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Ageing and development in a society for all ages

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Ageing and development in a society for all ages

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This document is a summary of the "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", presented at the second Regional Intergovernmental Conference on Ageing held in Brasilia, Brazil, from 4 to 6 December 2007.

It was prepared under the direction of Dirk Jaspers, Director of the Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, and was drafted by Sandra Huenchuan with the assistance of Daniela González and Paulo Saad.

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Introduction

This document was prepared by the Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, in pursuance of ECLAC resolution 616(XXXI) of 2006 requesting preparation of the relevant substantive documentation for the second Regional Intergovernmental Conference on Ageing (Brasilia, Brazil, 4 to 6 December 2007). Its purpose is to present and analyse the information available on the demographic ageing process, the situation of the older adult population and the progress made by the countries in applying the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

Slowly but inexorably, the population of Latin America and the Caribbean is ageing. Two aspects of this development are a matter of urgent concern. First, ageing is taking place more quickly than was historically the case in what are now developed countries. Second, it will occur in a context characterized by persistent inequality, inadequate institutional development, low quality social protection systems with incomplete coverage and excessively burdened families which not only have to meet the needs of the elderly but also fill the gaps left by the near-absence of other social institutions that should act as a force for social protection and cohesion.

Ageing has long been on the horizon, and it is in the countries where poverty is greatest and institutions least developed that population ageing is least advanced. The shift in the age structure may bring tangible benefits to these countries by creating a window of opportunity as the ratio between the number of people at economically dependent ages and the population of economically active age becomes increasingly favourable. For these countries, the challenges are, first, to adopt a long-term approach that places the problems of ageing squarely on the development agenda (without neglecting the pressing need for solutions to immediate problems) and, second, to improve workforce training and increase the ability of production sectors to make effective use of these.

In countries where ageing is now imminent, differences in economic, institutional and historical circumstances mean that the experience of developed countries does not offer easily reproducible solutions. These countries, then, are faced with the challenge of seeking out options of their own for dealing with this phenomenon, without losing sight of basic issues of social harmony and solidarity between the generations.

As with any other public policy issue, ageing and the way its challenges are dealt with are inseparable from decisions about the mechanisms and possibilities of social cohesion. The need is to strengthen the reciprocal relationship between today's generations and make progress without compromising the future of the generations to come. In these circumstances, it is essential to evaluate the current situation, face up to persistent shortcomings and work to gradually expand social protection until it encompasses the whole population.

A. The heterogeneous pattern of ageing in the region

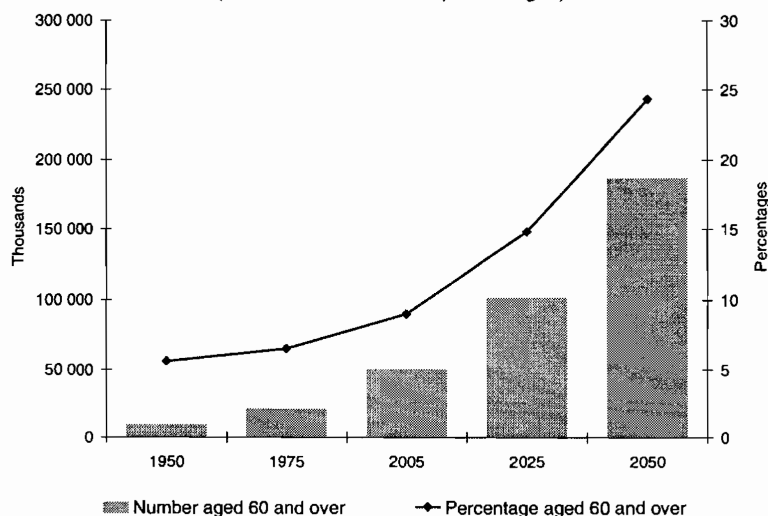
Albeit with differing degrees of intensity and over different time periods, changes in the fertility and mortality rates of the region's countries have led to profound demographic changes, resulting in lower demographic growth and progressive population ageing (ECLAC, 2004). In 2000, the age structure began to lose its typical pyramid shape and the proportion of persons under 15 years of age fell in all the countries, reaching an average of 31% of the region's population. With the decline in the number of children aged 0 to 14, the weight of other age groups is beginning to increase, and the middle and upper bars of the age pyramid have clearly widened, while the number of children younger than 5 years of age continues to drop. Ageing is therefore imminent, and this raises serious challenges for development over the coming decades.

1. Population ageing: a gradual but inexorable process

The population of Latin America and the Caribbean is ageing slowly but inexorably. In all the region's countries, the proportion and absolute number of people aged 60 and over will increase steadily over the coming decades. In absolute terms, 57 million adults are expected to be added by 2025 to the 41 million present in 2000, and the increase between 2025 and 2050 is expected to be 86 million. This is a population that is growing rapidly (at an average annual rate of 3.5%), more so than cohorts of younger ages. The rate of growth will

be three and five times as great for this population as for the total population in 2000-2025 and 2025-2050, respectively. Because of this dynamic, the share of 60 years of age or older in the total population will triple between 2000 and 2050. Thus, by the end of this period, one in four inhabitants of Latin America and the Caribbean will be an older person (see figure 1).

Figure 1
LATIN AMERICA AND THE CARIBBEAN: POPULATION AGED 60 AND OVER, 1950-2050
(Absolute numbers and percentages)

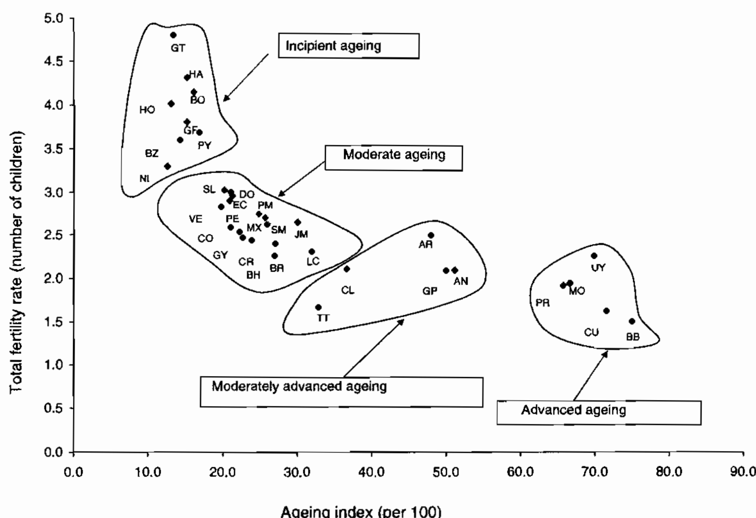


Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, population estimates and projections [online] www.eclac.cl/celade_proyecciones/basedatos_BD.htm.

Because they are at varying stages of the demographic transition, the region's countries exhibit very different ageing profiles. Four groups of countries can be clearly distinguished by their stage in the process. The first group is in an incipient ageing phase (8 countries), with relatively high levels of fertility still persisting (more than 3.3 children per woman) and an ageing index of less than 17 older people for every 100 persons under 15 years of age. In the second group are 15 countries with lower fertility rates (between 2.3 and 3 children per woman) and ageing index values of between 20% and 32%, placing them in a moderate phase of the ageing process. Countries in the third group are characterized by moderately advanced ageing (5 countries), as they have fertility rates of between 1.7

and 2.5 children per woman and an ageing index of between 33 and 51 older people for every 100 persons under 15 years of age. The last category (advanced ageing) contains the 5 countries with lower fertility levels (below replacement) and an ageing index in excess of 65% (see figure 2).

Figure 2
LATIN AMERICA AND THE CARIBBEAN: POSITION OF COUNTRIES BY PHASE IN THE AGEING PROCESS AS OF 2000



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, population estimates and projections [online] www.eclac.cl/celade_proyecciones/basedatos_BD.htm.

