercamiento desde las diferencias de género", *Revista de trabajo social*, No. 12, Escuela Nacional de Trabajo Social, National Autonomous University of Mexico (UNAM), 2006.

The stage of the life cycle refers to the time of life of the older persons and of the persons in their immediate circle. These include family members, as the interrelationship of the life cycles of the different family members determines the burden that older person have to bear as well as

the potential help at their disposal. Personal trajectories refer directly to the working career of older persons, in terms of whether their contributions accrued over their working life are sufficient at the time of retirement and whether they are able to find employment in their old age.

Generational biographies relate to the context of ageing and consider the social, economic and political history of the societies to which the ageing persons belong. Lastly, the characteristics of the social protection systems determine whether persons reaching old age have access to a substitute income in the form of a non-contributory pension and, of course, effective access to health-care services.

In short, financing for the consumption of older persons is based on economic security. All societies must address the crucial issue of how income deficits should be funded. Postponing retirement age, drawing on family contributions, increasing public transfers or accumulating assets are some of the options for balancing these deficits (Lee and Mason, 2011).

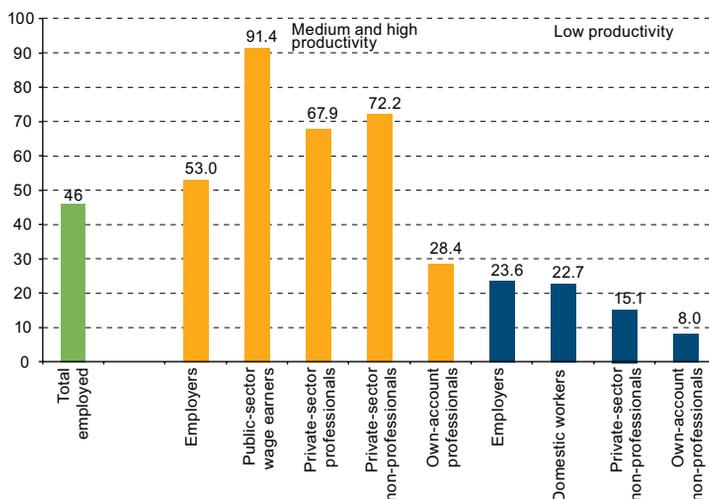
Whatever a person's circumstances when he or she reaches old age, access to a pension —whether a contributory or a non-contributory one— makes the difference between suffering or overcoming poverty, especially when the circumstances are beyond his or her control. Hence government institutions are the main providers of social protection in the form of social insurance, including health care, and consequently in preventing and overcoming poverty.

B. Contributory coverage: underprotection for workers and their families

Traditionally, States have prioritized the establishment of contributory pension systems with the objective of achieving universal coverage once the formal sector has expanded. Today, with a vast number of workers in the informal sector, this approach must be re-examined. Contributory systems have left the majority of the population unprotected when they reach old age. Estimates indicate that only 25% of the labour force contribute to pensions today or are accruing pension rights (United Nations, 2010).

The same trend may be seen in the region where labour markets have not had the capacity to open up access to social protection systems. Access to social security is contingent on employment but is limited owing to the high rates of informality and the weakness of regulatory systems and labour institutions. Currently, around half of the employed are affiliated to the system, the vast majority of whom work in the formal, high-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

Disparities in coverage also exist between countries. Rates of contributory coverage are lower in countries with lower per capita GDP. This is illustrated by the fact that in the high-income countries of the Organisation for Economic Cooperation and Development (OECD), 85% of the labour force are included in contributory systems, while in Latin America, in countries like Guatemala, Honduras, Nicaragua and Paraguay, which have the lowest per capita GDP in the whole region, contributory coverage is at most 20% (United Nations, 2010; ECLAC, 2006).

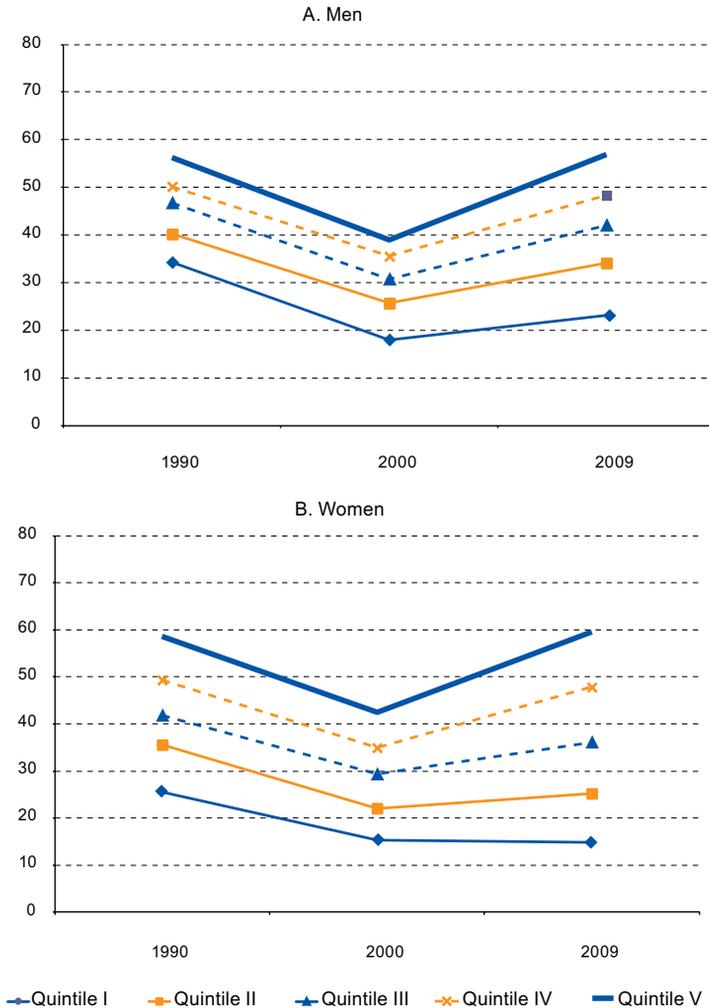
Contributions are designed not only to provide coverage to the employed but also to provide them with protection and their families with health insurance. Those that do have access to social security are not just the better-educated and better-paid workers but also those that have fewer dependents (or those with smaller households). By contrast, those that do not have access to social security are predominantly low-income workers, the employed with small children, younger workers and those with larger households.

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 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.

In terms of the long term trend, in the past 20 years, the gap between high-income women with jobs and those living in households in the lowest quintile has widened. This was evident during the period when social security coverage for the employed was picking up. Whereas coverage of women in the poorest quintile represented 43% of that of the richest quintile in 1990, it fell to 36% in 2000 and to 24% in 2009. Similar, albeit less pronounced, differences may be observed between men, for whom coverage of the poorest quintile declined from 60% of the richest quintile in 1990 to 46% in 2000, then to 40% in 2009. In short, the gaps have widened for both men and women but are cause for particular concern in the case of women (see figure III.2).

Contributory coverage for women is adversely affected by lower labour participation rates, higher unemployment rates, biases in some labour regulations and the absence of policies for reconciling paid and unpaid work (ECLAC, 2010). These factors tend to perpetuate the multiple labour gaps between men and women and have exacerbated inequality between women.

Figure III.2
 LATIN AMERICA (9 COUNTRIES): EMPLOYED POPULATION WITH SOCIAL SECURITY AFFILIATION, BY INCOME QUINTILE AND SEX, SIMPLE AVERAGE AROUND 1990, 2000 AND 2009
 (Percentages)



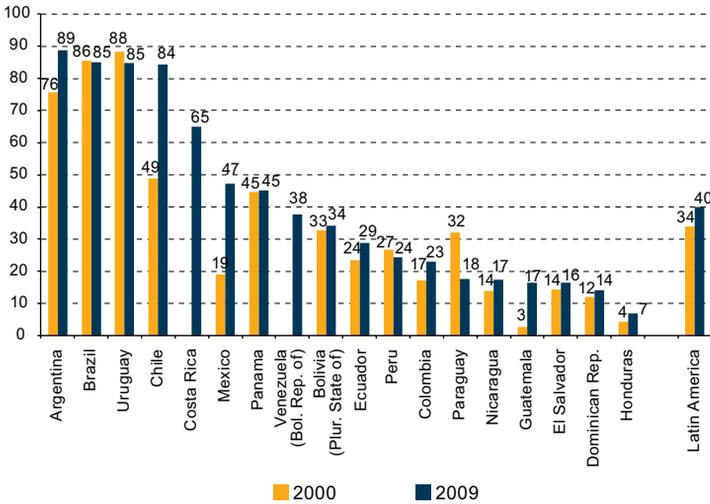
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the relevant countries.

Note: Does not include data from Bolivarian Republic of Venezuela, Colombia, Dominican Republic, Guatemala, Honduras, Panama, Paraguay, Peru or Uruguay. Year 1990: the data for Mexico and Plurinational State of Bolivia are for 1989; for Nicaragua: 1993. Year 2000: the data for Argentina, Brazil, Costa Rica and El Salvador relate to 1999; Nicaragua: 2001. Year 2009: the data for Plurinational State of Bolivia are for 2007; Mexico: 2008; the data for Argentina relate to Greater Buenos Aires; Plurinational State of Bolivia: eight main cities plus El Alto, Ecuador: urban areas.

C. 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 (see figure III.3). This figure contrasts with those posted by the developed countries, where 75% of the population receives some type of pension (ILO, 2011a).

Figure III.3
LATIN AMERICA (18 COUNTRIES): DISTRIBUTION OF THE POPULATION AGED 65 YEARS AND OVER WITH PENSIONS AND RETIREMENT BENEFITS, AROUND 2000 AND 2009 (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 relevant countries.

Note: 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 for which information was available for the two years under review.

Statistics reveal an enormous difference in pension and retirement benefit coverage between countries. In the countries of the Southern Cone, coverage exceeds 80% (in Argentina, it is as much as 89%); in Costa Rica, it stands at 65%; and in Mexico and Panama, it is slightly above 50%.

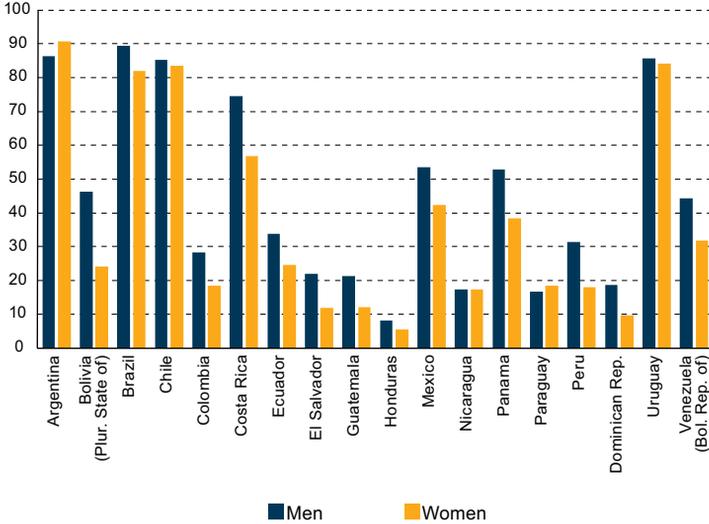
Coverage in the second group, which includes Bolivarian Republic of Venezuela, Colombia, Ecuador, Peru and Plurinational State of Bolivia, ranges between 20% and 40%. Lastly, in Dominican Republic, El Salvador, Guatemala, Nicaragua and Paraguay, fewer than 20% of the population 65 years or over receive pensions or retirement benefits (in Honduras, the percentage is even lower at just barely 7%). Thus, very few older persons in Latin America can look forward to having a retirement pension. The prospect of retiring fully is even more remote (Bertranou, 2006).

Nevertheless, there have been advances in the past decade and a substantial increase in the percentage of the population aged 65 or over with pension or retirement benefit coverage. In the year 2000, the average coverage for countries was 34%. A look at developments over the past decade shows increases in coverage in 11 of the 16 countries for which information relating to the two years under review was available. This group includes Argentina and Chile, which posted remarkable improvements. On the other hand, Brazil, Paraguay, Peru and Uruguay recorded reductions but Paraguay was the only one where the reduction in coverage was significant.

It should also be borne in mind that the values shown in the figures include compensatory, non-contributory transfers and benefits implemented by various countries to make up for the deficits in social security contributions by women in their active years, and to address the high level of precarity in those sectors excluded from the contributory model. Owing to these components, in some countries the variation in the disparities between men and women in their active phase is by no means linear. However, eliminating the gap between women and men cannot suffice. As observed in figure III.4, the differences are visible in practically all countries in the region and, as would be expected, are more significant in the upper income quintiles.

The unequal positioning of women and men was due partly to the reasons discussed above and partly to the fact that they had become regular participants in the labour market at a time when working conditions were becoming more restrictive (greater precarity and more informality) and the social security systems were being reformed, with major implications in terms of access and contributory coverage. Women remained invisible in the reform processes: not only did these reforms fail to address the gender inequities that historically had marked women's integration in economic activity and in social protection systems, but inequities were actually being exacerbated (Pautassi and Rodríguez, 2006). As a corollary, the tendency was and still is for women to have less social insurance savings and for their rights to benefits and public guarantees to be restricted (Marco, 2004).

Figure III.4
 LATIN AMERICA (18 COUNTRIES): DISTRIBUTION OF THE POPULATION
 AGED 65 YEARS AND OVER WITH PENSIONS AND RETIREMENT
 BENEFITS BY SEX, AROUND 2009
 (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 relevant countries.

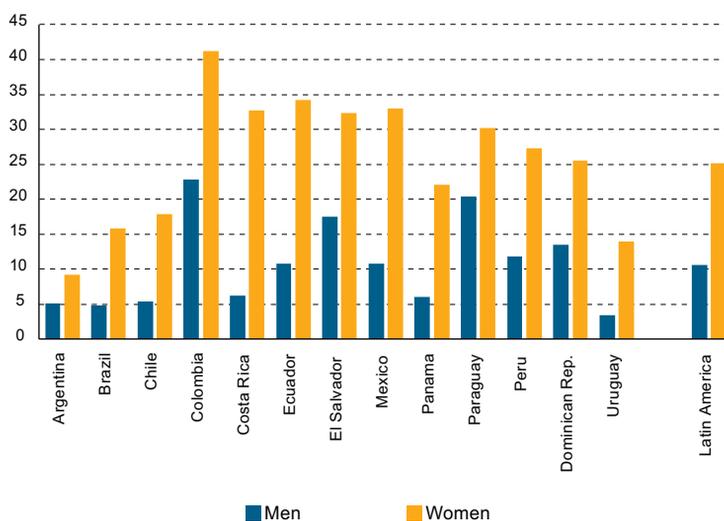
Note: Data for the Plurinational State of Bolivia relate to 2007 and are for the eight main cities plus El Alto; those for the Bolivarian Republic of Venezuela and Mexico, to 2008; for Argentina they refer to Greater Buenos Aires; for Ecuador, to urban areas; for Paraguay, to Asunción and the Central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

In many countries of the region, social security legislation contains expressly discriminatory provisions. Actuarial tables that make distinctions between male and female life expectancy are still used to calculate benefits. Thus, one of the few advantages for women is turned into a disadvantage, and this disadvantage is exacerbated in countries where women retire earlier, as a smaller accrued amount divided by a greater number of years results in a lower pension. Moreover, the majority of women, whose work consists exclusively of caregiving, raising children and housework, are excluded from the social security system unless they have been married or have lived with a man for a long time and satisfy a series of requirements such as not remarrying or having children with the contributor or retiree. The only option for these women is to receive a welfare pension, although such pensions, when they exist, are for much lower amounts than contributory pensions (Marco, 2004).

The limited coverage provided by social security systems in several countries in the region results in a marked lack of protection;

thus, a considerable proportion of the population 60 years and over find themselves without any income of their own, with older women harder hit than older men. On average, 11% of older men and 25% of older women living in urban areas are in this situation. The plight of older persons in Ecuador, El Salvador, Mexico and Paraguay is of particular concern, since more than two out of every 10 older persons have no income of any kind. The gender disparity is glaring even in countries like Brazil, Chile, Costa Rica or Uruguay, where pension and retirement benefit coverage is relatively high (see figure III.5).

Figure III.5
LATIN AMERICA (13 COUNTRIES): PERSONS AGED 60 OR OVER WITH NO INCOME OF THEIR OWN, BY SEX, AROUND 2009^a
(Percentages)



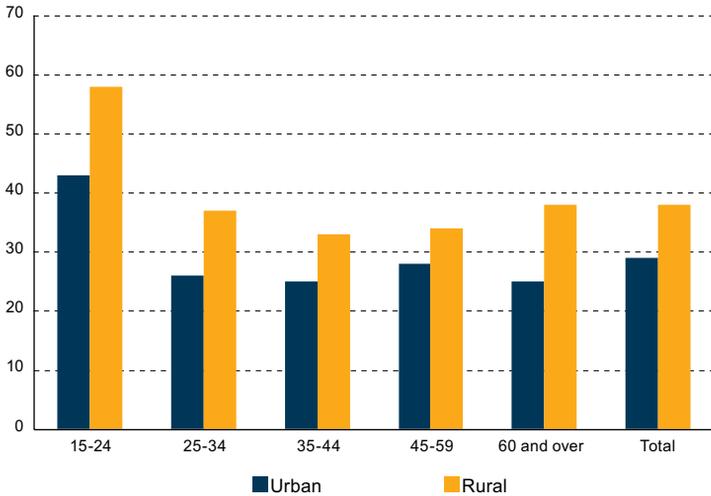
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean.

^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 remittances from abroad, social benefits from the Government, fixed-term investments, income from property or other income). Simple average for urban areas of the countries. The data for Bolivarian Republic of Venezuela and Mexico included in the average refer to 2008.

Women in rural areas are at an even greater disadvantage. As shown in figure III.6, at all ages, the proportion of rural women without an income of their own exceeds that of urban women and on average there is a 10-percentage-point gap between them. In old age, 38% of rural

women have no income of their own, a situation exceeded only by that of young women for whom the figure is as much as 58%. In urban areas, the percentages are 25% and 43%, respectively. Early marriage and longer life expectancy among women has an impact on this situation and affects them at different times of their life cycle. Thus, when women grow older, they have a higher probability of being widowed and this status exposes them to a higher risk of poverty given their limited access to land ownership, technology and other means of production that are vital in the countryside. Furthermore, laws and customs in different countries often discriminate against older women in rural areas since they do not have identification documents and are therefore unable to gain access to old age benefits provided by Governments (United Nations, 2010; CEDAW, 2009 and 2010).

Figure III.6
LATIN AMERICA (14 COUNTRIES URBAN AREAS AND 13 COUNTRIES RURAL AREAS): FEMALE POPULATION WITHOUT OWN INCOME BY AGE GROUP, SIMPLE AVERAGE^a



Source: Sonia Montaño, “La situación de las mujeres latinoamericanas. El Observatorio de igualdad de género de América Latina y el Caribe”, presentation at the International Forum on the rights of older persons, Mexico City, 26-28 March 2012.

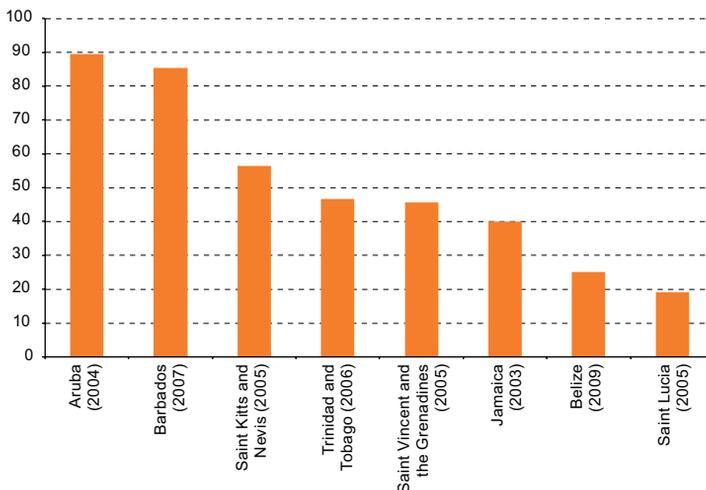
^a Excluding students.