It is obvious that the ageing process has not been equally intense everywhere in the region. Some countries have quickly reached a situation in which more than 10% of the population are aged 60 and over, while in other countries it has taken longer for the percentage of older people to rise. In 2000, older people made up an average of 6% of the population in countries at the incipient ageing stage, while the figure in moderate ageing countries was 7.6%. The proportion was already over 10% in the other two categories: 12.4% of the population were aged 60 and over in moderately advanced ageing countries and 15% in advanced ageing countries.

Population projections indicate that the number of older people will continue to rise in the region, but disparities between countries will persist. By 2025, older people will make up 25% of the total population in the advanced ageing countries, while 25 years later some 34 in every

100 people will be aged 60 and over. In the moderately advanced ageing countries, older people will represent 18% of the total population by 2025 and 26% by 2050. The rate of increase in the 60 plus population will be particularly rapid in those countries that are further behind in the ageing process, exceeding even that of the countries that have advanced further in this process. Even so, older people in the moderate ageing countries will account for 25% of the total population by 2050, while in the incipient ageing countries they will represent only 15% of the population that year.

2. Differentiating within the older adult population

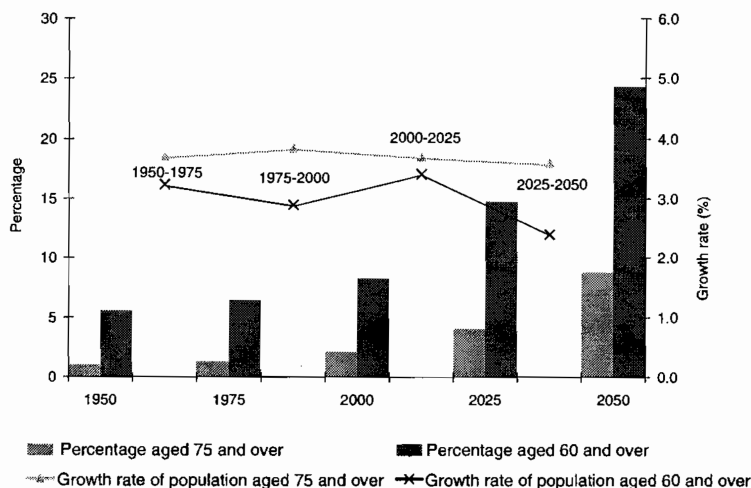
Rising life expectancy means that the proportion of older adults who are in the upper age groups will increase. People aged 75 and over currently account for some 2.5% of the region's overall population. This share is expected to double to 4% of the total population by 2025 and to some 9% by 2050. Thus, over the coming 50 years the population ageing process will be marked by rapid ageing within the older adults group itself, since it is the oldest age segments that are growing fastest. If older people are divided into two broad groups for the purposes of analysis (60 to 74 and 75 plus), it transpires that the most elderly group (75 plus) has been increasing its share: this exceeded 25% in 2000 and is projected to reach 36.3% of all older adults by 2050 (see figure 3).

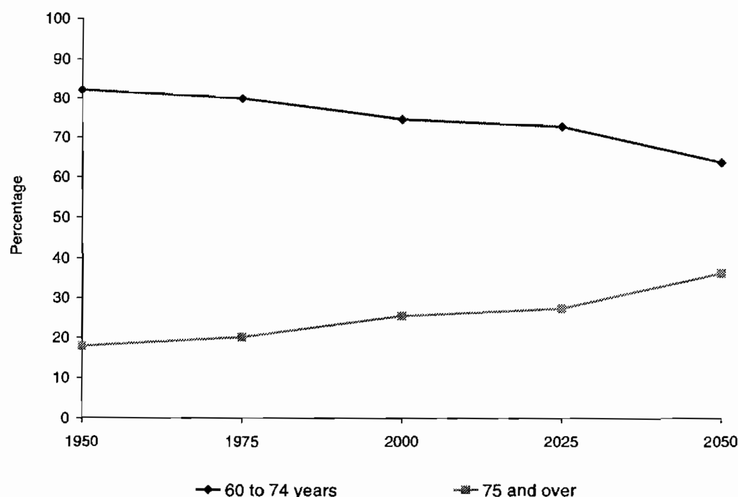
At present, women predominate in the region's older adult population, with 116 women aged 60 and over for every 100 men. There are differences by area of residence, however: there are more older women in urban areas, whereas in rural ones the index favours men. Again, the difference between men and women in years of survival at 60 is not the same in all the region's countries. According to estimates for the 2000-2005 period, the gap is widest in Uruguay and Argentina, with women aged 60 and over living 5 years longer than men to an average age of 83. In Guatemala, on the other hand, there are no differences between men and women. Although this gap will remain over the coming decades, there is no single trend in the region: in some countries it will continue to widen, while in others the discrepancy could become less marked.

Figure 3

LATIN AMERICA AND THE CARIBBEAN: SHARE AND GROWTH RATE OF THE 60 PLUS AND 75 PLUS POPULATIONS, BY AGE GROUP, 1950-2050

(Percentages and growth rates)





Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, population estimates and projections [online] www.eclac.cl/celade proyecciones/basedatos_BD.htm.

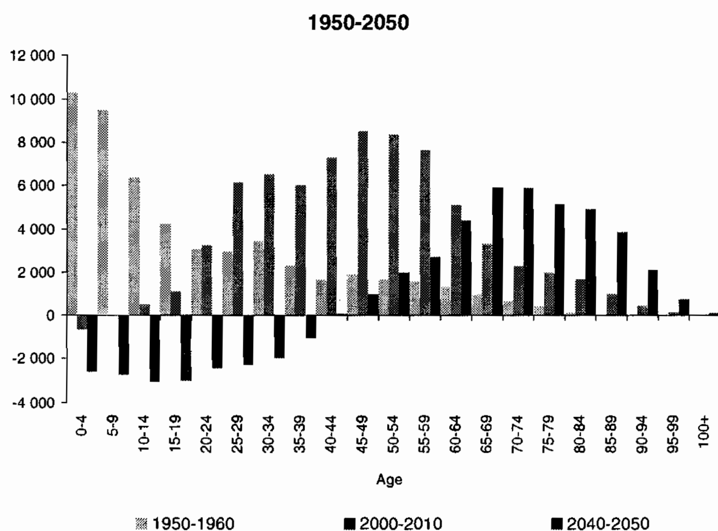
The region will have to cope with two geographical features of ageing: a heavy concentration of older people in urban areas, which will influence their demands and living conditions, and premature ageing in the countryside, which will influence the development and needs profiles of rural areas. The regional picture varies by country, since in some cases the rural population is older than the urban one (Bolivia, Chile, Ecuador, Mexico, Panama), while in others this is not the case, either because the rural and urban populations display a similar degree of ageing (Bolivarian Republic of Venezuela, Honduras, Paraguay) or because urban populations are older than rural ones (Argentina, Brazil, Costa Rica, Guatemala). Much the same holds for cities, with some presenting levels of ageing that are higher than the national average (Greater Buenos Aires, Rio de Janeiro, San José, Guatemala City) while in others they are lower than the national and urban averages (São Paulo, Quito, Panama City).

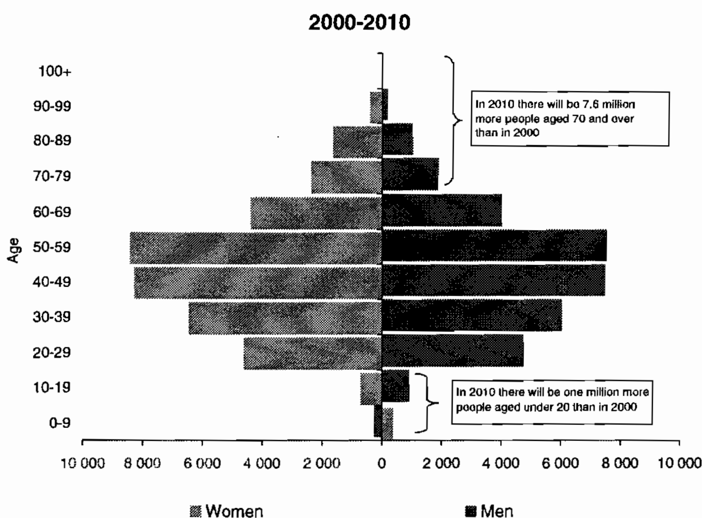
3. The dependency ratio and the demographic bonus: an opportunity and a challenge

The average total dependency ratio in the region has now fallen to values of less than 60 persons under and over 60 years of age for every 100 people aged 15 to 59. In most of the countries, the dependency ratio will tend to diminish for a period of time, during which some countries will be able to take advantage of the opportunities offered by the demographic bonus to expand their productive potential and prepare for the final stage of the demographic transition, in which the older adult share of the population increases and dependency ratios therefore increase as well.

The lower pressure of demands from the child population (unaccompanied initially by any large increase in the older adults group) is what underpins the demographic bonus. To ensure that this temporary bonus is not just a mirage, there need to be measures to improve the workforce training, involving systematic improvements in education quality, occupational training and increased capacity in production sectors to ensure that these resources are properly used. Some of the dividends from this bonus are not guaranteed, because they depend on the ability of the region's economies to generate employment in the period when it arises. Failing this, the bonus could actually turn into an additional burden on the countries in the form of strong pressure from people seeking work in a context where the growth of employment opportunities is constrained (Villa, 2004).

Figure 4
LATIN AMERICA AND THE CARIBBEAN: ESTIMATED AND PROJECTED POPULATION GROWTH IN ABSOLUTE NUMBERS, BY DECADE AND AGE GROUP, SELECTED PERIODS
(Thousands of people)





Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC and United Nations, *World Population Prospects: the 2006 Revision* (ST/ESA/SER.A/261), New York, 2007.

The bonus will exist only for a limited time, since with population ageing the dependency ratio will rise again, this time generating other demands for health care and financial security. The demographic bonus ends when the dependency ratio rises. It is vital, therefore, to take advantage of the respite offered by the demographic bonus and prepare for the challenges and opportunities that population ageing will create. The challenges are indeed enormous, both for the region's governments and for civil society, families and older people themselves, who have a leading role to play in the process. Developing solidarity pension financing, establishing health-care provision for older people (with specialized staff, appropriate infrastructure and an emphasis on preventive care) and designing family and community support mechanisms for older people are just a few of the measures that the region's policymakers need to take (Jaspers, 2007).

B. Expanding income protection

In most Latin American and Caribbean countries, the possession and enforcement of rights relating to lifelong income security remains a pending item on the social agenda and, while progress has been made, a large proportion of people still experience financial uncertainty as one of the most distressing aspects of their daily lives.

Social protection should play a key role in correcting this situation. Over the last decades, however, there has been a growing mismatch between social protection systems and the reality to which they are meant to respond. As a result, protection is uneven and the risks of sickness, unemployment, disability and old age result in partial or complete loss of the financial resources required to meet the basic needs that any society ought to guarantee as a fundamental right. In Latin America and the Caribbean, one of the main dilemmas for social protection systems is the low coverage of pension and retirement benefits, since on average over half the older adult population has no access to income of this kind to cope with the risks deriving from income loss in old age.

The unprecedented demographic changes being faced by the region's countries require a new way of thinking about income protection policy design and implementation. Building a social protection system in which there is greater solidarity and inclusiveness entails improving the ability of national economies to create decent work for the entire economically active population. If this is done, employment will act as a gateway to social protection systems and will provide the elderly with at least a basic level of income.

1. Economic strategies, income composition and old-age poverty

Social security, participation in the labour force and family support are the main sources of income at older ages (Guzmán, 2002). The relative importance of each mechanism varies from one country to another, depending on the degree of economic and institutional development, the characteristics of the labour market and the stage of the demographic transition.

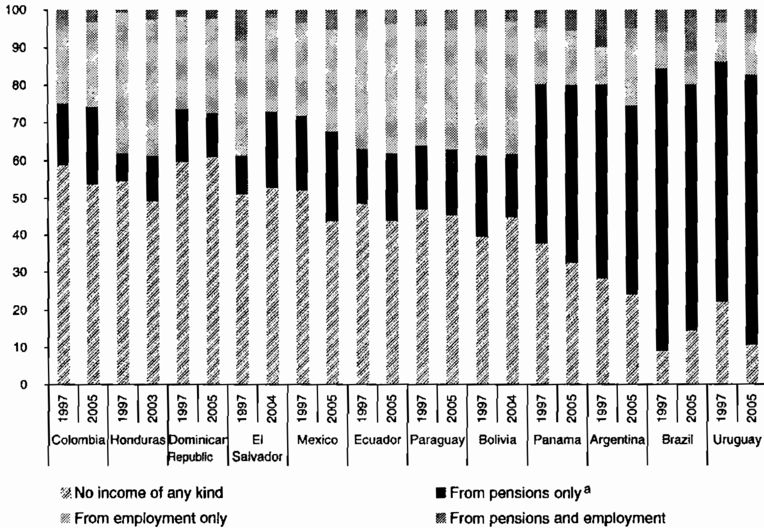
In the region, the economic strategies of the current generation of older people generally display the follow pattern: In situations where pension coverage is low, workforce participation increases. In cases where no income is forthcoming from either of these sources, family cash transfers become critical. Figure 5 shows that a high proportion of older people do not receive income from social security or employment and, other than in a few countries, the group receiving income exclusively from social security tends to be fairly small. Among other reasons, this is because pension system reforms in the 1990s tightened the conditions of eligibility, resulting in entitlement to these benefits being provided only at later ages and/or with an inadequate replacement rate. The idea was to provide incentives for retirees and pensioners to carry on working as long as possible and for people not eligible for these benefits to seek solutions through participation in the labour market.

In the countries of the English-speaking Caribbean, unfunded and defined-benefit systems have remained almost unchanged and, owing to their relatively short history and the low demographic dependency ratio, are still solvent. Indeed, these countries have managed to build up reserve funds averaging 19% of subregional GDP. Nonetheless, the long-term financial sustainability of these systems is imperilled by the projected changes in the population structure, the high level of unemployment and recently observed levels of informal employment and emigration from the subregion to the rest of the world (ECLAC, 2006).

Figure 5

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): INCOME SOURCES OF OLDER PEOPLE, URBAN AREAS, AROUND 1997 AND AROUND 2005

(Percentages)

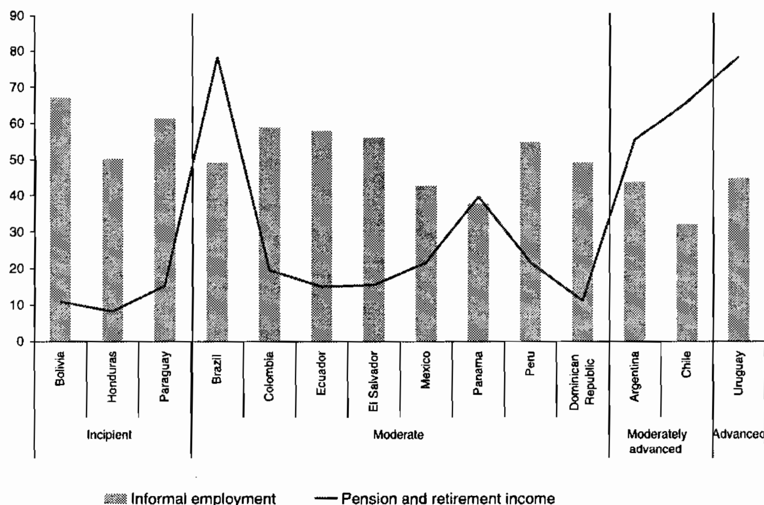


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from household surveys in the countries concerned.

[a] The term "pension income" refers to all income from transfers received by people declaring under "occupational status" that they are "retired and in receipt of a pension".

Older people participating in the labour market usually do so through informal employment (see figure 6). This type of employment becomes more prevalent as worker age rises, irrespective of the phase of population ageing in the country concerned. Regarding the gender of workers, the informal employment situation varies by country. In Argentina, Paraguay and Uruguay, for example, informal work among people aged 65 and over increased in the 1990-2003 period, mainly owing to a decline in formal employment among men. In Brazil and Chile, however, this proportion dropped, chiefly because of a rise in the share of informal jobs taken by women (Bertranou, 2006).