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 Caribbean 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).

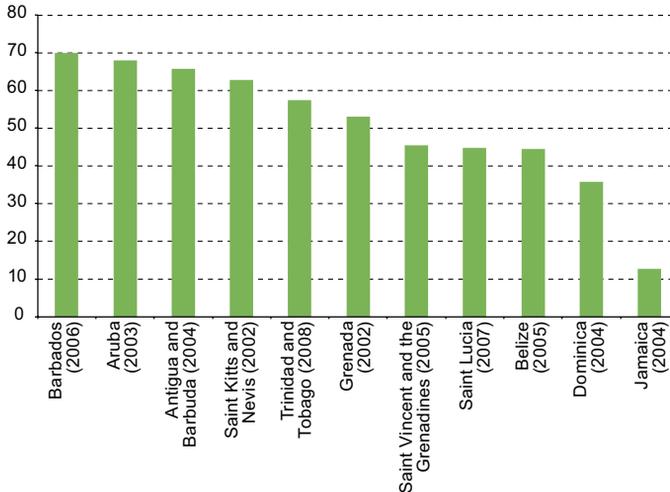
Figure 1
THE CARIBBEAN (8 COUNTRIES): POPULATION OLD ENOUGH
TO RECEIVE A PENSION AROUND 2005
(Percentages)



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)

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>.

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).

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.ciss.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. UPT: Please correct the following country names: Antigua and Barbuda, Saint Kitts and Nevis, Trinidad and Tobago, Grenada, Saint Vincent and the Grenadines, Saint Lucia and Belize.

D. The contribution of family transfers to economic security in old age and the role of middle generations

The role played by family assistance in ensuring economic security is increasingly recognized and exercises are undertaken relatively frequently to quantify this contribution to the income of persons and households living in poverty. In some cases, this is included in the broad categories of family transfers or private assistance income. In others, it is registered as family assistance and a distinction is made between income from family members resident in the country and remittances from members living abroad. In all cases, the content is the same: cash contributions to persons who otherwise would be at risk of falling into poverty (Tabor, n/d).

Family support acquires a different meaning in old age than in other phases of the life cycle, because at this age resources used to finance consumption come from sources that cannot always be equated with those of the other generations. As a person advances in age, the income from emoluments loses purchasing power—which is not the case in the developed countries with better developed social security systems³⁴ and only a relatively small proportion of the population is able to live solely from the income obtained from pensions and retirement benefits. As stated by Wong and Espinoza (2003), family support accounts for a relatively significant proportion in the case of older persons, especially in the low-income groups which do not receive any institutional support.

Income transfers come from social networks of different kinds, which provide resources to meet the daily needs of older persons (Salles and Tuirán, 1994). In Latin America and the Caribbean, the Health, Well-Being, and Aging Survey (SABE) conducted by the Pan American Health Organization (PAHO) in seven cities in the region revealed that in Buenos Aires, 59% of older persons interviewed received cash assistance; in São Paulo, the percentage is 61%, in Bridgetown and Montevideo, 65% and in Santiago, Havana and Mexico City, over 70% (Saad, 2003).

A study of the situation in Mexico also showed that a fairly significant proportion (around 30%) of households headed by persons aged 65 years or over was partially or totally dependent on informal income transfers (Tuirán and Wong, 1993). A more recent survey reveals that in 2000, one of the most common sources of income for older persons in the country was family assistance (33.7%) (Wong and Espinoza, 2003). This figure coincided with another study published in 2005, which documented that for 30% of persons aged 65 years or over the only source of income was family transfers (IACSS, 2005).

Six years later, another report on the situation of older persons in Mexico again drew attention to the role of family transfers, especially remittances from sons and daughters working in the United States. According to the national survey on health and population ageing in Mexico (ENASEM), of the older persons that receive help from their children, 16.2% receive it in the form of remittances and this accounts for almost 60% of the recipients' gross income (Aguila and others, 2011). In Peru, 23% of older persons receive remittances: 30% in the case of older women and 17% for older men. (Ramos, Vera-Tudela and Cárdenas, 2009).

These figures are linked to the fact that sources of personal and household income are directly linked to the economic cycle of households (Barquero and Trejos, 2004). In the case of younger persons income tends to come from wages; for persons in the intermediate phase of the cycle it comes from profits obtained from running their own businesses (including own account work), while in the case of persons in the advanced phase of the life cycle, it consists of transfers, whether public (i.e. pensions and retirement benefits) or private (for the most part, family transfers) (Rubalcava, 2001).

To the extent that older persons have active family networks, the risk of a simultaneous reduction in all sources of economic and non-economic resources and the risk from fluctuations in their availability is distributed between a variety of agents. Nevertheless, changes in fertility and matrimonial patterns point to a future —and in some countries, it has already happened— when older persons will have fewer and fewer family members (siblings, children, grandchildren) to rely on and will increasingly find that they have no one else to fall back on to satisfy their needs (ILO, 2002) and may even have to support young family members.

Transfers of resources from one generation to the next within the family as an exclusive or fundamental source of support in old age, especially among the poorest, although commendable, is nevertheless an ineffective means, since they can increase pressure on generations in intermediate ages (33 to 55 years approximately), who are net providers of formal as well as household transfers through strategies such as the incorporation of both spouses into the labour market, migration or the reduction or progressive postponement of their reproductive strategies (Puga, 2011).

This leads to another major challenge for social protection systems: while middle generations can and do support the older generation to enable them to make ends meet, this is done at an extremely high cost and sometimes at the expense of their own future old age. The idea that they have the opportunity to save or to produce more than they consume is a fallacy because with the lack of protection and precarity

that are increasingly becoming the norm, the middle generations are now forced to support the younger generation as well as their parents. Consequently, protection mechanisms are needed that act throughout the life cycle and which, through public transfers to the youngest (support for specialization, continuing training courses and gradual integration into the labour market), reduce the pressure on family transfers, making them more effective (Puga, 2011).

Higher public transfers to older persons in the form of non-contributory pensions and effective and timely access to health care can also reduce pressure on middle generations and, of course, will help the more vulnerable sectors to lift themselves out of poverty or avoid falling into it. It has been clearly demonstrated that income received by older persons as pensions and retirement benefits accounts for a considerable proportion of the budget of poor households. Access to health care in old age, for its part, provides coverage for the risk of illness and averts the excessively high out-of-pocket expenditure which is catastrophic for those families whose members have no other option but to draw on their personal resources.

Lastly, social protection systems must respond also to the drawdown on the resources of adults of intermediate ages due to unemployment and the unstable labour situation, by devising policies that reduce direct pressure on these ages, such as reconciling productive and reproductive work, providing career options and fostering formal employment, thereby increasing this generation's support potential (Puga, 2011).

E. Social security and poverty in times of crisis

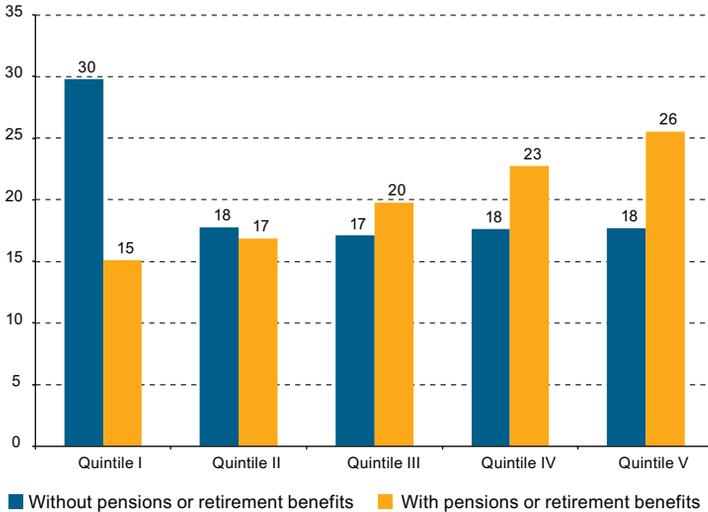
Despite the problems facing the social security system in the region, there is no doubt that it plays a valuable role in times of crisis, because it acts as an irreplaceable economic, social and political stabilizer (ILO, 2011a). This was demonstrated during the recent crisis when countries with greater 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 and Solorio (2004), it can be stated that pensions funded by the inland revenue department 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 (2011) demonstrates that access to pensions and benefits helps to reduce the concentration of older persons in the poorest quintiles. Figure III.7 shows the distribution of persons 65 years and over per income quintile and indicates that 30% of them find themselves among the 20% poorest 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.

Figure III.7
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.

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.

F. 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 (ECLAC, 2006).

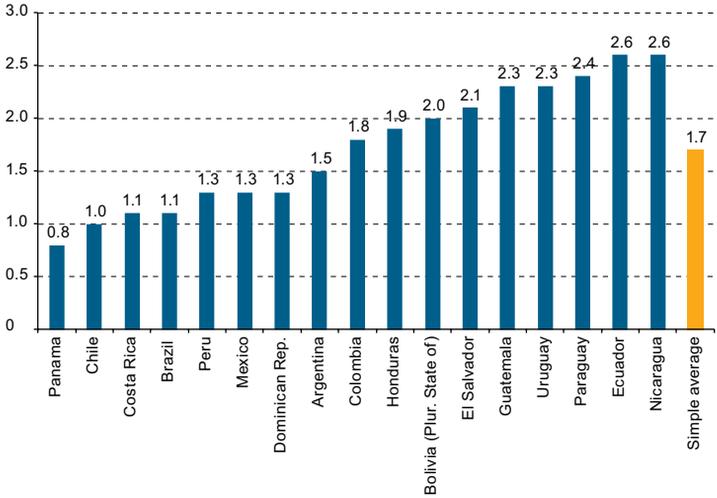
The document presented at the thirty-third session of the Commission advocates establishing a universal pension for all older persons, irrespective of their income level and other social benefits that they may receive (ECLAC, 2010). To that end, ECLAC estimated that in 2012 the annual cost of transferring 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.8, 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, 2011).

In this context, in the absence of a sound contributory social security system, non-contributory pensions¹ play a decisive role in reducing the

¹ As their name suggests, non-contributory pensions are those that do not require any prior contribution to the social security fund. They are normally relatively uniform monetary benefits, awarded on a targeted or universal basis to provide coverage for the risks of old age and disability. Targeted contributory or welfare pensions are awarded against proof of economic need to cover those segments of the population that do not have access to social security or who do not meet the contribution requirements. Universal non-contributory pensions are paid to all beneficiaries who fulfil residence or citizenship requirements in the country or region where the pension is paid and who have reached the previously established age. The monetary amount granted is the same for all beneficiaries and is not subject to proof of income, which can lower administrative costs considerably. It may cover 100% of the target population without generating any stigma against recipients (Picado, Mendoza and Durán, 2008).

differences in existing protection levels. Studies conducted in countries that have established non-contributory regimes demonstrate that they have had a positive impact on poverty indicators. In OECD countries that have a good official insurance coverage and longer experience with investments of this type of pensions, poverty rates would be much higher if there were no non-contributory schemes (United Nations, 2010). In Latin America and the Caribbean, a simulation exercise conducted in Peru on the impact of non-contributory pensions on the reduction of poverty levels demonstrated that, based on certain assumptions, a monthly benefit of 100 new sols could generate a fall of up to 12 percentage points in the incidence of poverty in the older population and 1.7 percentage points in the total population (Picado, Mendoza and Durán, 2008).

Figure III.8
 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.

Non-contributory pensions paid to older women help to reduce vulnerability among those that are exposed because of the way the contributory regimes operate. They can also be advantageous for the family members of the direct beneficiaries (the older persons) and the children that depend on them (United Nations, 2010). A study conducted

in Peru showed that in 48% of poor urban households, older persons accounted for at least 50% of family income and that in almost one third of those households, the income of persons 60 years and over accounted for 75% of family income (Ramos, Vera-Tudela and Cárdenas, 2009).

G. 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 significant, 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 rights-based social protection system in many countries of the region (ECLAC, 2011).

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Chapter IV

Health, care and social protection

Over the coming decades, demographic patterns in all the countries in the region will be marked by the growing population of older persons and a shrinking young population. The timing of this shift as the countries move towards more advanced stages of the demographic transition will not be the same across the region, but most of the countries will have a window of opportunity in which to transform institutions, programmes and practices as required by the new population age structure and the resulting changes in sectoral demands. One of the most obvious changes refers to the demand for health care and the care burden in a context of changes in family structures and women's roles.

This chapter examines the demand for health care and care today, as well as future projections. The focus is on gradual population ageing, which has a direct impact on the demand for care and on the demographic potential to meet that demand. It sets out and explains care demand scenarios based on indicators that are used worldwide to research this issue, and it assesses the impact that rising health-related dependence has on care.

As the factors analysed in this chapter converge, they are creating a new scenario in which the demographic, economic and social consequences of dependence and care in old age will undoubtedly become one of the most challenging social issues of the twenty-first century for social protection systems in general and health care systems in particular.

A. The risk of health-related dependence in old age

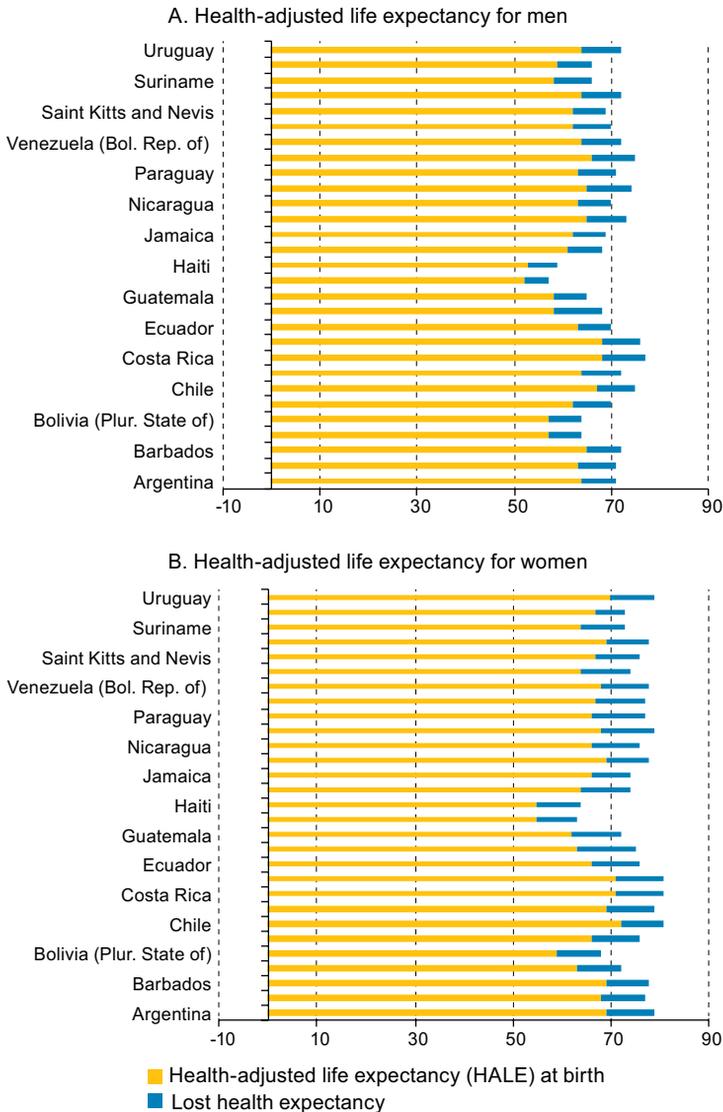
Across the region, the population is ageing at an unprecedented pace and the demand for health services is soaring. The cohorts turning 60 after the year 2000 will in all likelihood have lower health levels than older persons in developed countries. This is because their “survival” gains owe more to the successful reduction of exposure to infectious diseases, better treatments and shorter recovery times than to improvements in living standards (Palloni, De Vos and Peláez, 2002). However, the rise in life expectancy in developed countries has been accompanied by an increase in the health-adjusted life expectancy and the understanding of morbidity as a result of significant improvement in the quality of life of the population (United Nations, 2007).

1. Health-adjusted life expectancy

The health-adjusted life expectancy indicator, unlike life expectancy at birth, is useful for estimating the number of years that a person will spend in poor health. The available data show that, on average, life expectancy in Latin America and Caribbean is lower than in developed countries, and people spend much of their lives in poor health. In 2000, the health-adjusted life expectancy at birth in the countries of the region was 58 years, compared with 66.1 years in developed countries (UNDP, 2007). These figures mark the age at which a person is likely to start suffering from reduced functionality due to one or more chronic diseases.

On average, most of the countries in the region show a strong rise in life expectancy at birth, but health-adjusted life expectancy is still low. Figure IV.1 shows that average health-adjusted life expectancy is 64 years for both sexes (62 years in the case of men and 66 years for women). It is estimated that, on average, lost health expectancy is nine years (eight for men and nine for women); in some countries (the Bolivarian Republic of Venezuela, Guatemala, Haiti, Nicaragua, Paraguay, Peru and the Plurinational State of Bolivia) this is almost half of the life expectancy at age 60 in 2010-2015.

Figure IV.1
LATIN AMERICA AND THE CARIBBEAN: LIFE EXPECTANCY
AT BIRTH, BY SEX, 2007^a



Source: World Health Organization (WHO), *World Health Statistics, 2009*, Geneva, 2009.

^a Expressed in years of health-adjusted life expectancy (HALE) at birth and lost health expectancy (LHE). Lost health expectancy is the difference between life expectancy and health-adjusted life expectancy at birth and is expressed as a number of years.

A comparison of this indicator among countries, while not easy, does reveal differences; those between genders are among the most obvious and well documented (Romero, da Costa Leite and Landmann, 2005; United Nations, 2007). The information available on 29 countries in Latin America and the Caribbean shows that, with the exception of Trinidad and Tobago, the number of lost health years is higher among women than men. In eight countries, the difference between the sexes is three years or more. On the basis of health-adjusted life expectancy estimates in 45 countries, WHO (2009) concluded that this gap is not limited to the countries of the region but is seen in developed countries as well as in developing ones. Women usually spend more years with functional limitations than men due to gender inequalities throughout their life cycle. For both men and women, disease has changed from a steep decline ending in death to become a chronic condition that, without the necessary care, significantly lowers the quality of life in old age (see box IV.1).

Box IV.1
GENDER DIFFERENCES IN THE PREVALENCE OF FUNCTIONAL
LIMITATIONS AMONG OLDER PERSONS

Several studies have been conducted on gender differences in the prevalence of functional limitations among older persons. Although the authors assess these limitations in different ways, the principal method used in these studies is based on the person's ability to carry out certain activities of daily living (ADL) and instrumental activities of daily living (IADL) (Menéndez and others, 2005; Rose, Hennis and Hambleton, 2008; Camargos, Perpétuo and Machado, 2005). Other methods include calculating the prevalence of functional limitations among older persons, based on a sliding scale of functional incapacity, limitations of the lower extremities and groups of activities that make it possible to assess a person's physical condition and ability to perform without assistance tasks that everyone should be able to do on a daily basis (Barbosa and others, 2005; Parahyba, Veras and Melzer, 2005; Pacífico and Pantelides, 2001).

The same conclusion on gender differences is drawn from national and multinational studies (surveys on health, well-being and ageing, SABE): although women have a higher life expectancy than men, they have disproportionately more functional limitations when they are older. For instance, some studies found no link between gender and difficulty in performing ADL (walking across a room, getting dressed, bathing, eating, getting in and out of bed and using the bathroom) in any of the cities examined. However, being a woman was found to be associated with difficulties in performing IADL (preparing a hot meal, managing money, going out alone, getting into and out of a vehicle, buying groceries, making a telephone call, doing light household chores, doing strenuous household chores and taking medication).

There are several reasons for these differences, including physical accidents (Menéndez and others; 2005), life cycle events, cognitive impairments and a greater disease burden (Menéndez and others, 2005; Barbosa and others, 2005; Pacífico and Pantelides, 2001).

Box IV.1 (concluded)

Other studies attribute these differences to socioeconomic and demographic disadvantages compared with men on factors such as age, number of consumer durable goods owned, living in a city and income and education levels (Barbosa and others, 2005; Parahyba, Veras and Melzer, 2005).