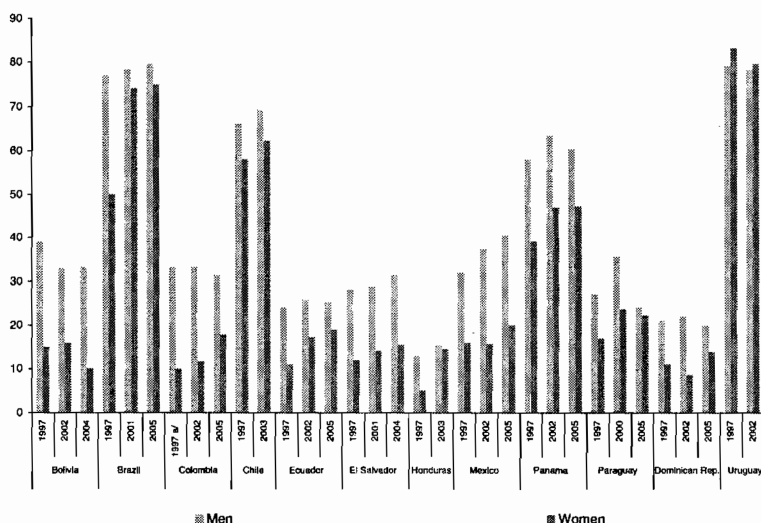
Figure 6
LATIN AMERICA (SELECTED COUNTRIES): INFORMAL EMPLOYMENT AND PENSION COVERAGE, AROUND 2005
(Percentages)



Source: International Labour Organization (ILO) and Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from household surveys in the countries concerned.

A comparison of the informal employment statistics for the female population in the latest period available shows that women aged 60 and over are more likely to be in informal employment than women in other age groups (ILO, 2006). Again, older women receive fewer social security benefits on average than men (see figure 7), partly because they only became regular participants in the labour market at a time when employment conditions were becoming more unfavourable (greater insecurity and informal work) and social security systems were being reformed (with profound consequences for access and contributory coverage) (Pautasi and Rodríguez, 2006). The result is that women have had and continue to have lower levels of retirement saving and their access to social security benefits is more limited than that of men.

Figure 7
LATIN AMERICA (SELECTED COUNTRIES): PENSION AND RETIREMENT INCOME BY SEX, URBAN AREAS, AROUND 1997, 2002 AND 2005
(Percentages)



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

Measurements of poverty and indigence available for the region in the latest period show substantial progress on both fronts. After holding steady between 1997 and 2002, the percentages of poor and indigent people had fallen in most of the countries by 2005 (ECLAC, 2007). Echoing this trend, the incidence of poverty in households containing older people also diminished, and as of 2005 these were still less poor than households without older people. This was true in both urban and rural areas, although there were large variations between countries in terms of gaps between one type of household and another.

Households with older people are less poor than others partly because, for all their limitations of coverage, pension systems are still the best policy instrument for dealing with poverty and vulnerability in old age, while also contributing to the well-being of other generations. Studies indicate that the cash transfers received by older people play a vital role in reducing their risk of poverty and in mitigating the negative effects of vulnerability (Tabor, 2002). They can also yield benefits for other generations, since older people living with younger members of their families contribute a

substantial share of household income, which includes social security income. Private and public transfers can thus be said to play complementary roles in families, contributing to intergenerational solidarity and to social protection in the broad sense of the term (Machinea, 2006).

2. Contributory coverage and the protection paradox at active ages

Ideally, social protection systems ought to provide guaranteed incomes for all and their benefits should place recipients above socially acceptable minimum living standards (United Nations, 2007a). In the way social security systems currently operate, however, only people who pay into them continuously right from the start of their working lives will be in a position to avoid poverty when they are older (ILO, 2002).

Contributory coverage varies greatly across the region, owing to the countries' different social and occupational conditions. Occupational coverage of people in the first and fifth family income quintiles varies significantly; in some countries, indeed, the differences are extremely marked. The coverage gaps observed thus reflect dissimilarities in conditions of access to benefits together with the resulting inequalities and inequities that affect income protection in old age.

Generally speaking, countries with high social security coverage for employed persons, higher per capita incomes and more solid social security systems exhibit less inequality between the first and last family income deciles. Conversely, disparities are more glaring in countries with low or very low occupational coverage. In terms of equity, the protection paradox is strongly evident in these countries, in that it is the least vulnerable groups that have the fullest and best protection. This can be put down to a number of factors, but the main one is the functioning of the labour market, where workers with higher-quality jobs (wage earners in large firms and the public sector) are the ones who have the most complete and highest-quality pension coverage (Bertranou, 2006).

A continuation of today's employment trends would result in profound inequalities and inequities in the future. In the absence of reforms to strengthen the non-contributory components of pension systems, the most unprotected groups will remain excluded from contributory systems or receive poor-quality pensions owing to their relatively low contribution frequency and, in the case of the poorest quintiles, the tendency to put off contributing until a late stage in their working lives.

3. Gradually extending protection against income loss in old age

The debate about the provision of basic income is not a new one, but it began to intensify in the 1990s as this came to be linked with other social processes. Because of the structural changes that were undermining the ability of wage employment to act as the gateway to social protection and the emergence of new risks associated with ageing in conditions of poverty and vulnerability, the guarantee of a minimum income to meet basic needs in old age came to act as a mechanism for closing part of the coverage gap being left by contributory programmes.

While the non-contributory pension programmes being implemented in the region are limited in scope, they are applied on the basis of poverty targeting criteria and are thus not universal. They are an effective force for equal opportunities and, in the specific cases of women and inhabitants of rural areas, have resulted in people receiving certain benefits that are unobtainable through the contributory system.

According to different evaluations of the impact of non-contributory pensions on poverty and indigence compiled in Bertranou, Van Ginneken and Solorio (2004), pensions financed from fiscal resources have proved to be both a powerful weapon for combating these scourges and a potent instrument of social inclusion for people traditionally excluded from social security and subject to economic vulnerability and insecurity. This was also demonstrated recently by ECLAC (2006), which carried out a simulation of the effect of providing universal and targeted non-contributory pensions to people over 65 in 17 of the region's countries and concluded that both programmes would reduce old-age poverty by some 18 percentage points. The cost of a targeted pension would be 0.93% of GDP, while a universal pension would require resources averaging about 2.2% of national output.

At a time of population ageing, low social security coverage and labour market regulation problems, non-contributory pensions are a vital instrument for reducing inequalities and conferring greater financial independence upon the most vulnerable sectors of the population. Naturally, monetary income will not in itself guarantee full social inclusion (Pisarello and de Cabo, 2006), but the development and extension of such schemes would be a vital step towards the progressive establishment of a guaranteed minimum financial basis to facilitate the exercise of other human rights.

C. Improving and expanding health protection

There is a two-way relationship between the epidemiological and demographic transitions. Population ageing is being accompanied by a shift away from infectious diseases and high maternal and infant mortality as the predominant health problems to a situation dominated by non-communicable diseases, especially chronic ones. This shift has consequences for the health systems of the region's countries, because of both the type of diseases and the population sectors involved.

The decline in infectious diseases as a cause of death mainly benefits children, the younger population and women, and is essentially due to mass vaccination programmes, low-cost treatment and prevention measures and the availability of antibiotics and medicines, among other things. Non-communicable diseases are now vying with these as a cause of morbimortality in the form of chronic, degenerative and disabling conditions that chiefly affect the older adult population. Alongside population ageing, therefore, there is an increasing need to deal with illnesses that are costlier to treat, progressive, long-lasting and hard to control. This is compounded by the increased incidence of other events such as injuries and falls that have major implications for the preservation of functionality in old age.

The speed of these transitions was much slower in developed countries than it has been in the countries of Latin America and the Caribbean. By the time the ageing process took place in developed countries, furthermore, living standards were higher, social and economic inequalities were less pronounced and differentials in access to health services had been done away with. In the countries of the region, conversely, the process is taking place in fragile socio-economic contexts with high poverty levels, growing social and economic inequalities and unresolved problems of inequity in access to health services (CELADE, 2003). In essence, what this means is that much of the fall in the countries' mortality rates is due more to the action of exogenous variables (medical breakthroughs and technologies) than to any increase in the living standards of the population (Palloni, DeVos and Peláez, 2002). This partly explains why the compression of morbidity has not yet been detected in the region and people still risk spending a large portion of their lives in ill health.

In the context of the Latin American and Caribbean countries, health policies will need to address both old and new challenges. The new challenges are the changes in demand resulting from population ageing, which necessitate the adaptation of health policies to the needs of a rising older adult population. The old challenges are the epidemiological backlog

and problems of equity and access to medical care, which are chiefly affecting the most vulnerable and unprotected sectors of the population.

1. The epidemiological lag, ageing and health-care needs

One characteristic of the region is that epidemiological changes are not uniform but vary with the internal heterogeneity of the countries. Thus, demographic and epidemiological processes are most advanced where the socio-economic conditions of the population are best and where access to basic services is greatest. In more depressed areas, meanwhile, communicable diseases are still the leading cause of morbimortality for the whole population, including people of advanced ages (Ham Chande, 2003).

Population ageing means that the burden of non-communicable diseases is bound to rise over time, so the demand for more costly health-care services is sure to increase (ECLAC, 2006). This will coincide with the need to deal with the epidemiological lag affecting the most unprotected sectors of society. A twofold challenge for health protection therefore arises, with a rising incidence of chronic degenerative diseases being compounded by the persistence of certain communicable diseases (such as those of respiratory origin) and maternal diseases. The difficulties posed by this development means there is a need to invest and enhance the resources required to deal with diseases of a chronic and degenerative character (in terms both of human resources and of technologies and instruments for treatment and prevention), without neglecting measures to prevent and treat communicable diseases.

2. Health spending, ageing and the effect of non-demographic factors

Inequities in health-care access are a common problem in the region. Population ageing creates a further challenge here, as it will place pressure on the health-care resources available at a time when countries still have to resolve a great many basic health issues affecting other sections of the population.

Health spending has been slow to increase in the region and major inequalities persist. Assessing average health spending in the countries in terms of GDP shows that, while it is higher than the world average, there were no major changes in health spending between 2002 and 2004 nor are there major differences in health spending by the degree of ageing in the countries concerned. According to an exercise carried out in Chile (Superintendencia de Salud, 2006), estimated health spending on older

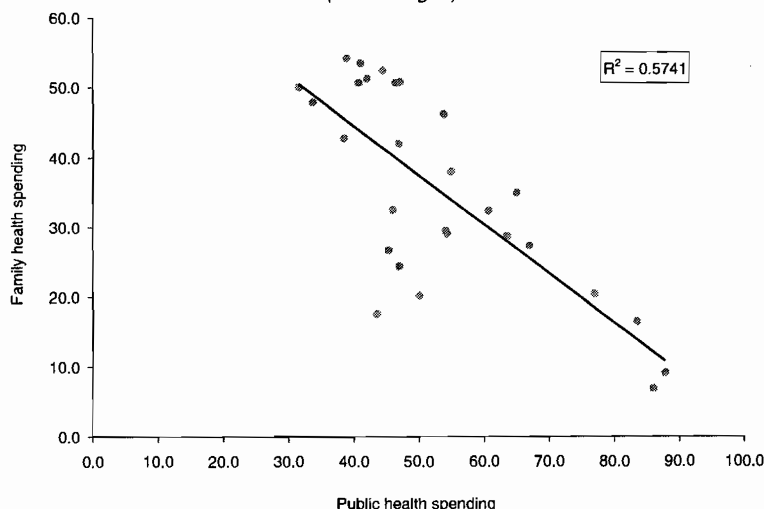
people was 1% of GDP in the base year (2002) and is expected to be 2.1% in 2020, assuming 4% average annual growth in the older adult population. This increase is due not so much to demographic factors as, overwhelmingly, to non-demographic ones such as the rate of health-care take-up, the provision model used, the cost of medicines and the introduction of new technologies.

Nor do variations in the mix of public and private health care show any pattern of association with the phase of ageing in each country; rather, this mix is strongly associated with levels of health protection there. The greater the protection, the lower the level of private and out-of-pocket spending. The most likely prospect is for health spending to continue to increase as a proportion of GDP in future, and the most problematic scenario would be if this increase were met directly by families out of their own pockets. As figure 8 shows, lower public health spending means higher out-of-pocket spending. In other words, not only is public spending limited in the region, but the bulk of private spending comes from families, and this ultimately translates into less protection from the risks of disease.

Figure 8

LATIN AMERICA AND THE CARIBBEAN: PUBLIC AND FAMILY HEALTH EXPENDITURE, 2004

(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of World Health Organization (WHO), *World Health Statistics*, 2007.

The situation of poor Latin American countries that are still at an incipient or moderate phase of the ageing process is problematic, since they are characterized by public health spending of less than 50% of the total, high out-of-pocket expenditures and a very low proportion of older people. Considering that the ageing process is going to occur very rapidly in these countries, which are also going to have to cope with an epidemiological lag in a context of widespread poverty, health vulnerabilities are bound to increase in the future unless measures are taken to strengthen the public health system.

In the English-speaking Caribbean, meanwhile, the growing importance of private-sector insurance and providers, the high level of out-of-pocket health expenditure and the effects of rising costs in the public system have meant that the subregion is tending towards a model in which the wealthiest members of the population seek their health care abroad, middle-income groups use private insurance or services, and the poorest rely on the public system. Reversing this trend and implementing effective mechanisms to contain the rising costs of health systems are the greatest challenges facing Caribbean countries in terms of equity and access to health services.

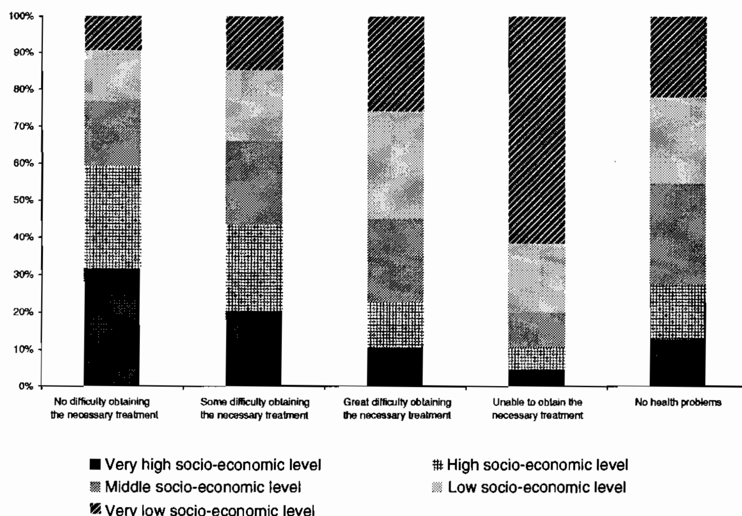
3. Inequalities in health-care access for the elderly

Health-care solidarity is manifested when access to services is independent of people's contributions to the system and ability to pay. Conversely, the need for out-of-pocket spending to obtain health services or medication is a major source of inequity (Titelman, 2000). For the elderly, this is expressed in the form of health insurance coverage levels and access to treatment.

The lower the socio-economic status of older people, the more difficult it is for them to obtain medical treatment (see figure 9), and those of a very low socio-economic standing simply have no access to health care. Older people who are poor may be faced with the two following types of situations, depending on the development level of the country and the workings of health protection systems: (i) widespread deprivation, where most of the population has difficulty obtaining health care and only the most privileged groups can solve their problems, and (ii) persistent inequities in access, with medium- and high-income groups faring best and difficulties of access increasing down the socio-economic scale, the result in extreme cases being a situation of almost permanent exclusion (Escobar, 2006). Among the strategies recommended by WHO (2003) to

deal with this situation is a combination of different forms of targeting (direct, characteristic and self-targeting).