Source: Edith Alejandra Pantelides, "La salud de las mujeres en la vejez en América Latina y el Caribe", report prepared for CELADE-Population Division of ECLAC as part of the project on Interregional cooperation to strengthen social inclusion, gender equality and health promotion in the Millennium Development Goals (06/07/B) of the United Nations Development Account and the Regional Population Project (RLA/5P/2003).

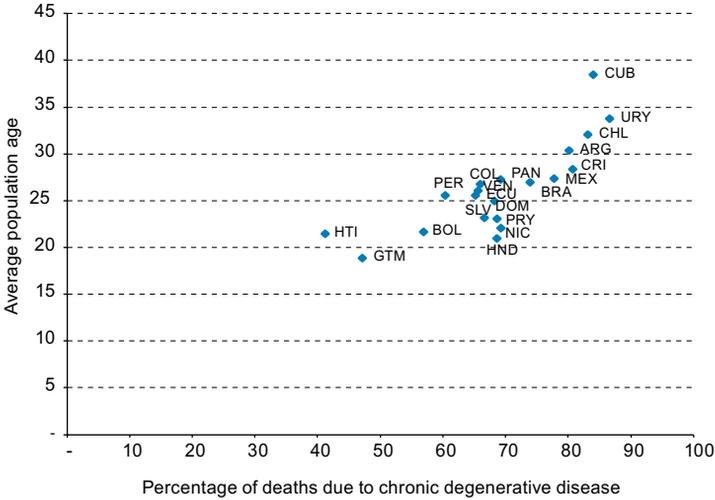
2. Chronic degenerative diseases

Chronic degenerative diseases have replaced communicable diseases as the main causes of morbidity, disability and death in almost all countries. Circulatory system diseases, malignant neoplasms, chronic respiratory diseases and diabetes have thus become the principal causes of death (PAHO, 2007). These causes are closely linked to population age structure and inequality.

As can be seen in Figure IV.2, which shows the proportion of deaths from chronic degenerative diseases according to average population age (2002), there are countries in advanced stages of the demographic transition (Argentina, Chile, Cuba and Uruguay) where more than 80% of all deaths are caused by them. At the other extreme are some countries (Guatemala and Haiti) in incipient stages of population ageing, where the average population age is below 22 years and the proportion of deaths from chronic degenerative causes is under 50%. However, despite their relatively young population, in some countries in this group (Honduras, Nicaragua and Paraguay) the proportion of deaths for non-communicable causes exceeds 65%. This may be due to the fact that chronic diseases in the region affect the premature death rate, which, strictly speaking, is linked with poverty, income inequality and difficulty accessing health services and the benefits of social policies (PAHO, 2009).

Unlike communicable diseases, chronic diseases increase the probability of having a functional limitation as a person ages. For this reason they usually become an impediment to autonomy in old age. As the number of diseases increases and the older person's health deteriorates, he or she grows more dependent (Puga, 2001).

Figure IV.2
LATIN AMERICA AND THE CARIBBEAN: PERCENTAGE OF DEATHS DUE TO CHRONIC DEGENERATIVE CAUSES AND AVERAGE POPULATION AGE ^a



Source: World Health Organization (WHO), "Causes of death" [online] http://www.who.int/healthinfo/global_burden_disease/estimates_country/en/index.html and CELADE-Population Division of ECLAC, population projections and estimates: The 2011 Revision.

^a Average age refers to 2010 and proportion of deaths to 2008.

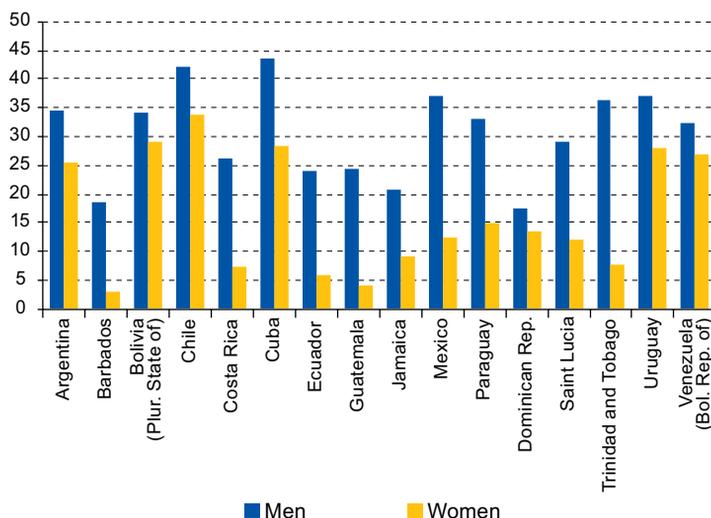
3. Risk factors

Unhealthy lifestyle is one of the principal factors behind the higher incidence of non-communicable diseases and the consequent increase in dependence. The most common preventable risks in the region are being overweight or obese, having unsafe sex, using tobacco products and drinking harmfully. It is estimated that 80% of premature heart disease, cardiovascular accidents and type 2 diabetes in the Americas, as well as 40% of malignant neoplasms, could be prevented by healthy eating, regular physical exercise and avoiding the use of tobacco. Adopting these practices would lower the number of deaths due to chronic diseases by 2% a year over the next 10 years, saving almost 5,000,000 lives (PAHO, 2007).

WHO estimates that tobacco is the second leading cause of preventable deaths and that it is linked to 900,000 deaths in the Americas every year. If this trend continues, in the twenty-first century more than 1 billion people will die as a result of tobacco (PAHO, 2007). In six of the sixteen countries in Latin America and the Caribbean for which data are available on tobacco use among persons aged 15 or over, more than 25% of the population of both sexes smoke (see

figure IV.3). The figures are higher among men in Chile and Cuba (42% and 43%, respectively) and among women in Chile and Bolivia (34% and 29%, respectively). As for older persons, the survey on health, well-being and ageing (SABE) found that in six cities of the region, tobacco consumption was lower —particularly among women. However, this pattern will inevitably change substantially over the next decades because in 2006 more than 20% of the young people aged 13 to 15 in the countries in the region for which data are available had used tobacco; this is the highest prevalence rate in the world (ECLAC/CELADE, 2003; WHO, 2009).

Figure IV.3
LATIN AMERICA AND THE CARIBBEAN (16 COUNTRIES): PREVALENCE OF
CURRENT TOBACCO USE IN THE POPULATION AGED 15 OR OVER, 2005
(Percentages)

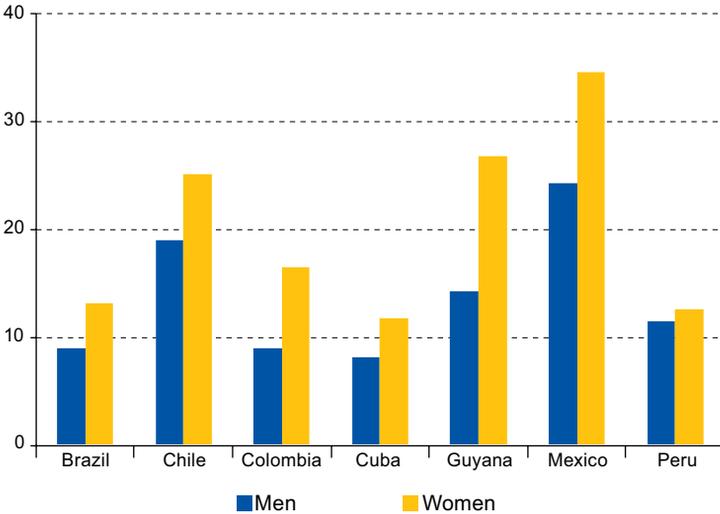


Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of World Health Organization (WHO), *World Health Statistics 2009*, Geneva, 2009.

Although obesity is less prevalent than tobacco use among persons aged 15 or over, it is also a cause for concern since it is linked with some of the principal causes of death, including cardiovascular accidents, some types of cancer, diabetes and arteriosclerosis. It also has a greater impact on activities requiring mobility, which entails a risk of developing a disabling disease and can itself keep the person from performing daily tasks or even carrying out basic activities (Himes, 2000).

The data available on seven countries in the region show that this risk factor affects women more than men: 35% of all women in Mexico are obese, and the figure for Chile is 25%. The figures are even more concerning among older persons: in seven Latin American cities, on average, 65.9% of the population questioned was overweight in 2000, with the highest prevalence being recorded in Santiago (73.4%) and Mexico City (72.5%) (ECLAC/CELADE, 2003). If consumption and physical activity trends do not change, the outlook for this indicator is pessimistic. In Chile, Mexico and Peru, one in every four children aged 4 to 10 is overweight; it is estimated that the prevalence will continue to rise among men and women after 2015 (PAHO, 2007).

Figure IV.4
LATIN AMERICA AND THE CARIBBEAN (7 COUNTRIES): OBESITY
IN THE POPULATION AGED 15 OR OVER, 2005
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of World Health Organization (WHO), *World Health Statistics 2009*, Geneva, 2009.

In short, the rising number of cases of chronic disease linked with ageing, the high presence of risk factors among the adult population and the surroundings in which a person ages —where the health care focus is on acute disease episodes— highlight the risks of dependence which older persons in the region face. This shows the importance of monitoring health throughout the life cycle in preventing diseases and complications which, if not controlled, could lead to disabilities that diminish the quality of life for older persons.

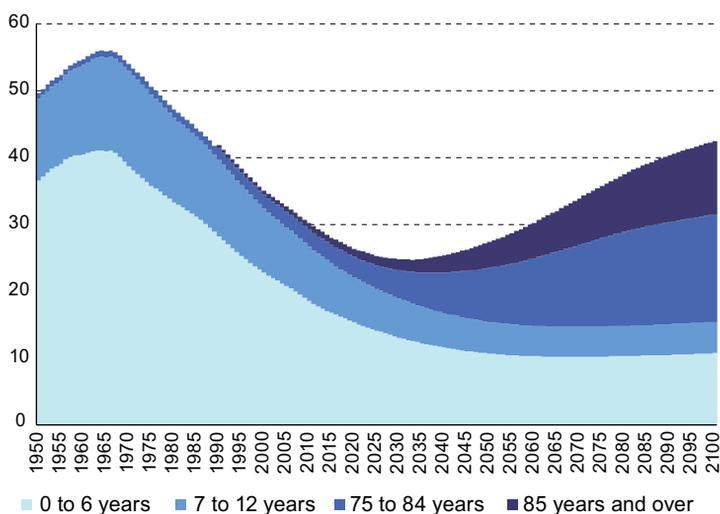
B. Estimating the need for care based on age

From a demographic perspective, the demand for care is increasing in Latin America and the Caribbean, both because of population ageing and because children still make up a large share of the population. Although the demand for care in the region currently centres on children, in the future it will be older persons who account for the bulk of the demographic burden of care, although with wide variations from one country to another.

As can be seen in figure IV.5, in the early 1950s the care dependency ratio was high, with an average of 50 persons —the bulk of whom (36.5 persons) were aged 0 to 6— needing care for every 100 potential caregivers. The downtrend that began in 1968 will continue through 2023 and then level off for 18 years. In 2042 there is a turning point at which demand for care will start to rise again owing to the increase in the population aged 75 and over, which will have quadrupled between 2000 and 2050 and increased tenfold between 2000 and 2100.

Figure IV.5
LATIN AMERICA AND THE CARIBBEAN: CARE DEPENDENCY RATIO,
BY AGE GROUP, 1950-2100

(Number of care-dependent persons based on age
for every 100 people aged 15 to 74)



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 Prospect: The 2010 Revision* [CD-ROM].

This trend in the region varies widely among countries, but they clearly fall into two groups. The first encompasses the countries that are furthest

ahead in the demographic transition; they started the period with a lower care burden, but population ageing has now begun (Huenchuan, 2011). Between 2010 and 2030, the demand for care in these countries will hold relatively steady, with an average of 23 persons needing care for every 100 potential caregivers. After that they will face increased demand for care, especially among older persons (Barbados, Cuba, Netherlands Antilles and Uruguay).

At the other extreme are countries farther behind in the demographic transition, which start the period with a heavy childcare burden and limited numbers of potential caregivers to meet the demand. By 2050, the care burden in those countries will have decreased to an average 26 persons needing care for every 100 potential providers. Thereafter, demand will start to rise at an even faster rate than in countries with the oldest populations, since both children and older persons will need care (Guatemala, Haiti, Honduras, Nicaragua and the Plurinational State of Bolivia).

Box IV.2
DEMOGRAPHIC DEPENDENCY RATIO AND CARE
DEPENDENCY RATIO

The total demographic dependency ratio — the sum of persons under age 15 and over age 60 divided by the population aged 15 to 59— is a synthetic index of population age structure. It is typically defined as the ratio of the population of potentially inactive age groups to the population of potentially economically active age groups. A high demographic dependency ratio suggests a burden for the population aged 15 to 59, whose members have to support others in addition to themselves. Since this indicator tends to be high for the population of young persons and older persons, it should be broken down into two parts: the child dependency ratio (also known as the youth ratio), which comprises potentially inactive persons under age 15, and the adult dependency ratio (or old age ratio), which considers as potentially inactive only those persons aged 60 or over.

The care dependency ratio differs from the traditional indicator in that it assesses the relative care burden borne by potential caregivers within a given society. Like the demographic dependency ratio, the care dependency ratio is defined by age groups. Calculating this ratio is useful for measuring approximately how many people need care, how much care they need and the demographic potential for providing assistance. It also makes it possible to compare the care burdens in the different countries and how the burden will evolve over time. It focuses on people who have specific care needs: the groups aged 0 to 6 and aged 85 or older, that is, the two extremes of the life cycle, both of which are heavily dependent on care provided by others. Next come the groups aged 7 to 12 and 75 to 84. These groups might also need care, but not always as much as the two previous groups. In the middle (the population aged 15 to 74) are the potential caregivers. To calculate the care burden, each person under age 12 and older than 75 is assumed to require a given number of care units: children aged 0 to 6 need 1 unit; children aged 7 to 12 and persons aged 75 to 84 need 0.5 units; and those over 85 need 1 care unit. The main problem in interpreting this estimate is that it is a proxy value that probably deflates the number of persons needing care and inflates the number of potential caregivers.

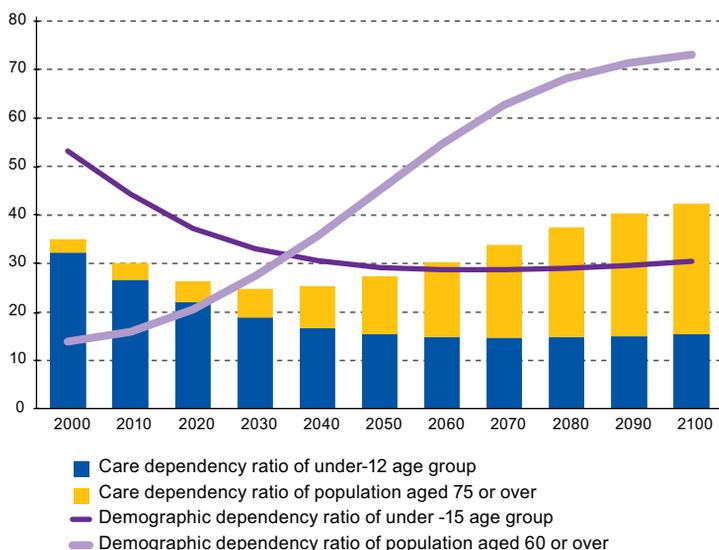
Box IV.2 (concluded)

It does not take into account that those who fall in the potential-caregiver age ranges may have their own limitations (particularly, physical or health constraints) that could affect their ability to perform care 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 Paper (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.

A comparison of the care dependency ratio with the demographic dependency ratio (see figure IV.6) reveals converging paths. It is projected that, on average, the demographic dependency ratio in the region will trend downward until 2020 and that starting in 2010 the demographic dependency ratio of the over-60 population will soar and outstrip the ratio for children over the next few decades. The total care dependency ratio will continue to trend downwards until 2030; after 2060 persons aged 75 or over will account for the bulk of the care burden.

Figure IV.6
LATIN AMERICA AND THE CARIBBEAN: DEMOGRAPHIC DEPENDENCY RATIO
AND CARE DEPENDENCY RATIO, BY AGE GROUP, 2000-2100



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, population estimates and projections: The 2011 Revision and United Nations, Department of Economic and Social Affairs (DESA), World Population Prospect: The 2010 Revision, [CD-ROM].

The foregoing means that, although the demand for care in the region is still heavily concentrated in children, the age structure of the population that needs care is changing. In the future, the care burden will shift away from children and towards older persons, though the trends will unfold very differently among the countries.

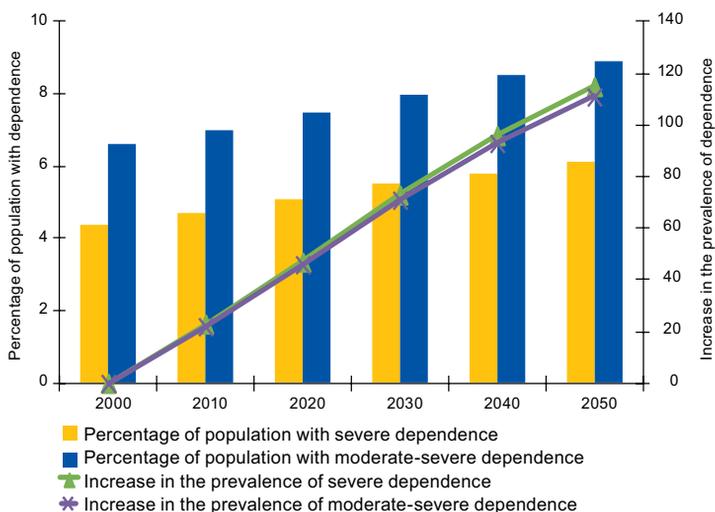
C. Changes in the demand for care based on health

Demand for care does not come solely from the populations of children and older persons, however. It also comes from people who require daily care to meet their health needs, perform daily domestic tasks and care for themselves. A study by the World Health Organization (WHO, 2002) has been used as a reference in order to frame this issue. It divides the population of those needing care into two levels of health-related dependence. The first level is severe dependence, which includes persons whose condition places them in the need of daily assistance. The second level is moderate-severe dependence, which encompasses persons who might need regular help.¹

Figure IV.7 shows the percentage of the regional population that will need daily or regular care in 2000-2050, as well as the uptrends in severe and moderate dependence. Both levels of dependence are projected to soar in prevalence over the next four decades. The number of persons with moderate-severe dependence is expected to double between 2000 and 2050, from 23 million to 50 million. A look at how the age distribution of persons with dependence will unfold across the period reveals that most of them currently fall in the age range of 15 to 59, while in 2050 persons aged 60 and over will account for half of the dependent population in both levels (see figures IV.8 and IV.9).

¹ Severe dependence refers to persons with any of the two most serious types of disability (active psychosis, dementia, quadriplegia, severe continuous migraine, blindness, paraplegia, severe depression); moderate dependence refers to persons with two or three conditions among one of the three types of the most severe disability (Down syndrome, moderate mental retardation and recto-vaginal fistula, among others) (Harwood, Sayer and Hirschfeld, 2004).

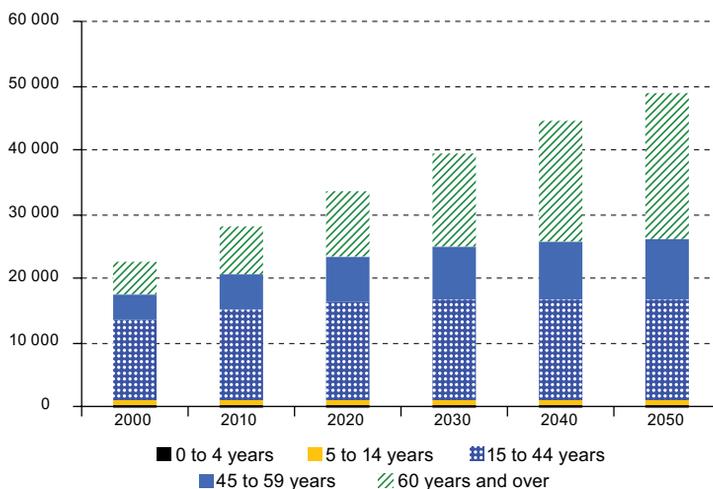
Figure IV.7
LATIN AMERICA AND THE CARIBBEAN: POPULATION NEEDING DAILY OR REGULAR CARE AND GROWTH TRENDS BY HEALTH-RELATED DEPENDENCE TYPE, 2000-2050



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*, Geneva, 2002.

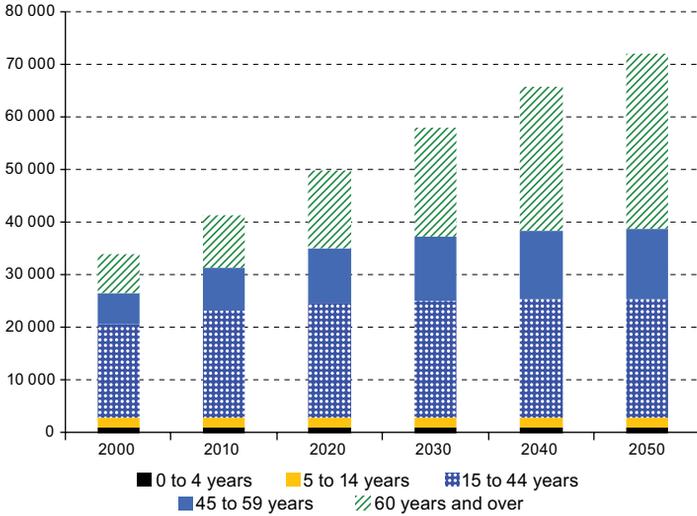
Note: The year 2000 was taken as the base year (0%) for calculating the percentage increase in the prevalence of both types of dependence.

Figure IV.8
LATIN AMERICA AND THE CARIBBEAN: NUMBER OF SEVERELY DEPENDENT PERSONS NEEDING DAILY CARE, BY AGE GROUP, 2000-2050



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*, Geneva, 2002.

Figure IV.9
 LATIN AMERICA AND THE CARIBBEAN: NUMBER OF MODERATELY TO SEVERELY
 DEPENDENT PERSONS NEEDING DAILY CARE, BY AGE GROUP, 2000-2050



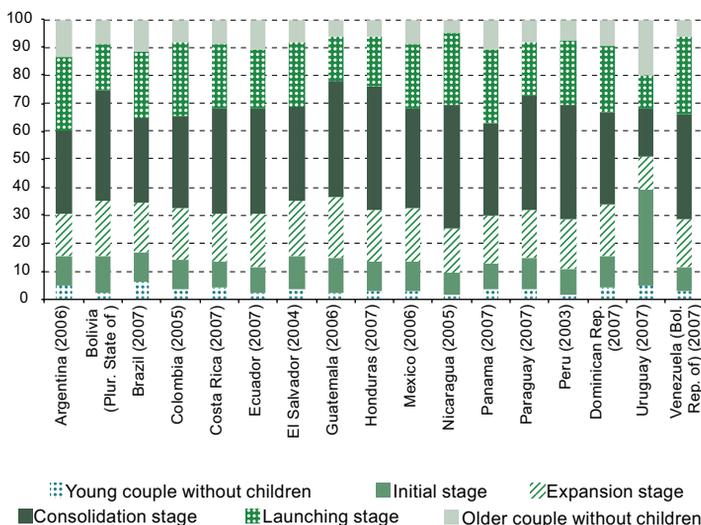
Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of World Health Organization (WHO), *Current and future long-term care needs*, Geneva, 2002.

D. Maturation of the family life cycle and its impacts on the demand for care

The family life cycle has to do with the stages of development of a family. At each stage the composition of families changes, as do the tasks they must undertake and how they organize themselves (Huenchuan and Guzmán, 2007). Therefore, the family life cycle is a variable that groups individuals according to the evolutionary stage of the household in which they live. For example, the family life cycle determines what family members need and the ability to respond to those needs. In this context, care is merely one of the tasks around which a family must organize itself.

A regional perspective based on available household surveys conducted in 17 countries in around 2007 shows that over 50% of families were going through the consolidation and expansion stages of the family life cycle (see figure IV.10). Those in the consolidation phase (18%) were made up of families whose oldest children were aged 6 to12, regardless of the age of the youngest child. Families in the expansion phase (36%) had children aged 13 to 18 or the age difference between the oldest and youngest was between 12 and 15 years.

Figure IV.10
LATIN AMERICA (SELECTED COUNTRIES): DISTRIBUTION OF FAMILIES
ACCORDING TO FAMILY LIFE CYCLE STAGE, AROUND 2007
(Percentages)



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

Families have different care needs. Those in the consolidation stage would be expected to face moderate demand for child care because that they would have already passed the period when small children need the most care (under age 6). Families in expansion would have already moved beyond the period of greatest demand for infant care. It is also probable that most blended or composite families will be in this stage of the family life cycle because the large age differences between the oldest and youngest children could be the result, in some cases, of small children born to the new union.

Along the cycle, there are also many families (22%) that are at the launching stage. Their youngest children are aged 19 or older, some of whom are close to starting their own families. At this stage, the parents face new adjustments as they adapt to age-related physiological changes, take on new roles as retirees, widow(er)s or grandparents and look for ways to meet the support and assistance needs that will grow as time goes by.

Thus, when care is analysed at the household level, the makeup of demand reflects the changes inherent to the family life cycle.

Ageing is the most pressing immediate issue, even more so than falling fertility rates. It will also be the issue that most affects families and caregivers, both positively (through the intergenerational transfer of resources) and negatively (through the growing burden of care in the absence of institutional care options). This trend is also seen in households which have neither very old nor very young members. During 1997-2007, in 11 countries in the region the share of households without children did not increase. In contrast, the share of households without older persons shrank by 6%, on average, which means that the number of families with older members is growing. In some countries, such as the Bolivarian Republic of Venezuela, Brazil, Costa Rica, the Dominican Republic, Ecuador and Mexico, this increase has outpaced the regional average. The most extreme case is Brazil, where there was a 10% decrease in households without older persons during 1997-2007, pushing the share of families with members aged 60 up to more than half (Huenchuan, 2011).

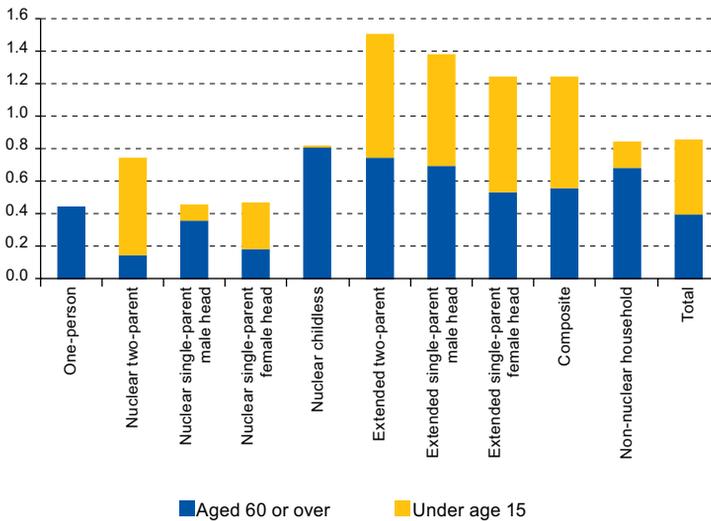
A look at the average number of household members who are children or older persons (under 15 years of age and aged 60 or over) shows that both age groups account for a large share in all types of families. Older persons account for a larger share among childless nuclear families and extended two-parent households (see figure IV.11). The former category could include families of older persons whose children have formed their own households; extended families are those in which several generations live under the same roof, including grandchildren and grandparents. Single-person households are ageing, too, as can be seen in figure IV.11. Some of these may be older persons who have sufficient financial means to live alone, but other households may be older persons who have no family and depend largely on external assistance.²

A more detailed examination of household makeup reveals that the family structures that currently face the heaviest pressure from the demand for care are extended families, in all their forms, and the composite families (see figure IV.12). In all of these family structures, the average number of family members who would need intense care is two per nuclear unit. This is a high figure considering the trend toward

² In Argentina, the National Programme for Household Care, of the National Directorate for Older Adult Policy (DINAPAM), an agency of the National Secretariat for Childhood, Adolescence and the Family, of the Social Development Ministry, serves older persons that are highly vulnerable and in need of assistance. Half of the population served is over age 75 and are mostly widows living alone who have no social security or health coverage and suffer chronic illnesses or disabilities. Basic essential services provided include helping them get in and out of bed and dress themselves, and preparing and serving meals (Roqué, 2009).

smaller families in Latin America, especially in those 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 most affected by poverty. For example, in 2007 the highest proportion of households in the first and second income quintiles were single-parent extended families headed by women, which could be the result of the smaller number of income producers and the lower average incomes earned by working women (Arriagada, 2007), who must also meet the high burden of care in their own households.

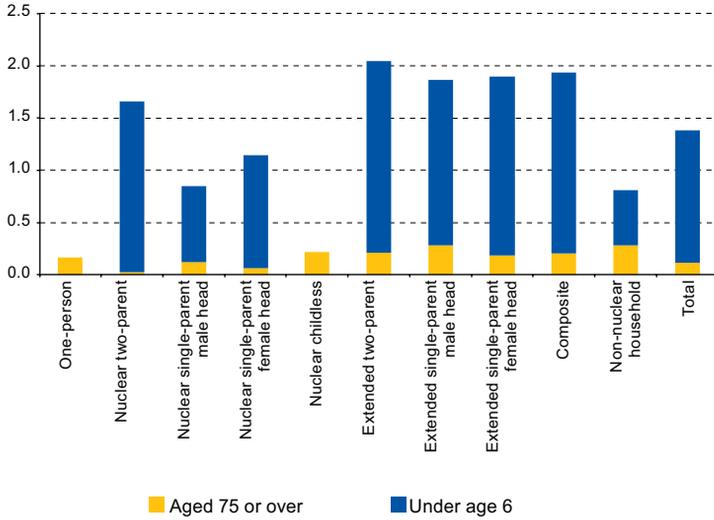
Figure IV.11
LATIN AMERICA (17 COUNTRIES): AVERAGE NUMBER OF MEMBERS AGED 15 OR UNDER AND 60 OR OVER, BY FAMILY UNIT STRUCTURE, AROUND 2007



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

In response to these limitations and others discussed in the previous section, families mobilize a varied set of economic, social and cultural resources to create new intergenerational, gender-based and kinship-based strategies to meet the challenges, burdens and opportunities of care (Castells, 1999). However, they do not always have enough flexibility or autonomy to make the changes demanded by modern life and the obligations of family solidarity.

Figure IV.12
 LATIN AMERICA (17 COUNTRIES): AVERAGE NUMBER OF FAMILY MEMBERS WITH INTENSE CARE NEEDS, BY FAMILY UNIT STRUCTURE, AROUND 2007 ^a
(Number of family group members)



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

^a Members with intense care needs refer to those aged 75 or over and children aged under 6 years.

E. The demographic expression of the potential for providing care

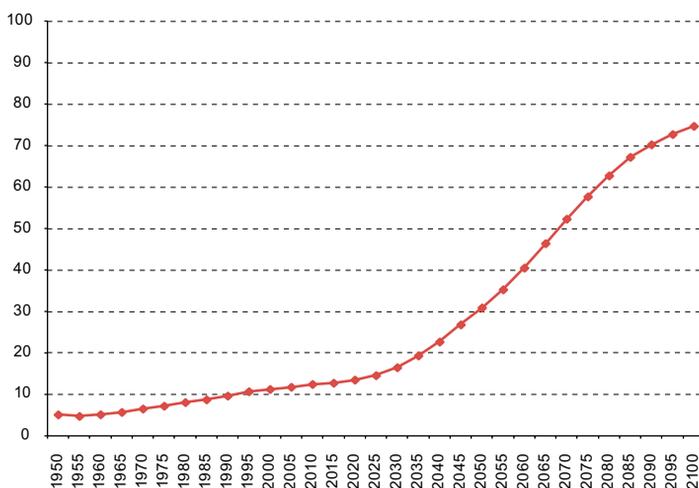
The care burden is growing and changing in a context in which the demographic potential for meeting that demand is limited. This burden usually falls on the children, particularly the daughters, who are responsible for covering the health and care needs of older persons when required. This pattern is represented by the parent support ratio indicator, that is, the number of persons aged 80 or over per 100 persons aged 50 to 64 (in theory, the children of the very elderly).

As the old-age dependency ratio rises, so does the parent support ratio. The indicator is expected to increase sixfold between 1950 and 2050. The most significant changes started in 2000, when on average there were 11 older persons for every 100 adults aged 50 to 64; this ratio is expected to rise to 31 in 2050 and 75 in 2100 (see figure IV.13).

In the countries and territories that currently have the oldest populations, such as Barbados, Cuba, Martinique, Puerto Rico, the United States Virgin Islands and Uruguay, by mid-twentieth century the parent support ratio was already around eight older persons for every 100 adults

aged 50 to 64. The exceptions were Uruguay, with a parent support ratio of 11, the United States Virgin Islands with 9.6 and Barbados with 9.3. It is projected that after 2030 these countries will have 32 older persons aged 80 or over for every 100 adults aged 50 to 64. This figure will rise to 51 persons by 2050. In 1950, the countries with the youngest populations, such as Belize, Guatemala, Guyana, Haiti, Honduras and Nicaragua, started off on a path that was very similar to that of the countries with the oldest populations, but the trend remained relatively stable over the ensuing decades. The indicator is not expected to triple until 2050, when it is predicted to be 18 persons aged 80 or over for every 100 adults aged 50 to 64.

Figure IV.13
LATIN AMERICA AND THE CARIBBEAN: PARENT SUPPORT RATIO, 1950-2100
(Number of persons aged 80 or over for every 100 persons aged 50 to 64)



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

Although the current parent support ratio is not high, the expectation that intermediate generations will provide social support for older persons is not always met. Inverse solidarity (with older persons at the receiving end) is a new development that stems from increased life expectancy and an absolute increase in the number of persons living beyond age 60. It is taking place amid strong pressure for older persons to maintain their independence and the breakdown of traditional arrangements for caring for older persons, mostly related to inheritance and property (Drake, 1994). These have been weakened by migration, poverty, the informal job market and other factors, all of which work against the stability needed to accumulate assets and put older persons in a different position than several decades ago (see box IV.3).

Box IV.3
THE TRANSNATIONALIZATION OF CARE

Current international migration patterns are affecting the ratio between care supply and demand at all levels: individual, family and global. The care crisis in developed countries (with high demand for care workers and insufficient supply) and prospects for a wide segment of the population of the countries in the region to enter the labour market have helped spur migration. These flows have had a significant impact on demographic changes in developed countries, where the number of persons of primary working age is expected to continue to decline while the older population will continue to grow. Projections show that from 2015 deaths will outnumber births in the European Union and the economically active population will steadily shrink by between 1 million persons and 1.5 million persons per year (Aréchaga, 2008). Furthermore, the age-related dependency ratio will surge from its current 25% to 54% in 2060 (Bazo, 2008).

Other issues relating to these trends include family support, job creation, incentives for women to participate in the labour market, and migration to these countries. Between 2002 and 2007, the population of the European Union grew by 11 million people due entirely to the influx of immigrants (Aréchaga, 2008). Although estimates suggest that after 2035 migration will not be enough to offset the decrease in population, it should help maintain growth in the short and medium term.

Although studies have focused mainly on migration flows from south to north, there has also been migration among the countries in the south, particularly towards medium-income countries that have been a substantial draw (Koffman and Raghuram, 2009). In both cases, a large share of migrants work in the service sectors of the destination countries, including domestic work and caring for children and dependent older persons, which turns care into a transnational issue. In 2000, 54% of all Latin Americans living in Spain were working in this sector. Most of the people who move to other countries (inside or outside the region) to perform this work are women, as part of a family strategy for improving their living conditions (ECLAC, 2006b).

Often, the migrants are mothers who have to leave their children in the care of others in order to do the same work abroad. For example, 72% of all Nicaraguan women who were working in domestic jobs in Costa Rica in 2000 had children of their own. This number was even higher among Peruvian women working in Chile: 85% in 2002 (Cortés Castellanos, 2005). When migration keeps women from living with their older parents or still-dependent children, or both, the care those family members might otherwise receive is diminished. In the case of children, grandparents usually become the more permanent source of child-rearing after the mother has left.

Although family members who migrate can no longer provide daily care for their families, they usually remain in contact with them and send regular remittances that are critical contributions to the household budget. In Mexico, 20% of adult spouses living alone in 2003 received domestic or international remittances that accounted for 13% of their monthly income. For older persons living in their children's homes, remittances made up one sixth of their income (López Ramírez, 2008). The countries of the region take in the largest amount of remittances in the world: over US\$ 40 billion in 2004 (ECLAC, 2006b).

Box IV.3 (concluded)

The fact that migrant women usually live in the homes where they work increases the amount of savings they can send as remittances. However, despite its benefits in this regard, the situation has a potential downside. Because it is conducive to being on the job around the clock, it can lead to overwork (Rico, 2006).

The transnationalization of care can have positive demographic and economic impacts. At the family and individual level, it can benefit migrants, their families and those who receive care in the destination communities. But there are risks. First, these migration flows change the way caregiving is organized in the countries of origin, putting greater pressure on structures that are not in a position to respond satisfactorily. Second, people who were already vulnerable can become more so as they migrate and become exposed to exploitation and violation of their rights. For these and other reasons, ECLAC has insisted on the need to develop protection measures for migrants on an international level (ECLAC, 2006b).

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of I. Aréchaga, “Cómo afrontar el crecimiento de la población: el futuro demográfico en Europa”, *La Gaceta.es*, 21 December 2008 [online], <http://prensa.palabramayores.net/?p=516>; M.T. Bazo, “España: envejecimiento poblacional, economía y bienestar”, 2008 [online], <http://prensa.palabramayores.net/?p=263>; Economic Commission for Latin America and the Caribbean (ECLAC), *International Migration, Human Rights and Development in Latin America and the Caribbean* (LC/G.2303(SES. 31/11)), Santiago, Chile, 2006; Cortés P. Castellanos, “Mujeres migrantes de América Latina y el Caribe: derechos humanos, mitos y duras realidades”, *Población y desarrollo series*, No. 61 (LC/L.2426-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2005; E. Koffman and P. Raghuram, “The Implications of Migration for Gender and Care Regimes in the South”, *Social Policy and Development Programme, Paper*, No. 41, Geneva, United Nations Research Institute for Social Development (UNRISD), 2009; A. López Ramírez, “Migración, remesas y arreglos residenciales de los adultos mayores en México”, *Estudios demográficos y urbanos*, vol. 23, No. 3 (69), Mexico City, El Colegio de México, 2008; N. Rico, “Las mujeres latinoamericanas en la migración internacional”, presentation at the international seminar on Las mujeres trabajadoras inmigrantes y sus aportes al desarrollo del país de acogida y de origen, Madrid, 22-24 June 2006.

Another issue to consider is gender differences, because in practice domestic reproduction responsibilities fall to women and men are not as actively involved in caregiving tasks, especially for older persons or persons with dependence. Therefore, caregiving can be seen as women’s work, usually unpaid, unacknowledged and without social value (Aguirre, 2007).

Add to this the fact that the demand for care is increasing and changing just when the number of women participating in the economy is growing (ECLAC/CELADE, 2006b), which in turn affects the time that they have available to devote to care duties. As women’s access to the market for paid work has expanded, there has not been an equivalent redistribution of the time men dedicate to household duties (Sunkel, 2006).

These changes in traditional roles are therefore asymmetrical in that more women are moving into spheres once traditionally considered to be the preserve of men (Carbonero, 2007).

Care is unequal, too. In times of crisis, households with enough financial resources can pay for care for their dependent members and may even pay their female caregivers unfairly. In contrast, poor households can find themselves facing a double bind. They must choose between devoting their available human resources to take care of dependent members and mobilizing their family assets either through migration or by having their women enter the workforce (Sunkel, 2006). The evidence shows that, whichever strategy households choose, the change usually carries economic and psychological costs for women and girls and makes it less likely that the people who need care will actually receive it (Esplen, 2009). Therefore, the potential for some groups in society to receive care is closely tied, on the one hand, to a situation that is heavily dependent on external factors and, on the other, to the availability of a responsive care infrastructure.