Figure 9
LATIN AMERICA AND THE CARIBBEAN: ACCESS TO HEALTH CARE FOR THE ELDERLY, BY SOCIO-ECONOMIC STATUS, 2006
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of specially processed data from the 2006 Latinobarómetro Survey.

4. Reducing health-care equity gaps in old age

The Committee on Economic, Social and Cultural Rights has progressively established the right to health, and this entails a number of obligations for States, including health care that is available, accessible, acceptable and of good quality, plus the obligation to move as expeditiously and effectively as possible towards the full realization of the right (United Nations, 2000). To this end, some of the region's countries have created packages of specific guarantees, i.e., health prioritization mechanisms designed to invest resources where they are most needed (Drago, 2007) and made available to the entire population irrespective of economic status and relative risk. Although only a small number of countries have included specific packages for older people in their explicit guarantees, this is a promising mechanism (albeit one that can only work if people are

very well-informed and procedures are user-friendly and accessible to all) that could be used to cover diseases for which the older adult population is usually at much higher risk than everyone else.

In this context, basic packages of entitlements should be construed as a means of advancing towards integrated health-care systems that provide timely, high-quality care to the entire population, regardless of risk exposure and income (ECLAC, 2006). As countries develop (and age), the packages prioritized need to be progressively expanded to reflect the health needs of the population. The health-care needs of the older adult population must be taken into account when this happens and, while these packages are not a complete solution to the current shortcomings of health-care systems, they could provide a way of progressively realizing the right to health in old age.

To match health-care policies to the health needs of the older adult population, countries in general need to make a determined effort to create mechanisms that can simultaneously improve coverage of communicable diseases and of pathologies that are more intractable and expensive in terms of treatment, morbidity, mortality rates and residual disability, such as chronic degenerative diseases, with a view to eliminating inequity and resolving health-care exclusion problems that affect vast sections of the population.

D. Creating inclusive environments

1. Living arrangements, ageing and the scope for support

The demographic context of the region's countries has altered profoundly over recent decades owing to the rapid decline in fertility and the rise in life expectancy at birth and at advanced ages. These changes have been the main driving force behind the configuration of new living arrangements, so that households containing several generations are now common. Although some elderly people live alone, this is less prevalent than in other regions of the world.

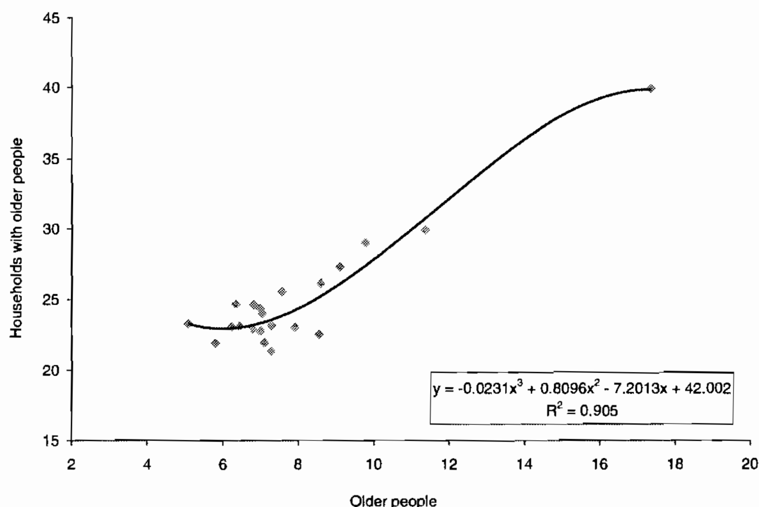
When the proportions of older people in the region are analysed, older adults still comprise below 10% of the population in most countries, despite the changes that are looming. When the proportion of households containing one or more older people is considered, however, the finding is that at least 2 out of every 10 households include an older person. There is a significant relationship between the percentage of households containing older people and the older adult population as a share of the

total population. Thus, multigenerational households represent about 20% of the total in countries with incipient ageing and almost 30% in countries with moderately advanced ageing (see figure 10)

Figure 10

LATIN AMERICA (SELECTED COUNTRIES): RELATIONSHIP BETWEEN THE NUMBER OF OLDER PEOPLE AND THEIR HOUSEHOLDS OF RESIDENCE, 1990 AND 2000 CENSUSES

(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of national censuses and processed microdata.

Few old people live alone in Latin America, although there are some variations between countries and subregions. More old people live alone in the Caribbean than in South and Central America, where the figures are quite low (United Nations, 2006). In any event, the region as a whole has fewer older people living alone than Europe or North America.

The main difference between older people living alone in the region and in developed countries is that older people in the latter live alone as a matter of choice and conditions are favourable to this type of arrangement. In Latin America and the Caribbean, on the other hand, living alone might rather represent a risk that people run because no better option is available (Saad, 2004). In this context, it would seem that multigenerational households remain a good option for older people and their families in the region since, first, they ensure that support is forthcoming for older

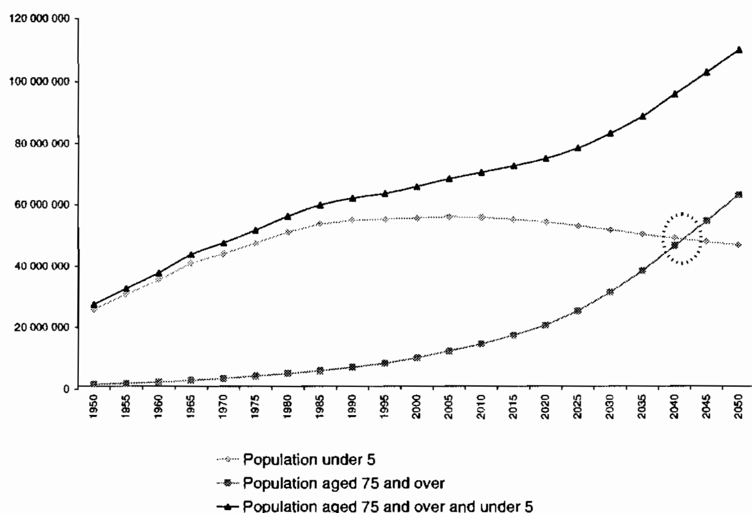
people with a high level of vulnerability (Saad, 2004) and, second, the income of older people remains a major contributor to family resources (ECLAC, 2000).

2. Ageing and its effect on care systems

The increase in the older adult population and the gradual rise in life expectancy have created interest in the workings of care systems. The emphasis on this issue is due primarily to three factors. First, ageing increases the demand for assistance services because older people often experience some deterioration in their health (physical or mental, or both) and a weakening of social networks owing to the loss of partners, friends or relatives. Second, care has traditionally devolved upon women who, owing to economic or social pressures or as a matter of personal choice, have gradually been turning away from this kind of work. Third, social services to support the social reproduction of the older adult population have not won full public backing, so that the family (and to a lesser extent the market) is acting as the main absorption mechanism for risks associated with the loss of functionality in old age (Huenchuan, 2004).

The region's countries are particularly sensitive in this respect, since the demand for care at preschool ages is still high and socio-economic conditions have not always made it possible to introduce adequate public measures to cover assistance needs; at best, other spheres of social protection have been given precedence. The fact is that the population requiring care will rise sharply over the coming years. The under-five population will still require a great deal of protection and care, while the number of people aged 75 and over will gradually rise (see figure 11). Although many people of this age enjoy good health and a high degree of independence, it remains true that people are far more likely to become frail or disabled as they age. The effect of these changes will be felt more strongly over the coming years as the trend becomes socially and demographically entrenched, requiring changes to social and health-care provision currently available to the older adult population, children and the disabled.