This scenario has led a number of international organizations to warn that the social and economic implications of this issue will depend on each country's specific institutional arrangements; that is, on the capacity of public and private institutional systems to provide services (Colombo and others, 2011). This will affect not only how welfare responsibilities are divided between the State, the family, the market and the community, but also the gender and generational compacts that currently determine how care tasks are divided between the sexes and among age groups (Aguirre, 2007).

F. Solidarity as the pillar of care in social protection systems

As this chapter shows, although children currently account for most of the demand for care in many countries, older persons and those with health-related care dependence will make up the bulk of the care burden in the future, in a context fraught with limitations arising from the demographic and socioeconomic conditions in which society is reproduced. Against the backdrop of the region's shifting demographics, this requires planning for the future and preparing for the changes that lie ahead.

Care in general has not been high on public policy agendas in the region, with the exception of some countries in the Caribbean. The general and specific regulatory frameworks and social programmes that countries of the region have put in place for protecting children, older persons and

persons with dependence are increasingly shifting care risks towards the family. This increases the vulnerability of those who need care and those who provide it; both are directly impacted by the unequal distribution of resources based on family background.

And here lies one of the greatest challenges of the twenty-first century: to move towards the recognition and inclusion of care in public policies in a framework of solidarity and equality. A new approach to social protection is needed to respond immediately to the consequences of shifting demographics and plan for the constantly changing demands of the population. The situation calls for moving towards defining dependence and care as a matter of collective responsibility that should be supported by benefits and services that maximize the autonomy and well-being of families and individuals within the framework of social protection systems. The public responses to this set of problems must be conceived as a logical extension of the role of government, entailing certain immediate obligations to those who need help and those who provide it.

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Chapter V

The rights of older persons: gaps and real equality

Over the past decade, the international community's concern over the status of older persons has gradually been reflected in targeted international policies that approach the matter as a human rights issue. These policies have been promoted by international and regional organizations in order to guide their own activities, and by State agencies and other stakeholders within their respective realms of action.

This chapter shows that international and regional policies influence what States do and, in one way or another, shape how ageing-related issues are addressed. For example, the United Nations Principles for Older Persons, adopted in 1991, led a number of countries in Latin America and the Caribbean to start writing the rights of older persons into their domestic laws. Later on, the process gathered momentum with the International Year of Older Persons (1999) and the Second World Assembly on Ageing (held in 2002). To this day, strides continue to be made thanks to fresh impetus from 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. Benchmarks in international protection of the rights of older persons

1. United Nations treaties

The earliest references to older persons in international human rights instruments are no more than indirect, and they tend to be limited to social security and the right to a suitable standard of living. For example, the Universal Declaration of Human Rights recognizes the right to social benefits in old age. The International Covenant on Economic, Social and Cultural Rights recognizes “the right of everyone to social security, including social insurance”.

The first United Nations convention on human rights to explicitly ban age as a reason for discrimination was the Convention on the Elimination of All Forms of Discrimination against Women, which bars exclusion from access to social security on the basis of old age. The scope of the prohibition of age-related discrimination against women was subsequently broadened in the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families and, later on, by the Convention on the Rights of Persons with Disabilities, on issues such as the elimination of prejudice, stereotypes and harmful practices, as well as access to justice and protection against exploitation, violence and abuse (Rodríguez-Piñero, 2010).

The limited protection of the rights of older persons under existing conventions has been reinforced to a certain degree by progressive interpretation of their provisions on the part of the agencies charged with monitoring them. Such is the case with the United Nations Human Rights Council (UNHRC), which has developed the principle of non-discrimination on the basis of age in some of the cases heard under its complaints procedures.

The praxis of the Committee on Economic, Social and Cultural Rights is relevant here, as well, because it has more fully developed the content of these rights through provisions of and issues addressed by the Convention, including health, social security and discrimination. In 1995, the Commission adopted General Comment 6, on the economic, social and cultural rights of older persons, setting out the obligations of the States Parties to the International Covenant on Economic, Social and Cultural Rights. In 2000 it adopted General Comment 14, on the right to the highest attainable standard of health, reaffirming the importance of an integrated approach combining elements of preventive, curative and rehabilitative health treatment. Such measures should be based on periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity.

2. Inter-American human rights standards

The core inter-American human rights instruments—the American Declaration of the Rights and Duties of Man and the American Convention on Human Rights—make no reference to the rights of older persons. It was not until 1988, with approval of the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador) that the rights of older persons were explicitly recognized in such a setting, although they were limited to the sphere of well-being and policies on care.

Under Article 17 of the Protocol, everyone has the right to special protection in old age. The States Parties agreed to take progressively the necessary steps to make this right a reality and, particularly, to:

- provide suitable facilities, as well as food and specialized medical care, for elderly individuals who lack them and are unable to provide them for themselves;
- undertake work programs specifically designed to give the elderly the opportunity to engage in a productive activity suited to their abilities and consistent with their vocations or desires;
- foster the establishment of social organizations aimed at improving the quality of life for the elderly.

Other human rights instruments approved by the General Assembly of the Organization of American States (OAS), including the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para), the Declaration of San Pedro Sula “Toward a Culture of Non-Violence” and inter-American conventions on the rights of families have spotlighted older persons as a social group in need of special protection. The OAS General Assembly resolution on the Protection of Asylum Seekers, Refugees, Returnees, and Stateless Persons in the Americas also focuses on their human rights, as does the draft American Declaration on the Rights of Indigenous Peoples on which negotiations are under way (Rodríguez-Piñero, 2010).

3. Global and regional policies

(a) United Nations principles

In addition to specific references in United Nations human rights treaties, the rights of older persons have been recognized by a number of General Assembly resolutions. These provisions, often grouped under the term “soft law”, obviously carry a different judicial weight than treaties do. But that does not mean that they are irrelevant. Because they were

approved by the most representative body of the United Nations in order to express the international community’s shared concerns, commitments and aspirations related to the rights of older persons, these instruments should be seen as endorsement of an emerging policy consensus as to minimum standards of content.

In 1991, the General Assembly adopted resolution 46/91 on United Nations principles for older persons in the following spheres: independence, participation, care, self-fulfilment and dignity (United Nations, 1991). Although they are closely related to the rights recognized in the International Covenant on Economic, Social and Cultural Rights, these principles are not worded as rights per se. However, the resolution greatly contributed to the understanding of the interests and needs of older persons (see table V.1).

Table V.1
UNITED NATIONS PRINCIPLES FOR OLDER PERSONS, AND RELATED ISSUES

Principle	Content
Independence	Access to adequate food, water, shelter, clothing and health care. Paid work. Access to education and information.
Participation	Participate actively in the formulation and implementation of policies that directly affect their well-being. Share their knowledge and skills with younger generations. Form movements or associations.
Care	Benefit from family care and access to health care. Be able to enjoy human rights and fundamental freedoms when residing in any shelter or care or treatment facility.
Self-fulfilment	Access to educational, cultural, spiritual and recreational resources.
Dignity	Live in dignity and security. Be free of exploitation and physical or mental abuse. Be treated fairly regardless of age, gender, racial or ethnic background, disability or socioeconomic or other status.

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of United Nations, "Implementation of the International Plan of Action on Ageing and related activities", General Assembly resolution 46/91, 16 December 1991.

The content of the rights of older persons has also been developed in other General Assembly resolutions, including the Proclamation on Ageing, the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, the United Nations Standard Minimum Rules for Non-custodial Measures (Tokyo Rules), the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, the Declaration on the Elimination of Violence against Women and the United Nations Declaration on the Rights of Indigenous Peoples (Rodríguez-Piñero, 2010).

(b) International plans of action on ageing

In 1982, the member States of the United Nations adopted the Vienna International Plan of Action on Aging at the First World Assembly on Ageing, which was held in Austria. In this instrument, the States gathered in the World Assembly reaffirmed “their belief that the fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging” and recognized that “quality of life is no less important than longevity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciated as an integral part of society” (United Nations, 1982).

Twenty years later, the member States adopted the Madrid International Plan of Action on Ageing during the Second World Assembly on Ageing, held in Spain. This plan of action addressed the status of developing countries and focused on the following core issues:

- the full realization of all human rights and fundamental freedoms of all older persons, and
- ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of older persons and the elimination of all forms of violence and discrimination against older persons (United Nations, 2002).

The Political Declaration and Madrid International Plan of Action on Ageing also helped boost understanding of the rights of older persons in the context of international and national policies. The follow-up of the Madrid Plan of Action, in which the regional commissions of the United Nations have played a key role, has also furthered the drafting of recommendations on these rights.

(c) Regional policies

As for regional action by the United Nations, in 2003 at the First Regional Intergovernmental Conference on Ageing, the member States of ECLAC adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, which was ratified by Resolution 604(XXX) of the thirtieth session of ECLAC (see table V.2).

The Regional Strategy established the overall goal of protecting “the human rights of older persons” and recommends that specific legislation be formulated to define and protect these rights in accordance with international standards and the instruments accepted by the States (ECLAC, 2004).

Table V.2
 MAIN RECOMMENDATIONS OF THE REGIONAL STRATEGY FOR THE
 IMPLEMENTATION IN LATIN AMERICA AND THE CARIBBEAN OF THE
 MADRID INTERNATIONAL PLAN OF ACTION ON AGEING, 2003

Area	Recommendation
Older persons and development	Protection of human rights. Access to credit opportunities. Access to decent employment. Expansion of the coverage of pension schemes (contributory and non-contributory). Promotion of the participation of older persons.
Health and well-being during old age	Universal access to comprehensive health-care services. Promotion of healthy behaviours and environments. Regulation of long-term care services. Training of human resources in geriatrics and gerontology. Monitoring of the health status of the population of older persons.
Enabling and supportive environments	Accessibility of the physical environment. Sustainability and suitability of support systems. Promotion of a positive image of old age and ageing.

Source: Dirk Jaspers, "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", Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, Brasilia, 4-6 December 2007.

In 2007, ECLAC organized the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, which was held in Brasilia on 4-6 December. During the conference the countries adopted the Brasilia Declaration, reaffirming the commitment of the member States "to spare no effort to promote and protect the human rights and fundamental freedoms of all older persons, to work to eradicate all forms of discrimination and violence and to create networks for the protection of older persons with a view to the effective exercise of their rights" (ECLAC, 2008a). In paragraphs 25 and 26 of the Declaration, they agreed to:

- request the member countries of the United Nations Human Rights Council to consider the possibility of appointing a special rapporteur responsible for the promotion and protection of the human rights of older persons, and
- make the necessary consultations with Governments to promote the drafting of a convention on the rights of older persons within the framework of the United Nations (ECLAC, 2008a).

The Declaration also puts forth specific recommendations concerning economic security, health and environments (see diagram V.1). Its importance was reaffirmed by Resolution 644 (XXXII) of the Thirty-second Session of ECLAC, held in Santo Domingo in June 2008 (ECLAC, 2008b).¹

Diagram V.1
BRASILIA DECLARATION: MAIN RECOMMENDATIONS FOR ACTION

Economic security	Health	Environments
<ul style="list-style-type: none"> • Access to decent employment in old age • Increased coverage of social security systems (contributory and non-contributory) 	<ul style="list-style-type: none"> • Care of disabled older persons • Equitable access to health services • Supervision of long-stay facilities • Creation of palliative care services • Access to health care for older people with HIV 	<ul style="list-style-type: none"> • Promotion of lifelong learning • Accessibility of public areas and adaptation of housing • Elimination of discrimination and violence in old age • Contribution of older persons to the care economy

Source: José Luis Machinea, "Ageing and development in Latin America and the Caribbean: Towards a society for all ages and rights-based social protection", 46th Session of the United Nations Commission for Social Development, New York, 2008.

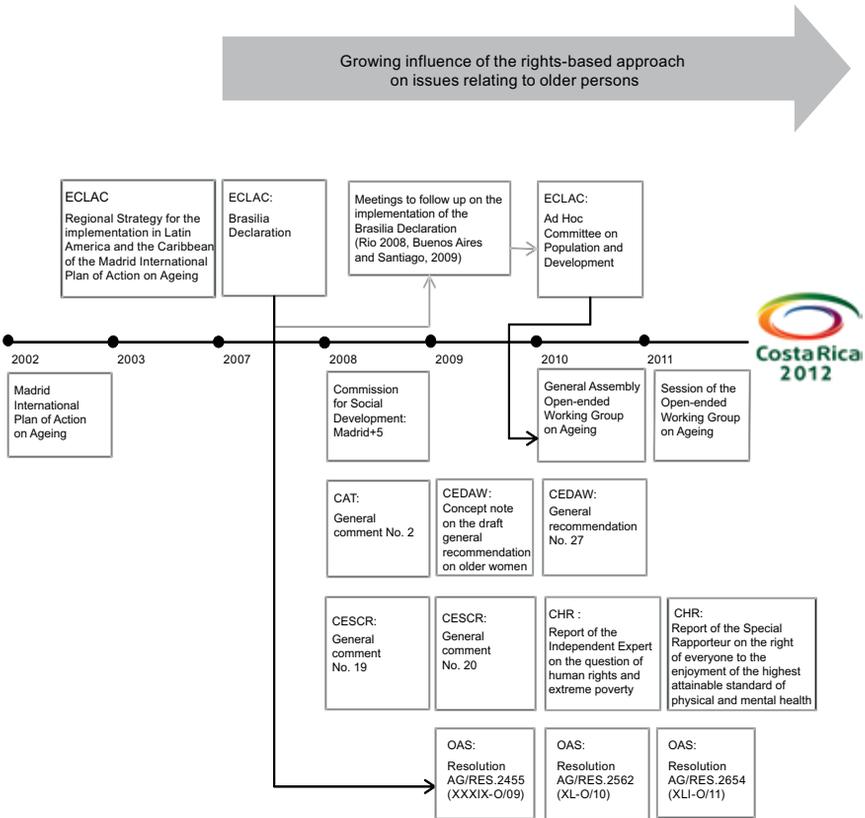
B. 2007 onwards: the growing momentum of the human rights of older persons

Since the Brasilia Declaration was approved, the rights of older persons have steadily moved up the social development and human rights agenda. Proof of this is the work of the Commission for Social Development

¹ Another important contribution came from the World Health Organization (WHO), in the form of its policy framework on active ageing adopted in 2002 to operationalize the United Nations Principles for Older Persons in the context of public and private health policy (WHO, 2002). That same year, its peer organization at the inter-American level, the Pan American Health Organization (PAHO), followed suit. Both organizations have participated in drafting recommendations on issues of particular interest for the health of older persons from a human rights viewpoint, along with similar initiatives. In 1993 they endorsed the Caribbean Charter on Health and Ageing approved by the Heads of State and Government of the Caribbean Community (CARICOM). In 2002, WHO promoted approval of the Toronto Declaration on the Global Prevention of Elder Abuse. In 2009 this issue was considered by PAHO in its Plan of Action for the Health of Older Persons, including active, healthy ageing (PAHO, 2009).

(charged with monitoring, worldwide, the Madrid International Plan of Action on Ageing), the work carried out by the treaty committees (through their general comments) and the Human Rights Council (through specific mandates given to the special procedures), as well as in resolutions adopted within the framework of the Organization of American States in order to protect the rights of older persons and promote an inter-American convention for that purpose and, of course, the creation of the United Nations Open-Ended Working Group on Ageing (see diagram V.2).

Diagram V.2
INTERNATIONAL ADVANCES ON THE APPLICATION OF HUMAN RIGHTS TO THE ISSUES OF OLDER PERSONS IN THE FRAMEWORK OF THE UNITED NATIONS



Source: Prepared by the authors.

Note: CAT = Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW = Convention on the Elimination of All Forms of Discrimination against Women; CESCR = Committee on Economic, Social and Cultural Rights; CHR = Commission on Human Rights; OAS = Organization of American States.

1. The contribution of the treaty committees

Since 2007, the treaty committees have made a far-reaching effort to further the understanding of the rights of older persons. One example is the Committee on Economic, Social and Cultural Rights, which has fleshed out the content of these rights through various provisions or issues covered by the convention.

In the past two years, the Committee has contributed by means of two comments. General Comment No. 19 of 2008 on the right to social security focuses on the policy content of this right, the obligations of States, violations and enforcement at the national level. General Comment No. 20 of 2009 on non-discrimination and economic, social and cultural rights clarifies the interpretation of Article 2.2 of the Convention, including the scope of the obligations of States, the prohibited grounds of discrimination and its application at the national level.

The Committee on the Elimination of Discrimination against Women has also paid particular attention to the situation of older women, in particular in its concluding observations on certain member States, addressing issues such as violence against women, education, illiteracy and access to social benefits. After the concept note on older women and protection of human rights prepared in 2009² —acknowledging that changes in population age structure have profound implications for human rights and increase the need to solve the problem of discrimination faced by older women—, the Committee adopted General Recommendation No. 27 in 2010. Its purpose is to identify the multiple forms of discrimination against older women and provide guidance on the obligations of States Parties to the Convention. It also includes policy recommendations aimed at integrating their concerns into national strategies, development initiatives and positive action, so they can participate fully, without discrimination and on equal footing with men. Along with this, it provides guidance to include the situation of older women in the reports submitted by States Parties to the Convention.

Finally, another committee that has addressed the issue of older persons is the committee of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (CAT); General Comment No. 2 of 2008 provides protection of certain people or groups most at risk of torture or ill-treatment, including older persons. It also makes a significant contribution to the understanding of abuse and its relationship to the practice of torture.³

² See [online] http://www2.ohchr.org/english/bodies/cedaw/docs/AdvanceVersions/CEDAW_%20C_2009_II_WP1_sp.pdf.

³ See [online] <http://www.unhcr.org/cgi-bin/texis/vtxrefworld/rwmain/opensslpdf.pdf?reldoc=y&docid=47bee7f62>.

2. The contribution of the special procedures of the Human Rights Council

Independent experts and rapporteurs are part of the special procedures of the Human Rights Council. These are “unconventional” mechanisms—in the sense that they are not established by conventions, but by resolution of the political organs of the United Nations—, composed of experts or experts acting in an independent capacity and periodically reporting their activities to the Council (Rodríguez-Piñero, 2010).

In 2010, the independent expert on the issue of human rights and extreme poverty submitted her report pursuant to resolution 8/11 of the Human Rights Council, focusing on non-contributory pensions.⁴ The document emphasizes that, given the vulnerability of older persons, States should take appropriate measures to establish social security schemes to provide benefits to all older persons without any discrimination and guarantee equal rights to men and women. The document contains recommendations for non-contributory pensions to meet basic standards of human rights.⁵

In 2011, the 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 focused on older persons, in accordance with Resolution 15/22 of the Human Rights Council.⁶ This study suggests that society should stop aspiring exclusively that citizens should only grow old healthily and start promoting their full inclusion and development as rights holders. The report stresses that the human rights-based approach is appropriate to implement health actions aimed at older persons and makes recommendations in this regard.⁷

3. United Nations Open-Ended Working Group on Ageing

The United Nations Open-Ended Working Group on Ageing was established by the United Nations General Assembly in its Resolution 65/182 on 21 December 2010⁸ with the aim of enhancing the protection of human rights of older persons by examining the existing international framework in this area, identifying potential weaknesses and how best to

⁴ See [online] http://ap.ohchr.org/documents/S/HRC/resolutions/A_HRC_RES_8_11.doc.

⁵ See [online] http://www.ohchr.org/Documents/Issues/EPoverty/A.HRC.14.31_sp.pdf.

⁶ See [online] http://www2.ohchr.org/english/issues/health/olderpersons/docs/A_RES_15_22_S.pdf.

⁷ See [online] http://www2.ohchr.org/english/bodies/hrcouncil/docs/18session/A-HRC-18-37_sp.pdf.

⁸ See [online] <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/65/182>.

address them, including through a feasibility study of new instruments and measures where appropriate.