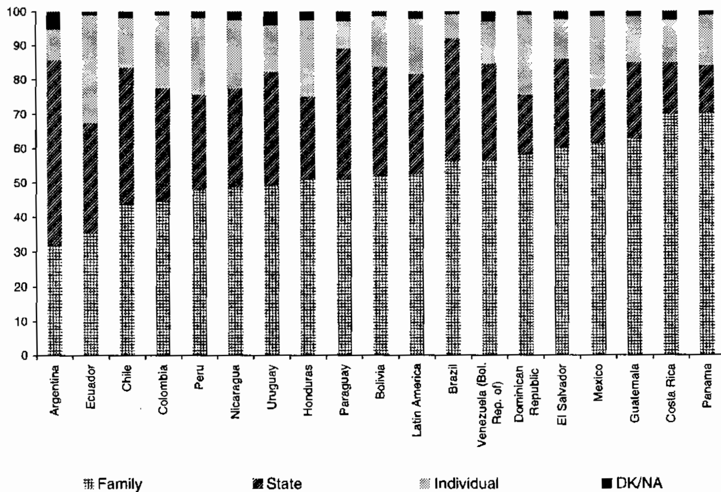
Figure 11
LATIN AMERICA AND THE CARIBBEAN: PEOPLE AGED 75 AND OVER AND UNDER 5, 1950-2050
(Absolute numbers)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of specially processed census microdata.

There are three sources of care in old age: the family, the State and the market. None of these institutions has exclusive competence in the provision of care, and as a result there is not always a clear dividing line between the assistance supplied by each of these three agents, although there are differences in regard to main responsibility in determining the functions of each. In most of the countries, public opinion holds that the main responsibility for ensuring that older people enjoy decent living conditions falls upon the family, then to a lesser extent the State and, to a very small degree, the individual concerned (see figure 12). It is interesting to see how, given the burden of demand and the weakness of the State as a unifying force in political life and a provider of social protection, attention turns to the family as the likely factor of social cohesion with ultimate responsibility for filling the gaps in protection. This goes some way towards explaining why, in countries with low levels of social protection, the family is believed to bear the main responsibility for the welfare of older people.

Figure 12
LATIN AMERICA AND THE CARIBBEAN: OPINION AS TO WHO IS PRIMARILY RESPONSIBLE FOR ENSURING PROPER LIVING CONDITIONS FOR OLDER PERSONS
(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of specially processed data from the 2006 Latinobarómetro opinion survey.

Given the need for care in old age, protecting the elderly will be an unavoidable challenge for public policies over the coming decades. The task is to meet the needs of people who are in a situation of particular vulnerability and therefore need support to carry out essential day-to-day activities, attain greater personal autonomy and fully exercise their rights as citizens (Sempere and Cavas, 2007).

3. Adequate housing and accessibility

Access to housing is a human right which must be observed, and this entails changes in land use and environmental conditions. Decent housing is essential to survival and to a secure, independent and autonomous way of life. Precisely because it is so important to people's lives, consuming a large part of their income and strongly influencing their own and their families' self-esteem and the welfare of the community in which they live, there is a wide consensus that access to housing should be treated as an enforceable right vis-à-vis the public authorities and the rest of society. In

fact, the right to adequate housing is a composite one; when it is infringed, so are other essential rights and interests (Pisarello, 2003).

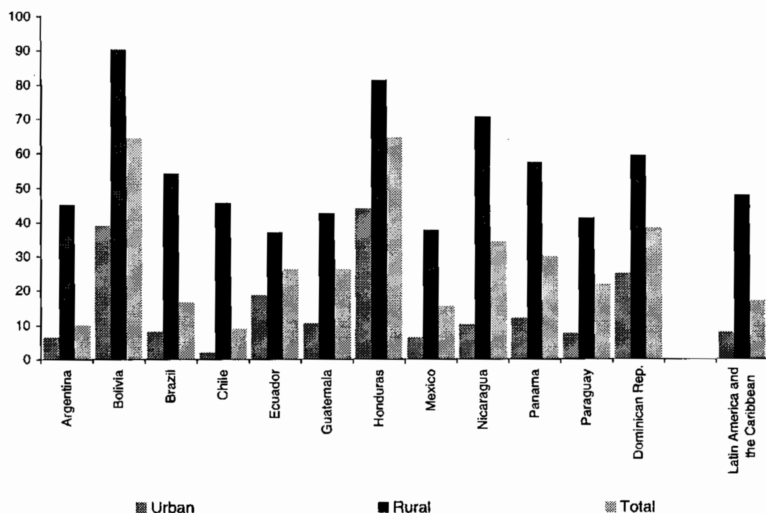
Among the attributes that adequate housing must possess, stability of occupation is very important as it provides security of access over time and allows people to connect with their social and geographical environment. In the region, homes containing older people are more likely to be owner-occupied than others and the rate of owner-occupation is higher in countries that are further advanced in the demographic transition. Nonetheless, there are difficulties with the quality of housing, its habitability and access to basic services.

In the 14 countries considered, 5.8 million older people, or 17% of the older adult population covered by the analysis, have no access to drinking water within the home. There is a large divide between urban and rural areas: whereas 8% of older people in urban areas (2.2 million) have no access to drinking water, this is the situation of 3.6 million older people in the countryside. Thus, virtually half (48%) of all older people in rural areas lack this service (see figure 13).

Figure 13

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): OLDER PEOPLE LIVING IN HOUSEHOLDS WITH NO RUNNING WATER INSIDE THE HOME, 2000 ROUND OF CENSUSES

(Percentages)



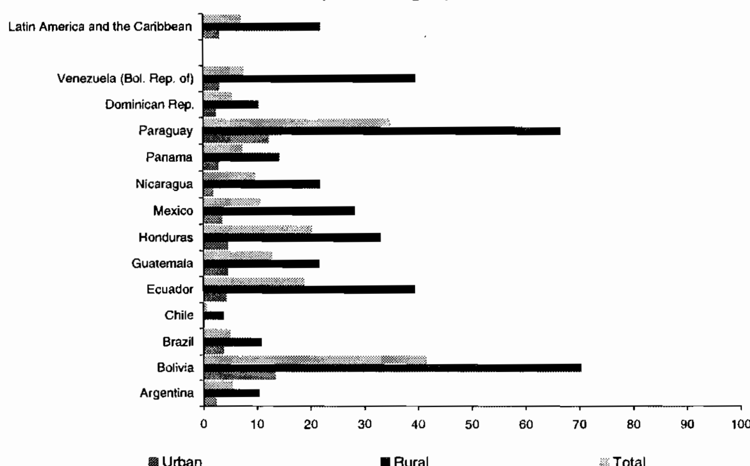
Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of specially processed census microdata.

The number of older people living in households without sanitation is 2.5 million (7.3%), and this is a situation that affects rural areas most severely. As many as 1.6 million older people in rural areas (22%) do not have acceptable sanitation, whereas in urban areas just 3.1% of the population aged 60 and over live in households without such facilities (see figure 14).

Figure 14

LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): OLDER PEOPLE LIVING IN HOUSEHOLDS WITHOUT SANITATION, 2000 ROUND OF CENSUSES

(Percentages)



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, on the basis of specially processed census microdata.

In the English-speaking Caribbean, the coverage of basic services is over 95% in a number of countries (Bahamas, Barbados, Saint Kitts and Nevis and Saint Lucia). Because of their size, the English-speaking Caribbean countries ought to find it easier to match growing demand to the resources available. Furthermore, local governments are closer to direct consumers, which means that programmes can be better targeted, more responsive and cheaper (Jouravlev, 2004).

Older people lacking basic services are extremely vulnerable to a variety of related risks, as this restricts their access to a range of other rights, such as the right to a healthy environment, health and adequate food, that are directly or indirectly linked to water and sanitation (Hopenhayn and Espíndola, 2007). Lack of access to high-quality basic services and a good environment that protects people's health is conducive to the full development of their

capabilities. This not only affects the elderly, but puts the entire family at a disadvantage. If there are children in the household, for example, there are also increased risks of premature mortality and a higher incidence of communicable or diarrhoeic diseases.