During 2011, the Group held two working sessions. The first, held on 18-21 April, focused on the situation of the rights of older persons in the world and included discussion on an international and regional structure for their protection. The second, held on 1-4 August, analyzed the situation of economic, social and cultural rights of older persons, considering multiple discrimination, violence and abuse in old age. On both occasions, the discussion identified the potential protection gaps and ways to overcome them.

The exchange and analysis in the first and second working sessions revealed, on the one hand, the need to strengthen the use of existing instruments to protect the rights of older persons and, on the other, the need to establish a link between the Madrid International Plan of Action on Ageing and the human rights-based approach. In addition, countries in the region called for an international legally binding human rights instrument (a convention) to address regulatory gaps as well as a new mandate to appoint an independent expert or special rapporteur.

The United Nations Secretary General's report presented at the sixty-sixth session highlights the contribution of the working group and urges it to continue to discuss ways to address protection gaps and to consider the feasibility of other instruments and measures, all with priority.⁹

4. The Organization of American States working group

The commitment to make efforts to adopt an international convention on the rights of older persons is complemented by an initiative in the same direction that is in progress in the inter-American regional system.

Specifically, in May 2009, the OAS General Assembly adopted a resolution on human rights and older persons, in which the Permanent Council was requested to convene a meeting of experts to "examine the feasibility of developing an inter-American convention on the rights of older persons" (OAS, 2009). This request was reiterated in 2010 through Resolution AG/RES. 2562 (XL-O/10); in October 28 of that year a meeting was held with representatives of the member States of the OAS in which experts on the issue of human rights and older persons gathered at the headquarters of the hemispheric body in Washington, D.C. to discuss the feasibility of developing a convention to protect and promote these rights.

⁹ See [online] <http://www.un.org/Docs/journal/asp/ws.asp?m=A/66/173>.

In 2011, through Resolution AG/RES 2654 (XLI-O/11) “Protecting the Human Rights of Older Persons”, the General Assembly decided to request that the Permanent Council establish a working group composed of national representatives and experts from academia and civil society, as well as international organizations and specialized agencies. The purpose of the group is to analyze the human rights situation of older persons; it is currently drafting an inter-American convention.

C. Progress on legislative alignment in the countries of Latin America and the Caribbean

1. Constitutional protection of the rights of older persons

Entitlement to rights is underpinned by international human rights agreements and standards, but each country’s constitution is the instrument that determines the rank of those treaties within its domestic legal system (ECLAC, 2006). In general, the rights set forth in international treaties are integrated into constitutional provisions either through interpretation or explicit incorporation. When older persons’ rights are constitutionalized, then the legal system, public policies, the institutional structure and the actions taken by government authorities must all be adapted to and aligned with those rights.

While older persons are, of course, entitled to all the rights and guarantees set forth in national constitutions, there are cases in which their rights are specifically recognized, as well. The constitutions of the Bolivarian Republic of Venezuela, Brazil, Costa Rica, Colombia, the Dominican Republic, Honduras, Nicaragua, Panama, Paraguay and the Plurinational State of Bolivia expressly state that older persons are entitled to special types of protection by the State. These States are joined by Guatemala in guaranteeing comprehensive protection to older persons and recognizing certain economic and social rights, which range from health care, food, decent living conditions and housing to the more general perspective of the welfare State. In all of them there is a positive obligation to adopt policies and programmes for the effective exercise of rights and recognize the State’s duty to promote and implement such measures. In other cases, States pledge to take legislative action to protect older persons. In Argentina, for example, it is the State’s duty to enact and promote affirmative action legislation to ensure genuine equal opportunities and treatment for older persons, along with the full enjoyment and exercise of the rights enshrined in international treaties.

The protection of certain economic, social and cultural rights, such as the right to social security, is provided for in all the national constitutions that were examined, although the scope of the relevant

provisions varies from country to country. Brazil's constitution expressly guarantees a minimum wage to all older persons who need it, regardless of whether they have paid into the social security system. The Colombian constitution provides that the State shall guarantee a meals subsidy for indigent older persons, while the Cuban constitution explicitly states that social assistance will be provided to older persons who lack resources or support.

The Brazilian constitution classifies older persons as a vulnerable group and affords them priority, with that requirement being binding in cases of domestic violence. The constitutions of Brazil and Mexico prohibit discrimination on the basis of age, in general, while those of the Bolivarian Republic of Venezuela, Panama and Paraguay ban it in the workplace. The constitutions of Brazil and Colombia expressly guarantee the right of older persons to be involved and be a part of community life.

Constitutional recognition of the rights of older persons gives rise to the obligation for government authorities to ensure that those rights are upheld. While it would be desirable for specific laws to be adopted to protect such rights, the fact that they figure in a given country's constitution renders them enforceable, and they are therefore directly applicable. This is a binding obligation for government authorities, who may therefore not violate those rights either by action or by omission.

The fact that ageing is becoming an increasingly important issue in the region is attested to by the recently approved constitutions of Ecuador, the Plurinational State of Bolivia and the Dominican Republic, all of which deal far more extensively with the rights of older persons (see box V.1).

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

The new constitutions of Ecuador, the Plurinational State of Bolivia and the Dominican Republic, which were adopted in 2008, 2009 and 2010, respectively, contain much more extensive provisions concerning the rights of older persons.

Chapter Five of the constitution of the Plurinational State of Bolivia, for example, which deals with social and economic rights, establishes that all older persons have the right to dignity, a quality life and human warmth and that the State will provide a lifelong old-age pension under the country's comprehensive social security system as provided for by law.

In addition, the State is to adopt public policies for the protection, care, recreation, leisure and participation in society of older persons in accordance with their capacities and abilities. Any form of mistreatment, abandonment, violence or discrimination against them is to be prohibited and punished.

 Box V.1 (concluded)

Article 36 of Ecuador's constitution states that older persons shall receive specialized attention on a priority basis in both the public and private sectors, especially in regard to their inclusion in social and economic affairs and protection against violence.

The State also guarantees specialized health care and medicines for older persons free of charge, gainful employment in accordance with their capabilities while taking into account their limitations, universal retirement coverage, and access to housing that will ensure their ability to live with dignity in a setting in which their views are respected and to which they consent. They are also, among other benefits and guarantees, to be accorded preferential treatment in the event of disasters, armed conflict or any other type of emergency, as well as special assistance, care and protection if they fall victim to chronic or degenerative diseases.

Article 57 of the constitution of the Dominican Republic, on protection for older persons, provides that the family, society and the State will render protection and assistance to older persons and will promote their involvement in economic and community affairs. It also provides that the State will guarantee comprehensive social security services and food subsidies for indigent older persons.

Source: 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.

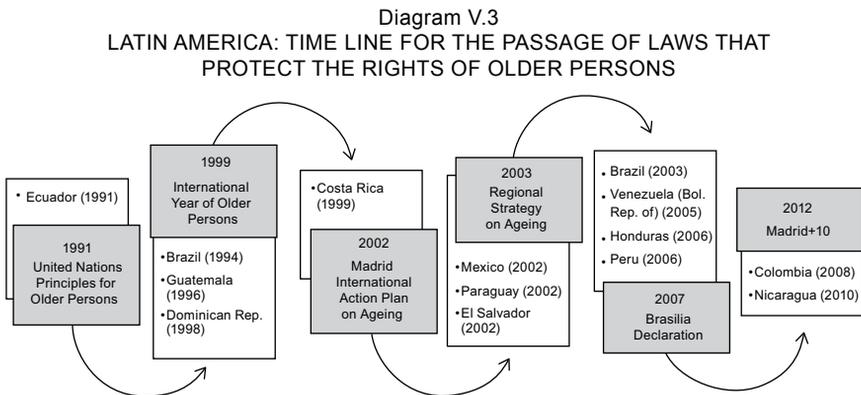
2. Laws affording special protection for the rights of older persons

In order to move towards a human rights-based approach to issues of concern to older persons, States should create the legal, political, economic, social and cultural conditions required for their integral development. States should thus not only refrain from interfering with the exercise of an individual's rights but should also take positive action by adopting administrative, legislative and funding measures, to make certain that people can actually avail themselves of those rights. In regard to legislative measures, States can recognize some of the rights of older persons by including them in general or sectoral laws or, as Argentina has done (Roqué, 2010), by establishing specific laws or regulations to protect their rights.

The first laws for older persons date from the early 1990s. Since then, more and more countries have joined the ranks of those that see the need to establish a legal framework for the protection of older persons' rights or for the regulation of comprehensive assistance for this social group, or both (see diagram V.3).

To date, 13 Latin American countries have special-purpose laws of this sort (the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico,

Nicaragua, Paraguay and Peru). Others are working on legislation of this type. In the Plurinational State of Bolivia, for example, a draft bill on the rights of older persons is under consideration. In Chile, in July 2010 the Chamber of Deputies unanimously agreed to request that the President submit a comprehensive bill on the rights of older persons to Congress. Argentina is working on a bill for the comprehensive protection of older persons' rights (Roqué, 2010), as is Panama (Ministry of Social Development, 2010).



Source: S. Huenchuan and L. Rodríguez-Piñero, "Ageing and the protection of human rights: current situation and outlook", *Project document*, N° 353 (LC/W.353) Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2010.

These laws are of enormous value at the national level, as well as on the regional level. Because they are the first attempt to standardize rights and their legal treatment, they are useful tools for enforcing constitutional protections. The precedents examined here have shown that current laws are part of the first generation of legislation targeting older persons, and that they will surely improve as the region and the world continue to make progress in protecting their rights.

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

As table V.1 shows, the 13 countries with targeted laws have made a broad-based effort to set out the rights of older persons. Provisions against age discrimination run through most of the legislation. Regardless of the stage of population ageing they have reached, virtually all the countries, including the Bolivarian Republic of Venezuela, Brazil, Colombia, the Dominican Republic, El Salvador, Mexico, Nicaragua, Paraguay and Peru, recognize that old age can be a source of violation of rights, and they are, accordingly, putting in place specific measures to prevent and punish age-based discrimination.

Table V.3
LATIN AMERICA: RIGHTS PROTECTED UNDER NATIONAL LEGISLATION ON OLDER PERSONS

Country and year enacted	Right to equality and non-discrimination	Right to life and to die with dignity	Right to physical, mental and emotional integrity and dignified treatment	Right to participate in the social, cultural and political life of the community	Right to an adequate standard of living and to social services	Right to physical and mental health	Right to education and culture	Right to housing and a healthy environment	Rights at work	Right to social security	Fundamental rights and freedoms for persons living in care facilities	Rights of older persons during detention or imprisonment
Brazil (2003)	x	x	x	x	x	x	x	x	x	x		
Colombia (2008)	x	x	x	x	x	x	x	x	x			
Costa Rica (1999)			x	x	x	x	x	x	x	x	x	
Ecuador (2001)					x	x		x				
El Salvador (2002)	x		x	x	x	x	x	x		x		
Guatemala (1996)				x	x	x	x		x			
Honduras (2007)	x		x	x	x	x			x			
Mexico (2002)	x		x	x	x	x	x	x	x	x		
Nicaragua (2010)	x		x	x	x	x	x	x	x			
Paraguay (2002)	x				x	x	x	x	x			
Peru (2006)	x	x	x	x	x	x	x					x
Dominican Republic (1998)	x	x	x	x	x	x	x	x	x		x	x
Venezuela (Bolivarian Republic of) (2005)	x			x	x	x	x	x	x		x	

Source: Sandra Huenchuan and Luis Rodríguez-Piñero, "Ageing and the protection of human rights: current situation and outlook", *Project document*, N° 353 (LC/W.353) Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2010.

The right to health care is protected in virtually all of the legislation in force, as is the right to education and culture. Where work is concerned, most bodies of law establish the right to pursue a professional activity, with due regard for the physical, intellectual and mental abilities of older persons. The rights of persons living in long-term care facilities, which are usually also covered by special standards, are provided for separately in some of the laws examined.

Box V.2
NATIONAL LAWS ON OLDER PERSONS IN CHINA, DENMARK
AND THE UNITED STATES

China, Denmark and the United States have a range of laws to protect older persons. They vary in terms of objectives, focus and strictness and reveal the major differences between the political and social systems of the three countries.

The Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly, which dates from 1996, centres on the idea of respect for older persons because of their contribution to society. This stands in contrast to Denmark's experience with its own Danish Consolidation Act on Social Services, enacted in 2008. While inherent respect for older persons runs through the Danish law, it stresses protection for older persons by promoting their independence, facilitating their daily life and improving their quality of life by means of a social assistance network. In the United States, the Older Americans Act, passed in 1965 and amended in 2006, guarantees the protections established in prior legislation but also creates special assistance for older persons living in indigence. The Age Discrimination in Employment Act, passed in 1967 and amended in 1990, explicitly prohibits discrimination on the grounds of age and puts in place legal sanctions and compensation for discrimination.

The Chinese law is not so much a document with the force of law; rather, it establishes the responsibilities of all parties. The sanctions are in the form of "criticisms" that should be corrected. The burden of responsibility for older persons falls to families; there is no mention of the right of older persons to make their own decisions. The document only encourages improvement of social security and health benefits, employment and the participation of older persons in society. Although the execution of programmes is defined as a national, regional and municipal responsibility, decision-making begins and ends at the national level, revealing a high degree of centralization.

The United States Older Americans Act charges national agencies (and their state and municipal branches) with providing the services outlined in the Act. Denmark's law also decentralizes decision-making and encourages active participation in creating, managing and using the services and facilities that it provides for. In both countries, the right to consent and the right to legal assistance are seen as essential for protecting the rights of older persons.

The laws for protecting older persons in Denmark and the United States tend to put more emphasis on rights and duties than the Chinese law does.

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of the legislation cited.

As standards are drafted and jurisprudence takes shape in a number of States, new understandings and consensus emerge as to the rights of older persons. Nevertheless, there are still many aspects of their lives (including some that are particularly susceptible to the violation of human rights in old age) that are completely without protection. This calls for more in-depth discussion, analysis and proposals, as well as a more exhaustive effort to target the rights of older persons and focus on specific groups within the population of older persons, such as older persons living in indigence, 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. Absent a legally binding instrument, there is a pressing need to bring legislation into line with current treaties, interpretations by the bodies that monitor them and, above all, global and regional policies for the rights of older persons.

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. There is therefore a need for 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.

1. Institutional guarantees

Institutional guarantees are mechanisms for protecting and safeguarding rights, entrusted to institutional bodies such as governments, lawmakers, administrators and judges. 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).

(a) Political guarantees

As shown earlier, in 14 countries the primary guarantee of the rights of older persons is expressed in the lawmakers' decision to include them in the highest-ranking standard of the national system of laws, that is, the constitution, as minimum or essential content to be complemented subsequently by specific legislation. Nevertheless, while there is no doubt as to the importance of such guarantees, the fact that such rights are protected in any given law does not ensure enforcement (Wilhelmi and Pisarello, 2008).

In some countries, this has led lawmakers to spell out the mechanisms whereby government authorities are to protect the rights of older persons. For example, Articles 12-15 of Costa Rica's law on the rights of older persons defines the duties of the State, institutions, social organizations and families in enforcing it. Under Article 12, the State is required to guarantee optimal conditions of health, nourishment, housing, comprehensive development and social security for older adults. This provision of law is developed more broadly for each of these rights.

In the Dominican Republic, the law defines the duties of each of the ministries and other agencies of the executive branch, plus, at the same level, the non-governmental private sector and even the family. In Mexico, legislation spells out the guarantees that each ministry must ensure for older persons.

In Guatemala, the law defines the obligations of the Ministry of Public Health and Social Assistance, universities, the Ministry of Labour and Social Welfare, the Guatemalan Social Security Institute and other agencies, although the primary responsibility lies with the National Council for the Protection of the Elderly (CONAPROV) under the Office of Social Works of the Wife of the President (SOSEP).

In Costa Rica, the Dominican Republic and Mexico, the institutions created by the law —the National Council for Older Adults (CONAPAM), the National Council on Ageing (CONAPE) and the National Institute for Older Adults (INAPAM), respectively— all have specific enforcement duties, but they are not exclusive and, as noted earlier, expressly extend to other State agencies.

In the other countries reviewed, political guarantees are almost exclusively centred in the institution created by a specific law. In Honduras, this is the Bureau of Older Person's Affairs (DIGAM), which is part of the Ministry of Interior and Justice and is charged with safeguarding the purpose and objectives of the law. In Nicaragua, the National Council for Older Adults (CONAM), which belongs to the Ministry of Family, Adolescent, and Child Services, is responsible for enforcing not only

law 720 but also all of the declarations, conventions, laws, regulations and related provisions concerning the rights of older persons.

All of the national laws also guarantee preferential treatment. In Brazil, law 10741 ensures priority care for older persons, ranging from preferential treatment from government agencies and private service providers to preference in designing and applying social policies, earmarking public resources for protecting older persons and ensuring access to, inter alia, health services and health care. Costa Rican law also broadly defines preferential treatment. The Constitutional Court of Costa Rica has agreed to hear a number of appeals for legal protection.¹⁰

Lastly, one of the guarantees that are often left out of or overlooked by legislation is the provision and guarantee of budget allocations for fulfilling the rights of older persons. No agency charged with ensuring social rights —education, health, housing and social security, among others— can function without an adequate budget (Abramovich and Courtis, 2006). That is why some of the laws examined herein include provisions for ensuring adequate funding. In others, allocations are fully restricted (see box V.3).

Box V.3

BUDGET AND GUARANTEE OF RIGHTS IN OLD AGE

Public funding is crucial for advancing towards enforcing the rights of older persons; the rights contemplated in the national legislation and the services or benefits that they imply cannot be provided without the requisite budget appropriations. The rights of older persons should be incorporated into the public budget in order to fund social protection within the framework of the new covenant proposed by ECLAC. In addition, mechanisms need to be studied and put in place to prevent any backsliding in the services or benefits required for the effective exercise of older persons' rights, in the framework of solidarity and universality. Most of the special laws enacted to protect older persons in the region, however, fail to mention the budget allocations necessary to guarantee the rights they establish. At most, a few contain the standard reference to the effect that the State will determine funding in the yearly budget law or empower institutions to manage or use resources, for example, from donations or the proceeds of fines or lotteries.

¹⁰ Such is the case with ruling 11170 of 8 October 2004, which was in favor of the appellant because, among other reasons, failure to provide preferential treatment to older persons “has constitutional implications in that such an omission infringes on constitutional law, specifically, the system of fundamental rights”. The ruling required that the defendant (a government agency, in this case) “take the necessary measures to ensure preferential access to older persons for their transactions and proceedings” (Costa Rica, Constitutional Chamber of the Supreme Court of Justice, 2004).

Box V.3 (concluded)

In El Salvador, the oversight body is authorized to approach public and private organizations at the national and international levels for funding. The law also states that the oversight body or members of the National Council for Comprehensive Care for Programmes for Older Adults must include in their budgets the appropriations required to comply with its provisions. Dominican regulations stipulate an annual allocation equivalent to no less than 0.5% of the budget of the Secretariat of State for Public Health and Social Welfare for enforcement of these rights. In provinces where there are homes and day centres for older persons duly registered and recognized by the National Council on Ageing (CONAPE), under the law at least 10% of the local council's health budget must be distributed equitably among those centres; local councils must coordinate with the national council to this end.

Costa Rica operates a different funding mechanism. Law 7972 on taxation of liquor, beer and cigarettes provides for an operation and maintenance allocation to the National Council for Older Persons (CONAPAM), with a view to improving the quality of care in publicly and privately run homes, shelters and day centres; financing programmes for care, rehabilitation or treatment of older persons who are indigent or in need; and funding organization, promotion, education and training programmes to develop the skills of older persons, improve their quality of life and enable them to remain in the family and the community.

Source: S. Huenchuan (ed.), "Envejecimiento, derechos humanos y políticas públicas", *Libros de la CEPAL*, N° 100 (LC/G.2389-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2009.

(b) Jurisdictional guarantees

Jurisdictional guarantees provide that breaches —by commission or omission— of these political guarantees may be challenged in the courts.

In the legislation reviewed, there are explicit sanctions for cases of violence or ill-treatment of older persons. Costa Rica has penal, administrative and civil sanctions for elder abuse. In El Salvador, protections are grounded in the law against domestic violence and in family policies, and they are both penal and procedural. In Nicaragua, only violence against older persons is punished under penal law, pursuant to the domestic violence law. In a number of other cases, it is up to the older person and his or her family to lodge a complaint with the relevant court.

As for other rights, sanctions tend to be administrative, such as written warnings, suspension of financial or technical assistance or closing of the facility in the Dominican Republic, or fines in Honduras. In both countries, enforcement of the sanctions is entrusted to the oversight agency created by the protection law (CONAPE and DIGAM, respectively).

In Honduras, breaches on the part of public servants are addressed under the civil service law, the labour code and special legislation as

applicable. In Nicaragua, infractions by public servants in violation of these rights are classed as a serious offence and punished in keeping with the applicable labour rules. Under the law, infractions on the part of private companies are reported to the Office of Ageing and Disability Services of the Ministry of Family, Adolescent and Child Services, which is charged with drafting appropriate regulations.

Legislation in Guatemala affords a wide range of jurisdictional guarantees grounded in the criminal code when an older person is refused aid or assistance, when individuals or institutions do not comply with the provisions of the protection law or in cases of elder abuse, including economic abuse. Older persons who are abused, insulted, humiliated or hurt are also entitled to request a protection order from an appropriate judge or file suit for maintenance.

In Guatemala, there is a secondary mechanism for protection in addition to jurisdictional sanctions: the human rights solicitor is required to provide antecedents for cases when needed. The same is true in Costa Rica under Article 69 of Law 7935, which amended Article 11 of Law 7319 to add an ombudsperson for protecting older persons to the office of the ombudsperson and created the special agencies it needs to exercise its powers and competencies. Brazilian law tasks the public prosecutor's office with protecting the rights of older persons.

Because of the vast array of protected rights, duties and duty holders, jurisdictional guarantees should be spelled out in the legal texts reviewed. However, there are significant weaknesses in several countries that, coupled with difficulties in accessing justice, could in practice lead to failure to protect rights. The rights recognized in a number of bodies of law can be seriously impacted if there are no mechanisms to make it easy for older persons to access the justice system. The review of the judicial branch in Costa Rica is revealing in that it identifies the main barriers that older persons currently face:

- There is no information on services or on legal and other procedures in general, especially for older persons. Measures for making justice operators aware of the issue have been defined, but there is still work left to do in order to have trained, aware staff capable of providing personalized services to older adults.
- Lack of specialized legal advice.
- Lack of policies for matching age-specific services to the needs of older persons.
- Lack of institutional mechanisms for streamlining paperwork and other requirements for older persons under the citizen protection law.

- Lack of action at the institutional level to promote the principle of autonomy for older persons, in order to ensure the necessary protection in situations of vulnerability (Republic of Costa Rica [online] <http://www.poder-judicial.go.cr>).

To facilitate access to justice, Brazil's statute for older persons requires that the authorities create special, exclusive circumscriptions for older persons in order to guarantee them priority in processing paperwork, procedures, actions and legal formalities to which they are a party or are otherwise involved. Nevertheless, this is not common practice in the rest of the countries except for Costa Rica (see box V.4).

Box V.4
ACCESS TO JUSTICE IN COSTA RICA

The Access to Justice Commission, which is part of the judicial branch of government in Costa Rica, was set up to identify barriers and obstacles, ensure effective access and promote action and public policies targeting population segments in situations of vulnerability, including older persons.

Accessibility policy objectives include (i) establish lines of action for fulfilling all of the duties of the judicial branch in this regard; (ii) identify and eliminate barriers, paying particular attention to access to judicial services and decisions; and (iii) ensure that the population of older adults has access to justice, establishing accountability for monitoring and enforcement. The policy also provides for the following specific measures:

- Clear, accessible identification of judicial proceedings in which an older person is involved.
- A special window for streamlined processing and resolution of cases involving an older person.
- Transfer of proceedings to the older person's place of residence or location.
- Free hotline to the Office of the Comptroller of Services so that older persons, family members and public servants at institutions charged with safeguarding the rights of older persons can ask questions.
- Training, an information strategy and awareness campaigns so that judicial staff can better serve older persons.

To date, Costa Rica has taken useful action on several fronts to apply the accessibility policy, including the following:

- The Judicial Investigation Department's management system now uses identification card numbers to flag when an older person is in the reception area, with on-screen instructions as to the policy to be followed to handle the case appropriately.
 - The good practices designed by the Judicial Investigation Department have been expanded to the other management systems in order to flag when an older person is involved in a given case, activating warnings and reminders for the operator.
-

 Box V.4 (concluded)

- Judicial offices have put out statistics and reports on the number of older persons attended to and the preferential treatment they received.
- Circuit administrators are monitored for application of the policy.

This initiative has made it easier to prepare statistics on the main problems that older persons face. For example, more than one third (37%) of the complaints filed with the Judicial Investigation Department during the first half of 2010 were from San José. Sixty-five percent (811) of the cases were crimes against property, most of which were for burglary (306) or theft (257). Reports have also been produced on the number of active and closed labour, pension, family and domestic violence cases.

Source: Lupita Chaves Cervantes, presentation at the forum “Por una vida sin maltrato. La dignidad es un derecho que se construye con hechos”, organized by the National Council for Older Adults (CONAPAM), the Pension and Retirement Board (JUPEMA) and the Office of the Comptroller of Judicial Branch Services, San José, 16 June 2010.

2. Citizen guarantees

Laws can draw on several kinds of institutional guarantees. But all of these mechanisms involve a paradox: they are entrusted to the very institutions of power that are in a position to violate them. That is why they must be accompanied by citizen guarantees that go beyond classical safeguards to involve stakeholders in building and protecting their rights (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 to 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).

In the legislation reviewed, citizen guarantees are less fully developed than institutional guarantees. In some cases, participation is only understood as attending cultural and recreational events. This is not the case in Colombia, Costa Rica or Mexico, which define participation as an objective and have put enabling mechanisms in place.

E. Strengthening guarantees and the need for an international treaty

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 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 legal 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.

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Annex

COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN: SELECTED PROVISIONS OF GENERAL RECOMMENDATION 27

Area of concern	Recommendations
General	<ul style="list-style-type: none"> - States Parties should take all appropriate measures, including legislation, in order to eliminate discrimination against older women. They should adopt gender-sensitive and age-specific policies and measures to ensure that older women participate fully and effectively in the political, social, economic, cultural, civil and any other field. - States Parties have an obligation to ensure the full development and advancement of women throughout their life cycle and in times of both peace and conflict as well as in disasters. - States Parties should collect, analyse and disseminate data disaggregated by age and sex and provide information on the situation of older women, including those living in rural areas, in areas of conflict, older women belonging to minority groups, and older women with disabilities. - States Parties should provide older women with information on their rights and how to access legal services, safeguard, inter alia, their right to administer property and ensure that they are not deprived of their legal capacity on arbitrary or discriminatory grounds.
Stereotypes	<ul style="list-style-type: none"> - States Parties have an obligation to eliminate negative stereotyping and modify social and cultural patterns of conduct that are prejudicial and harmful to older women. They should also reduce all forms of abuse and ill-treatment.
Violence	<ul style="list-style-type: none"> - States Parties have an obligation to recognize and prohibit violence against older women, including those with disabilities, in legislation on domestic violence, sexual violence and violence in institutional settings. They should investigate, prosecute and punish all acts of violence against older women, including those committed as a result of traditional practices and beliefs. - States Parties should pay special attention to the violence suffered by older women in times of armed conflict, the impact of armed conflicts on their lives, and the contribution that older women can make to the peaceful settlement of conflicts as well as to reconstruction processes.
Participation in public life	<ul style="list-style-type: none"> - States Parties have an obligation to ensure that older women have the opportunity to participate in public and political life and hold public office at all levels and that older women have the necessary documentation to register to vote and run as candidates for election.
Education	<ul style="list-style-type: none"> - States Parties have an obligation to ensure equality of opportunity in the field of education for women of all ages and to ensure that they have access to adult education and learning opportunities.

Annex (concluded)

Area of concern	Recommendations
Work and pension benefits	<ul style="list-style-type: none"> - States Parties have an obligation to facilitate the participation of older women in paid work without facing any discrimination based on their age and sex. - States Parties have an obligation to ensure that retirement ages in both the public and private sectors do not discriminate against women. They should provide adequate non-contributory pensions on an equal basis with men to all women who have no access to social security. - States Parties should ensure that older women, including those who have responsibility for the care of children, have access to appropriate social and economic benefits as caregivers, as well as access to all necessary support when caring for elderly parents or relatives.
Health	<ul style="list-style-type: none"> - States Parties should provide medicine to treat age-related chronic and non-communicable diseases, long term health and social care, including care that allows for independent living, and palliative care, among other measures.
Economic empowerment	<ul style="list-style-type: none"> - The States Parties should remove any barriers based on age and sex to access agricultural credit and loans and ensure access to appropriate technology for older women farmers and small land holders. They should also provide appropriate transportation to enable older women, including those living in rural areas, to participate in economic and social life.
Social benefits	<ul style="list-style-type: none"> - States Parties should ensure access of older women to adequate housing that meets their specific needs and remove architectural and other barriers hindering the mobility of older persons and leading to forced confinement. They should also provide social services that enable older women to remain at home and live independently for as long as possible.
Rural and other vulnerable older women	<ul style="list-style-type: none"> - States Parties should provide affordable water, electricity and other utilities to older women. They should also ensure the protection of older women with refugee status or who are stateless, as well as those who are internally displaced or are migrant workers, through the adoption of gender- and age-sensitive laws and policies.
Marriage and family life	<ul style="list-style-type: none"> - States Parties have an obligation to repeal all legislation that discriminates against older women in marriage and upon its dissolution, including in the areas of property and inheritance. They must repeal all legislation that discriminates against older widows in respect of property and inheritance and protect them from land grabbing.

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of United Nations General Recommendation No. 27 on Older Women and the Protection of their Human Rights (CEDAW/C/2010/47/GC.1), Committee on the Elimination of Discrimination against Women, 2010.

Chapter VI

Public institutions, ageing and protection

At every step of the policymaking process, it is important to take into account how interests and ideas fit into the institutional framework that shapes and determines them. Institutions can even disempower the social group they seek to benefit and interfere in the way in which the group interprets its own reality.

Efforts to consolidate public institutions serving older persons in the region are still facing numerous difficulties, but their very existence is a good starting point. Institutions can facilitate or restrict progress on actions for older persons, and in turn, the latter's role as citizens, because they can provide the mechanisms, instruments and resources needed for older persons to exercise their rights (Jusidman, 2007). Institutions must therefore be established and operate in accordance with this challenge and the difficulties involved in meeting it.

A. Institutions: the image of the State

The State is the set of institutions charged with ensuring that individuals can carry out their lives. This can only be achieved when people are willing to be part of a community. Bearing this in mind, a State is the product of an agreement between individuals who seek to live in concert with others. The State regulates matters that individuals cannot; it provides a public space and ensures that certain conditions are met for community life.

Theory has used “pact” as a metaphor for understanding the growing role of the State as the result of an agreement among individuals. According to Claus Offe (1990), this makes it possible to explain both ways of looking at the State: one that sees it as an instrument for protecting individuals and another that sees it as a product of the collective will. In other words, the State and its citizens create each other: there is no State without citizens and no citizens without a State.

Citizens relay their interests to the State in the form of demands. And the State deals with areas which, regardless of the citizens’ will, are crucial for their lives, such as the economy, foreign policy, natural resources and telecommunications, among countless major issues which governments address. The State is connected to its citizens through public policies grounded in and legitimated by legislation and decrees (Subirats, 2003).

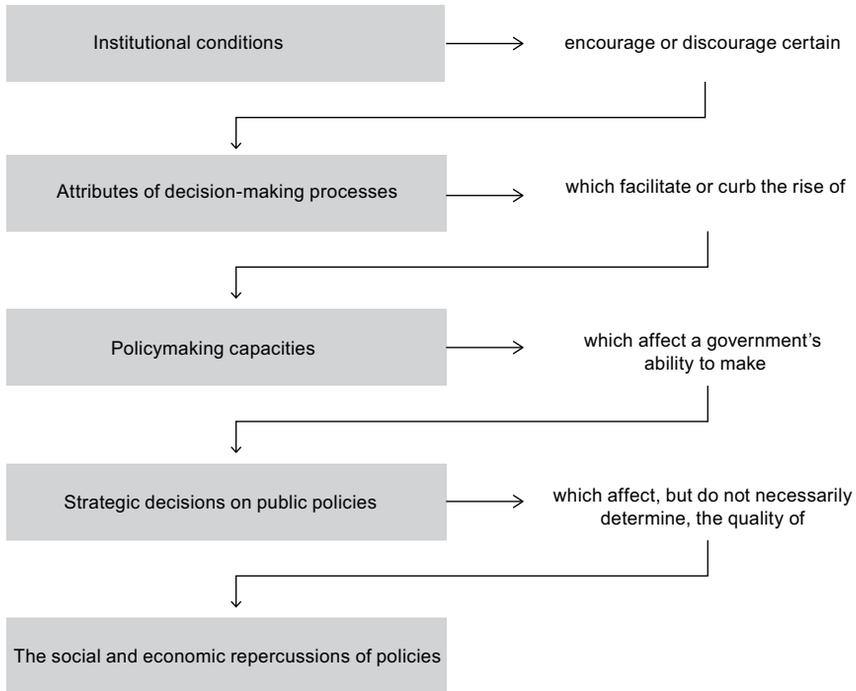
Laws and policies have a direct and indirect impact on the public’s daily life. They often entail greater obligations to the State in the form of higher taxes, reduced benefits or a discontinued neighbourhood service because of budget cuts. Or the public can benefit from a public good such as improved access to goods and services or cash aid from the State.

However interdependent citizens and the State are, the State can, for many, continue to be abstract and inaccessible. It becomes tangible only when people go to the offices of a government agency in charge of matters that affect them. Individuals (especially the most disadvantaged, such as the poor, women and older persons) experience both the presence and absence of the State. This means that, whatever the case may be, institutions are the visible face of the State. They are part of public policy and play a central role in applying it suitably.

B. Public institutions: the forgotten side of public policy

As modern political science and public policy evolve, the tendency is to ignore the fact that the institutional framework in which they exist sets important parameters for raising issues, making decisions and finding solutions, whether positive (action) or negative (failure to act), affecting the quality of the social and economic repercussions of policies (see diagram VI.1). Thus, it is often the case that policymakers and implementers do not pay enough attention to this aspect, ignoring the fact that initiatives bring institutional requirements that might not be fully in place or equally available in relevant matters or thematic areas (Lahera, 2007).

Diagram VI.1
THE INSTITUTIONAL IMPACTS MODEL



Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of Eugenio Lahera, “Reforma del Estado: Un enfoque de políticas públicas”, *Revista Reforma y Democracia* No. 38, Latin American Centre for Development Administration (CLAD), June 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, essentially, institutions define approach and action alike. They have 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 just a reflection of society.

In this context, it is understood that a public institution is formed by a political agreement to address a specific problem and it acts consistently, on the basis of standards and regulations, to meet needs. It is also loaded with meaning and moral and ethical duty, affecting the way the problem or underlying need is approached (Székely, 2006; Repetto and Chudnovsky, 2008).

When institutions are created or consolidated, the relevant issues assume a certain position on the government agenda. In other words, the future outlook is linked to those instances that have maintained the status quo. The issues gain credence when they are embodied in an institution, and the sphere of influence of marginal groups or issues is increased when a specific government body takes them on.

Box VI.1
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, in the development model put forth by ECLAC, institutions and the way they operate are indispensable for redressing this situation and moving towards equality. Public institutions must respond to this challenge, and any proposal for development that seeks to break the pattern of inequality must encompass all of its dimensions.

Inequality and weak institutional frameworks are interdependent and, in practice, are not conducive to change. If institutions do not have clearly defined rules that all stakeholders in a given sphere of governance can use to guide their interactions and decisions, the interests of traditionally excluded groups will likely not translate into policy action (Adelantado and Scherer, 2008). Thus, institutions end up representing the interests of certain sectors, which are usually the best informed and the closest to the circles of power. 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 shift objectives by undermining or changing public policies and the institutional framework itself.

Lack of continuity in public action, lack of qualified staff and poor standardization of rules or procedures are just some of the factors that severely hamper the performance of institutions in the region and can turn them into an obstacle to progress toward equality. Therefore, any initiative that seeks to combine rights-based development with making and implementing public policy designed to strengthen the redistributive role of the State involves establishing appropriate institutions and public authority, especially social authority (Machinea, 2005).

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

Source: Latin American and Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of J. Adelantado and E. Scherer, “Desigualdad, democracia y políticas sociales focalizadas en América Latina, Estado, gobierno y gestión pública”, *Revista chilena de administración pública*, No. 11 June 2008.

C. Focus on institutions

1. Approaches to and levels of analysis of institutions

Creating and then consolidating an institution is neither easy nor quick. It is a technical and political process that entails changes in levels of action and decision-making and involves different stakeholders with different rationales, as well as other institutions. All of them want a say in identifying problems, setting agendas and making decisions (ECLAC, 2000).

For this reason, attention must also be paid to institutionalization, that is, to the process whereby social practices become regular and continuous enough (thanks to regulations that sanction and maintain them) to play a major role in shaping the organizational structure (Levy, 1996). This legitimization mechanism created by societies enables government agencies to sow an imaginary in public opinion and establish practical applications in the form of policies.

This means that setting up public institutions to deal with a specific issue calls for radical changes in organizational structure. Although it depends on the context, the institutionalization of a given issue should therefore not be seen as just adhering to pre-existing structures and strategies (ECLAC, 2000). The issue should be mainstreamed into general public policy, followed by the creation and development of compliance mechanisms within the general State agenda. Specific targeting actions for implementation and accountability 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 seek to address.

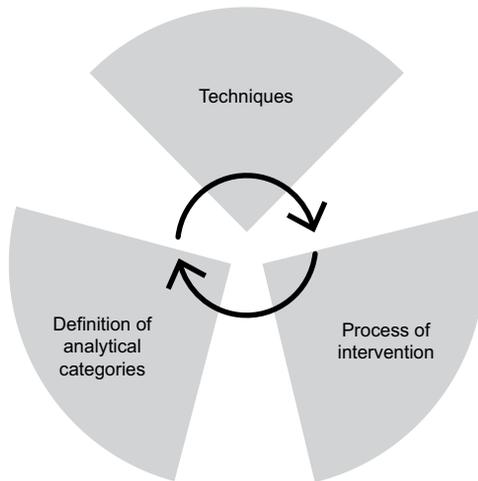
A number of different approaches can be used to study the institutionalization of a specific issue. The standard approach is to determine whether the necessary requirements have been met for the resource management system to achieve certain goals. Those requirements are often defined using a top-down approach, focusing more on the needs of the public policy elite than on the needs of those charged with policy implementation. Because it oversimplifies reality, this approach does not address the real shortcomings which governments must deal with when faced with social changes of the magnitude of those now under way.

For others (Hall and Lamont, 2009), the study of institutions means examining the formal rules, compliance procedures and operational practices that link individuals in different government units and connect the State to society. In this context, it is best to study institutionalization as a process—in the words of Levy (1995), a web—of transformation and legitimization brought about in a society as it focuses on a particular

issue. Its form, evolution and content will depend on how citizens perceive and assess situations they face in life. As a result, institutions are rooted in values and cultural beliefs, as well as in the knowledge accepted by society (Elder and Cobb, 2003), including the way in which the problems have been dealt with in other places (Polsby, 1984).

In line with the model proposed by Levy in 1996, institutionalization can be studied based on three levels of abstraction: at the level of the definition of analytical categories, at the level of techniques and at the level of the process of intervention (Levy, 1996) (see diagram VI.2).

Diagram VI.2
LEVELS OF ANALYSIS OF INSTITUTIONALIZATION



Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of Caren Levy, "The process of institutionalising gender in policy and planning: the "web" of institutionalisation", *Working Paper*, No. 74, London, University College.