The environment in which housing is situated is vital for maintaining good health and for creating or strengthening relationships (both formal and informal) between people and social groups and enhancing social cohesion (PAHO, 1996). Although people's ability to remain integrated in the community may be constrained in old age, the risk of increasing frailty is greater even than the individual difficulties involved in participating in the community. If conditions were as good as possible and appropriate to the needs of older people (and indeed of other social groups), there would surely be less potential for generational segregation. Local neighbourhoods and cities need to have a plan to ensure social and physical accessibility for all, so that older people can play an active role in everyday life. This means adapting the urban environment of cities (handrails, ramps, anti-slip pavement surfaces, removal of obstacles to movement), but also designing them so that shapes, textures, colours, sounds and light allow people to visualize their journeys clearly, easily recognizing the environment and its components (WHO, 2007).

This would be useful not only for older people, but also for the disabled, children and pregnant women and indeed for all those who move about the city, creating environments that are welcoming to everyone. If it is accepted that people are entitled to housing and a safe, appropriate and stimulating environment so that they can have a decent life and a better old age, the policies implemented to this end will mean a fuller life for all.

E. Ageing and public policies in Latin America and the Caribbean

The age structure of the Latin American and Caribbean population has been changing with greater or lesser speed, depending on the stage reached in the demographic transition by the country concerned. This change has presented the countries with major challenges, as the older adult population is growing rapidly but is subject to major disadvantages

To address these challenges, the region's countries have gradually been developing responses to a demographic situation for which many of them were unprepared. One such response is the enactment of laws giving exclusive protection to the rights of older people. The basis for these laws are international human rights instruments, which constitute

the normative dimension of any rights-based intervention aimed at older people.

By virtue of this legislation, sectoral initiatives relating to ageing and development ought to implement legally recognized rights. With some notable exceptions, however, laws have not always translated into real coverage of rights in old age and vulnerability remains a fact of life. The gap between de jure and de facto rights in old age is due to the lack of enforcement mechanisms. One underused option here is information access. States have a positive obligation to produce and provide relevant information on the rights of older people that are guaranteed by their national laws. While some work has been done in this direction, older people in most countries are unaware of the rights applying to them, and this reduces the effectiveness of these laws. Another issue relating to enforceability concerns the public budget. Most of the legislation now in force makes no reference to sources of financing to protect the rights laid down, and where provision is made for financing, it is not usually put into effect. This constrains the ability of the responsible agencies and public institutions generally to act to increase protection for rights in old age.

Income protection is an issue that is also starting to be taken seriously in the public policies of the region's countries and, while it is still in its early stages, some promising work has been done in this area. Some countries have solid social security systems, providing wide coverage and extensive services and benefits to retirees and pensioners. Other countries are taking steps to make older people more employable and offer different options for improving their position in the labour market. Some countries, again, are venturing into the area of business start-ups, and while action in this area is still very modest, it is receiving some attention from governments, especially where the shortcomings of social security systems are very marked. The use of non-contributory pensions to protect income where contributory systems lack capacity is still limited in the region. In States where programmes of this nature are being implemented, the evidence is that they are very effective in reducing old-age poverty and constitute an important investment in development that is capable of yielding dividends for families, communities and the wider economy (United Nations, 2005).

In the area of health protection, the countries have redoubled their efforts to improve services and benefits for the older adult population and have been investing resources both in better services in some areas and in personnel training and monitoring of long-term care services. One field where progress is being seen is the creation of institutions specializing in

health care for the elderly. Thus, virtually all the countries have a specific programme or unit within the health ministry to organize and coordinate activities in this area.

Another area of activity in the health field is prevention and encouragement of healthy lifestyles. Although the effect of the initiatives undertaken is unknown, resources and efforts have been invested systematically over the last five years. In the area of health protection, however, there are problematic issues that have not been fully addressed. One of them is access to medication, which accounts for a large share of out-of-pocket health-care spending. Other key points are the slowness of the system to adapt to the new epidemiological profile and, most particularly, inequalities in health-care access, which are closely associated with income levels and social security coverage.

Physical and social environments are also beginning to be treated as public problems, albeit still in an embryonic fashion. Generally speaking, activities relating to social environments receive the most attention from the institutions responsible for the issue in the region's countries, which have concentrated some of their efforts on preventing ill-treatment, encouraging social networking and creating lifelong education opportunities. Where physical environments are concerned, meanwhile, progress has largely come from the expansion of activities to improve accessibility for people with disabilities, which have also benefited the elderly and other social groups. This achievement has not been matched by progress with what are now the ubiquitous issues of housing and transport, areas that have received less attention and that need further work in the near future.

F. Ageing and the challenge of constructing a society for all

The areas of action dealt with above centre on older people. However, there is a close relationship between the problems affecting the older adult population and the rest of society. Furthermore, resource constraints in most of the region's countries mean that whatever visibility is attained by ageing-related issues and the budgetary and technical resources dedicated to them will affect public policies across the board. In view of this, it is essential for the problems of older people (and the solutions in terms of social protection) to be placed in the broader framework of the construction of a society for all. Thus, measures should not only be designed for wide coverage, but should pursue basic goals such as social cohesion and solidarity that are vital preconditions for the attainment

of given levels of well-being and the exercise of rights by the whole population.

There are common challenges facing the region's countries. It is vitally important to improve the capacity and resources of the institutional infrastructure available, plan ahead and properly rank the measures that are to be implemented. It is also essential to measure the effectiveness of the laws, policies and programmes that are implemented and carry out a scrupulous analysis to determine which public policy issues are in most need of resources. Lastly, it is crucial to improve the effectiveness of interventions and expand the participation of older people in regulatory and planning processes relating to the issues that affect them.

More particularly, in countries where basic pensions are not available and poverty tends to be pervasive, policies to improve income security in old age should be treated as a component of poverty reduction strategies. If non-contributory pensions are part of the spectrum of responses to poverty and all the other relevant aspects are addressed, there could be better prospects of future generations breaking the generational cycle of poverty transmission. For countries that do have such non-contributory programmes, meanwhile, it is vital to continue progressing towards greater coverage and quality of provision, without losing sight of principles such as universality and solidarity.

In countries that are having to cope with a twofold epidemiological burden, health policies will have to address this situation more explicitly. Thus, some will still be struggling to attain the millennium development goals of reducing infant mortality and improving maternal health even as they are having to adapt their health-care systems to deal with the needs of a growing elderly population (United Nations, 2007a). In countries that are further advanced, on the other hand, it is vital to concentrate on promoting good health at every stage of life, with a view to forestalling chronic diseases and reducing their impact to a minimum. It is also vitally important to improve the solidarity of health-care systems by extending access opportunities to the whole population on equal terms.

Countries with persistent shortfalls in access to housing and basic services will simultaneously have to move towards compliance with target 10 of the Millennium Development Goals (increasing sustainable access to safe drinking water and basic sanitation) while adapting new housing solutions to facilitate shared living among different generations. In all the countries, however, irrespective of their phase in the ageing process, it is essential to create conditions that will allow people to grow old in their homes and to support families in the care tasks carried out by particular household members.

Given this scenario, one of the core challenges for Latin America and the Caribbean concerns the region's ability to capitalize on the positive potential created by the demographic transition and make timely and appropriate preparations to meet the new requirements generated by these changes, with a view to fostering sustainable development with social equity in the region (Machinea, 2007). Progressing along this path will mean assessing the value and meaning of the intergenerational contract for each society. The value the intergenerational contract brings to society in the form of social cohesion and the readiness of societies to honour their social commitments must be celebrated (United Nations, 2005). Governments should analyse the policies they are implementing and strengthen those whose goal is to establish a society for all, rather than delimiting activities relating to older people as though these were matters unconnected with the destiny of the wider society.

Ageing will be one of the key issues for public policies in the twenty-first century and rights-based development is the best framework for continuing progress with the construction of an inclusive, cohesive society. Thus, the possession of social rights encapsulates real belonging in a society, as it means that all citizens are included in the development dynamic and can benefit from the well-being that this provides (Sojo and Uthoff, 2007).

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