- **The definition of analytical categories.** The issues which institutions deal with do not exist objectively, but rather they are socially constructed, raising questions which must be dealt with and determining the way to deal with them (aims of the interventions, instruments, operators and others). The definition of the analytical categories thus determines the solution found or decision made in relation to the problem which gave rise to the process of institutionalization, and it affects their future within the State apparatus.
- **The level of techniques.** Institutionalization is both a technical and a political process which not only requires changes in different areas of action and decision-making but also involves the strengthening of the substantive-operational link in different

thematic areas (ECLAC, 2000). Each component of the policies and of the process of planning for intervention has techniques associated with it. Using them reduces uncertainties relating to the outcomes of practice.

- **The process of intervention.** This is a set of actions which change intentions into observable results, putting predetermined objectives into practice. It is about finding the right balance between the components relating to staffing, organization and control, and procedures and communications.

However, in the analysis of public policies, the first level is more widely developed than the others. Despite their important contribution to achieving results, both the level of techniques and the process of intervention are often considered as coming after decision-making. Experience and academic work have rightly shown, in a timely manner, that both levels follow public policymaking. In other words, “public policy is made as it is being administered and administered as it is being made” (Anderson, 1975).

2. The elements of the web of institutionalization

According to the methodology proposed by Levy (1996), the interrelationship between these levels can be studied and analysed using 13 complementary elements which reinforce each other (see table VI.1). The actual form the elements take is specific to the context in which they develop. Similarly, the different groups involved in the process can conceptualize and interpret each element differently, resulting in the opportunities and resistances that are associated with the negotiation process.

Table VI.1
ELEMENTS OF THE WEB OF INSTITUTIONALIZATION

Level	Elements
Definition of analytical categories	1. Participation of interested parties
	2. Pressure of political constituencies
	3. Political commitment
	4. Representative political structures
Techniques	5. Resources
	6. Policy or planning
	7. Inter-agency coordination
	8. Procedures
Intervention	9. Methodology
	10. Appropriate staff
	11. Development of programmes and projects
	12. Research
	13. Theory building

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, on the basis of Caren Levy, “The process of institutionalising gender in policy and planning: the “web” of institutionalisation”, *Working Paper*, No. 74, London, University College.

(a) Participation of interested parties

Institutionalization is the integration of interested parties by promoting opportunities for them to take part in making decisions related to all aspects of their life and, particularly, measures designed to influence their well-being (United Nations, 2006). This is the group of people who will mobilize around issues of interest to them, and their experience must always be the starting point for the process of institutionalization. The way in which they perceive and interpret their reality is of paramount importance for the political give and take surrounding the issue.

(b) Pressure of political constituencies

People, the organizations they belong to and interested parties should make an effort to shape the institutional (or government) agenda because demands made by individual citizens have limited leverage. If governments are to hear their voices and their demands are to be met, these demands must be aggregated and channelled, generally through interest or pressure groups that are powerful enough to influence agenda setters, including political parties, parliament, government officials and experts.

(c) Political commitment

Citizens in a given society have many needs and demands, but the government will not address all of them. The State will only seriously and actively consider the issues and problems over which it has the power and will to decide (Ortega and Ruiz, 2005). For real institutionalization to take place, organizations must have a clear political mandate on the issue, which must also be tied into the institution's overall mandate (ECLAC, 2000).

(d) Representative political structures

Institutionalization also depends on whether there is an entity in charge of the issue within the institutional framework and where it is located in that framework. It is crucial that the entity be actively involved in decision-making within the organization and that it can or does have the capacity to positively influence other government entities (ECLAC, 2000). In other words, within the public apparatus there needs to be a unit that truly responds to the interests and needs of stakeholders and influences decision-making to improve the visibility and positioning of the subject within government and public opinion.

(e) Resources

Political commitment also needs to be translated into resources to support the process of institutionalization. Although new and sustained resources are needed, integrating them into mainstream activities also implies the use of existing budgets, but in a way that provides for

and subsequently ensures age equality (ECLAC, 2000). The allocation of resources also reflects values, powers and interests and defines what action is appropriate and why, thus fleshing out the institutional mix which is considered the most appropriate for dealing with a problem.

(f) Policy and planning

Both policy and planning refer to the regulatory framework for action, although they vary in level of specificity. While policy conveys the consensus on how to deal with a problem (using guidelines and the resulting priorities), a plan focuses on how to use them for planning intervention, allocating resources in line with these priorities, and defining action strategies and the set of means and instruments to meet the proposed goals and objectives. Policies and plans are of the utmost importance, since they establish the mechanisms and devices for attaining and enforcing rights, thus enabling the State to fulfil its obligations and the people to see their needs and demands met.

(g) Inter-agency coordination

Inter-agency organization and coordination, which provide a unified approach to State action, are in keeping with the principle of efficiency because they avoid the duplication of efforts, budget rivalry and sectoral interests and promote time- and cross-sectoral consistency. This is particularly important due to the multidimensional nature of social issues, which creates potential for lowering costs (by avoiding overlapping) and increasing efficiency (through economies of scale and the exploitation of synergies through coordination and sectoral linkage) (Machinea and Cruces, 2006).

(h) Procedures

A crucial part of the process of institutionalization is to clearly define responsibilities for the issue so that policies and plans are designed and implemented appropriately. Procedures are the daily activities associated with different points of an organization's programme and project cycle or the rules governing actions between different individuals or areas (Levy, 1996). This also highlights the technical responsibility of the professionals to build citizens' interests and needs into procedures so that they are sensitive to those needs and interests and help to meet them.

(i) Methodology

To enable staff to carry out their tasks effectively, a clear methodology is needed for putting the rights perspective into practice, as are tools for implementing this approach in their work. This methodology must be backed by a specific conceptual framework centred on what the institution does and the mechanisms it uses in order to achieve real integration between objectives and practice.

(j) Appropriate staff

Professional and technical training is needed for staff who work on regular projects and activities so that they can carry them out successfully (ECLAC, 2000). Teams should be formed to increase the probability of political promises being met and to ensure that benefits actually reach their intended targets. Staff not only need the right training, but also clarity as to their obligations vis-à-vis the citizen rights they guarantee and, therefore, their accountability for doing so in the best and most efficient way possible.

(k) Development of programmes and projects

Interventions should be through programmes and projects which must, in turn, meet policy priorities and action plan objectives. If an institution does not take specific measures it will not be able to impact the reality it seeks to change, and policies will be little more than pieces of paper. The effective delivery of programmes and projects must be in line with the reality that they aim to transform and the interests and needs of the citizens. Their implementation is an essential input for research and change.

(l) Research

Generating qualitative and quantitative knowledge and information feeds back into the process of sustained change which is needed for institutionalization. The principal aim is to set the criteria for decision-making on the structure, operation and development of the institution. Although decisions which may have a greater impact on the institution are made by those who are directly in charge, there are also day-to-day decisions relating to resources used, the methodology adopted, the relationship and interaction between individuals or one of the many activities which are carried out at different programme levels (Briones, 1985).

(m) Theory building

Theory building is a key element because it provides feedback for defining analytical categories on the basis of intervention outcomes, and vice versa. This gives flexibility and drive to all of the elements identified so that they do not come to standstill because of foundations that, in the long term, may not even align with the problem. The principal objective is to critically analyse the lessons learnt during the process of institutionalization and (it bears repeating) to establish the best conditions in the institution for driving decision-making and bringing about the changes hoped for in response to the underlying problem or issue.

Theory building also contributes to the accumulation of knowledge about how to integrate a rights perspective into policies and policy

Setting up a public institution on the basis of a legal requirement provides stability, a clear mandate and a medium- and long-term development perspective. It should come with a budget allocation that is sufficient for starting up and meeting its objectives. At the same time, a policy or plan is essential for coordinating the institution's operations. This tool must be designed as an operational response for enforcing the guarantees set out in the law establishing the institution.

Inter-agency coordination, stakeholder participation and procedures are next in line of importance. The first is seen as a tool which facilitates public action by providing common criteria and furthering the mutual reinforcement of institutions and the achievement of better results to the direct benefit of the target population. Participation is equally important. It is a right whose exercise requires creating mechanisms and formulas to make it viable. Clear and relevant procedures are also important, in particular the rules for operating programmes and the terms of access to services, benefits and assistance. While procedures must be transparent, if they are overregulated they can become too complicated and, sometimes, not leave enough to the discretion of the people who perform the public service.

Among the experts surveyed there was no consensus on appropriate staff, programme and project development or methodology. Some of them consider that institutions need trained public servants with experience in the area being dealt with in order to maintain and further learning to improve practices. Others think that, although it is vital to have a well-qualified core team with different levels of specialization, it is more important to have a continual qualification and training programme. They value innovation and public service vocation more than experience gained within the State apparatus. And because programme and project development is related to intervention per se (and methodology), it is regarded as a step that comes later in the process of institutionalization—at the consolidation stage.

Lastly, a number of experts consider that research—which is linked to mechanisms for monitoring and evaluation, information systems and records—is important. However, others think that it is a subsequent step in the institutionalization of an issue. Some believe that all of these elements must be part of the preliminary stages of the process of institutionalization, while others think that they should be part of the final steps, in other words, when the institution has already established itself within the governmental apparatus. Only some experts believe that practice-based theory-building is meaningful and that it should contribute to the process of institutionalization and help bring about the implementation of the rights approach in issues on older persons.

Box VI.2
MAINSTREAMING AGEING

The issue of mainstreaming or integrating ageing is a recent development compared with other social issues such as gender. It is therefore defined in only a few sources, such as the Economic Commission for Europe (ECE), Age Platform Europe and the United Nations Department of Economic and Social Affairs.

These sources tend to define mainstreaming of ageing as the systematic inclusion of ageing into all areas of social, political, economic and cultural sectors (ECE, 2008 and 2011). This is achieved by making the issue an integral part of national development strategies and plans (Sidorenko, 2003b; AGE, 2007). Mainstreaming the issue of ageing is also carried out using policy instruments (ECE, 2008 and 2011) such as laws, standards and regulations, and programmes.

Robert Venne (no date) defines six techniques for mainstreaming ageing:

- data collection;
- awareness raising, advocacy and education;
- performance indicators;
- reflection of ageing in the social budget;
- evaluation of current laws and mainstreaming of concerns into new legislation and policies, and
- national coordination and international cooperation.

Although it is a recent concept, mainstreaming ageing is appearing on action programmes in a number of countries and international organizations, particularly in the developed world.

Source: Latin American and Caribbean Demographics Centre (CELADE) – Population Division of ECLAC, on the basis of AGE, “Towards a European Society for All Ages: Age Statement for the European Year of Equal Opportunities for all 2007”, 2007; Alexandre Sidorenko, “Mainstreaming ageing”, *Mainstreaming Ageing: Forging Links between the Madrid Plan of Action on Ageing and the Millennium Development Goals. Proceedings*, New York, United Nations Department of Economic and Social Affairs, 2003; Robert Venne, “Mainstreaming the concerns of older persons into the social development agenda”, United Nations Department of Economic and Social Affairs [online] <http://www.un.org/ageing/documents/positionpaper.pdf>; Economic Commission for Europe (ECE) “Implementation of the Madrid International Plan of Action on Ageing in the UNECE region: Review of the first five years”, *A Society for All Ages: Challenges and Opportunities*, New York, 2008 and “Annex IV: Strategy on ageing”, *Road Map for Mainstreaming Ageing in Armenia* (ECE/WG.1/12), New York, 2011. United Nations Publication, Sales No. 11.II.E.2.

E. Mapping public institutions geared towards older persons

Public institutions geared toward older persons in the region are diverse in nature. The first countries to set up such institutions are in the Caribbean. The Bahamas, Jamaica and Saint Kitts and Nevis created agencies for this purpose in the 1960s and 1970s. In Central America and South America the process started in 1990 –mostly since the Second World Assembly on Ageing. Countries such as Costa Rica and Mexico have followed a different path, however: they addressed ageing issues quite early, although the names and functions of the institutions have since changed.

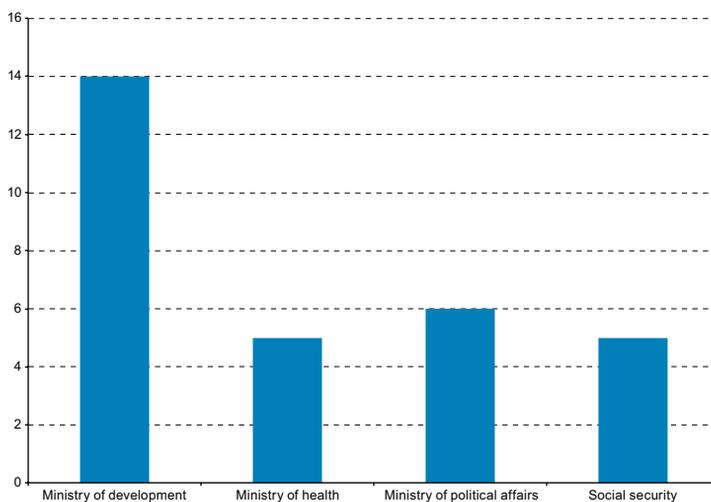
Information available on 41 countries suggests that the existing institutions were established primarily on the basis of specific laws for protecting the rights of older persons. Others were established by decree, administrative ruling or national policy. The most common institutions are national directorates, as is the case 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, the Dominican Republic, Jamaica and Saint Lucia. Institutes are less common but can be found in the Bolivarian Republic of Venezuela, Mexico and, recently, Uruguay.

Today, a more modern approach to the issue of older persons has expanded the scope of action of public institutions charged with addressing this area and gradually moved them into the sphere of social development ministries. Many of the institutions for which data are available operate under these ministries (see figure VI.1) There are 14 countries in this situation (Argentina, the Bahamas, Belize, Chile, Dominica, Ecuador, the former Netherlands Antilles, Mexico, Panama, Peru, Saint Kitts and Nevis, Suriname, Trinidad and Tobago and Uruguay). This shows that issues concerning older persons are no longer viewed as merely a biomedical concern, as was the case in the 1970s and 1980s: even institutions that are part of a ministry of health, as in Cuba and Paraguay, have competencies that extend far beyond health care for older persons.

In the past, it was also common to assign these functions to ministries for political affairs or social security institutions: the former, because the issue of older persons had entered the government agenda (in many cases, thanks to 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 role in promoting the well-being of older persons, but low coverage in a number of countries of the region means that, with notable exceptions, they tend to serve just one segment of the older adult population.

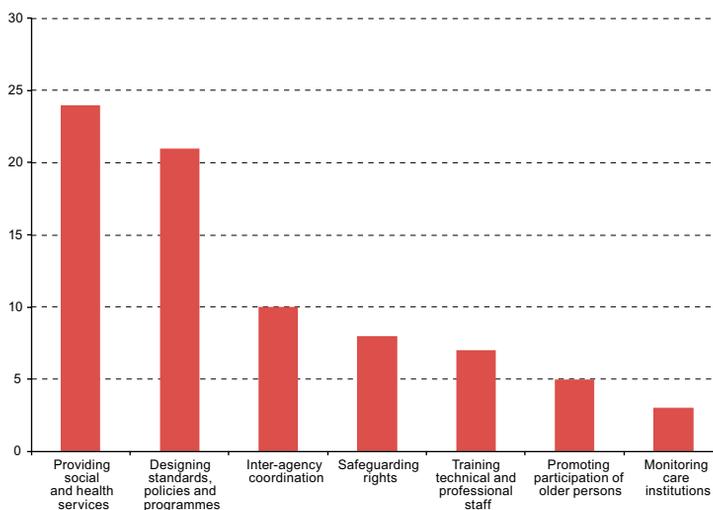
More than half of the countries directly provide social and health services for older persons (see figure VI.2). Argentina, Belize, Brazil, Cuba, Chile and Uruguay are among those where these agencies devote a substantial part of their activity to this purpose. In a large number of countries, institutions are responsible for designing standards, policies and programmes targeting older persons. In some cases (such as Colombia, Costa Rica, Ecuador, El Salvador, Haiti, Mexico, Panama, Suriname and Trinidad and Tobago), monitoring is also an important part of their operations. Safeguarding rights is a sphere in which several institutions are becoming involved, particularly in Spanish-speaking countries. The same occurs with the protection of older persons against violence. Anguilla, Belize, Ecuador and Guatemala are among the countries that address these issues.

Figure VI.1
LATIN AMERICA AND THE CARIBBEAN (30 COUNTRIES): PLACEMENT OF INSTITUTIONS CHARGED WITH ISSUES RELATING TO OLDER PERSONS



Source: Sandra Huenchuan, “Desafíos de la institucionalidad pública y el abordaje del envejecimiento”, presentation at the International meeting to monitor implementation of the Brasilia Declaration and promotion of the rights of older persons, 9-10 November 2011.

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



Source: Sandra Huenchuan, “Desafíos de la institucionalidad pública y el abordaje del envejecimiento”, presentation at the International meeting to monitor implementation of the Brasilia Declaration and promotion of the rights of older persons, 9-10 November 2011.

With respect to the oversight functions of institutions geared towards older persons, 83% of those examined work closely with other government agencies, 78% do so with civil society organizations and 54% work with academic institutions. Among the latter are several agencies in the English-speaking Caribbean, although the majority are Central American and South American institutions.

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

Programmes for access to knowledge, education and training are frequently implemented, albeit to a lesser extent than poverty eradication activities. In 34 countries, national institutions for protecting older persons run programmes for this purpose, providing targeted subsidies or bonuses (Ecuador, Panama and Suriname, among others) and food allowances or non-contributory benefits (principally in the English-speaking Caribbean countries including the Bahamas, the British Virgin Islands, Guyana and Jamaica). Institutions are also making inroads into other areas, such as developing job programmes, like in Mexico, and emergency aid to individuals (Anguilla, Belize and El Salvador, for example).

Health programmes encompass areas such as nutrition (Anguilla, the Bolivarian Republic of Venezuela, Cuba and Ecuador, among others) and access to medicine (the Bolivarian Republic of Venezuela, Costa Rica, Cuba, the 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.

Some institutions have support programmes for victims of abuse and ill-treatment (Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Costa Rica, El Salvador and Puerto Rico, among others) and programmes for access to housing, whether through subsidies, housing loaned in commodatum or home repairs (Anguilla, the Bahamas, Chile, Costa Rica, Cuba, the 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, the Dominican Republic and Puerto Rico. Argentina, the British Virgin Islands, Costa Rica, Cuba, the Dominican Republic, Guyana, Jamaica, Panama, Puerto Rico and Trinidad and Tobago have home care programmes that vary in scope and coverage.

F. Equality as the basis for institutions geared towards older persons

Governments in the region are starting to step up efforts to institutionalize issues related to older persons. This in turn moves this group's interests and needs farther up 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 spaces 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 situation in each country.

By dint of struggling for recognition, institutions in some countries 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 of what civil society, through academia or social organizations, can do to improve the status of older persons.

Notwithstanding the will of institutions geared towards older persons, there are still many disadvantages that restrict 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, have a limited budget and are understaffed. This practice sometimes fails because of pressure from interest groups (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). Looking at the changes 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 work is, however, already under way: garnering the political commitment to take action 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 which public institutions geared towards older persons will be in a position to reform a country's traditional social institutional framework. Clearly, they cannot make up for all the past shortcomings of social institutions, 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 the one set up to address issues concerning gender, indigenous peoples and 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.

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Chapter 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

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.

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 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 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.

 Box VII.1 (concluded)

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

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.

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 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).

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Ageing, solidarity and social protection in Latin America and the Caribbean

Time for progress towards equality

Sandra Huenchuan

Only recently have older persons been recognized as holders of human rights. As a regional body of the United Nations, ECLAC has been closely involved in this process, which started in 2003 with the adoption of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, and culminated in the adoption of the San José Charter on the rights of older persons in Latin America and the Caribbean in May 2012.

This publication aims to contribute to the research, analysis and design of proposals for the social protection of older persons. One of its main contributions is the link created between ageing and equality. To this end, it develops a new conceptual approach and uses various indicators for its assessment in the areas of social security, health and social services. All human beings must be able to avail themselves of equal rights, without discrimination, and these rights must be enforced through serious, strategic and sustainable commitments which accommodate both present and long-term challenges. Only then will it be possible to develop an approach which includes each and every citizen and contributes to their well-being and security, so that they can make full use of their capacities, regardless of their age or economic activity.



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