Ageing in Latin America and the Caribbean

Inclusion and rights of older persons

Report of Latin America and the Caribbean for the fourth review and appraisal of the Madrid International Plan of Action on Ageing

UNITED NATIONS

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Fifth Regional Intergovernmental Conference on **Ageing** and the **Rights** of **Older Persons** in Latin America and the Caribbean

Santiago, 13–15 December 2022

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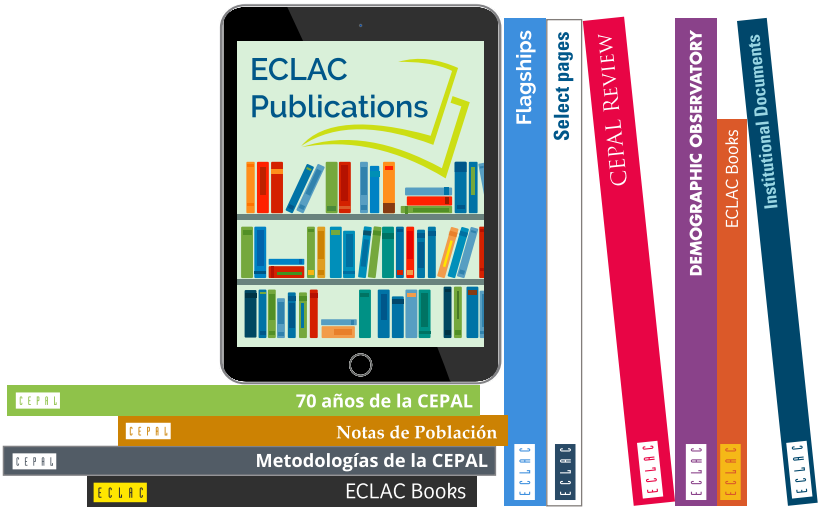

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This document was prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, in its capacity as technical secretariat of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, for the Fifth Conference (Santiago, 13–15 December 2022). During preparation of the document, the technical secretariat was assisted by the ECLAC subregional headquarters for the Caribbean and received support from the United Nations Population Fund (UNFPA).

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When preparing the document, the authors received support under the cooperation agreement between the Republic of Korea and ECLAC - 2021 Programme.

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United Nations publication
LC/CRE.5/3
Distribution: G
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Printed at United Nations, Santiago
S.22-01042

This publication should be cited as: Economic Commission for Latin America and the Caribbean (ECLAC), *Ageing in Latin America and the Caribbean: inclusion and rights of older persons* (LC/CRE.5/3), Santiago, 2022.

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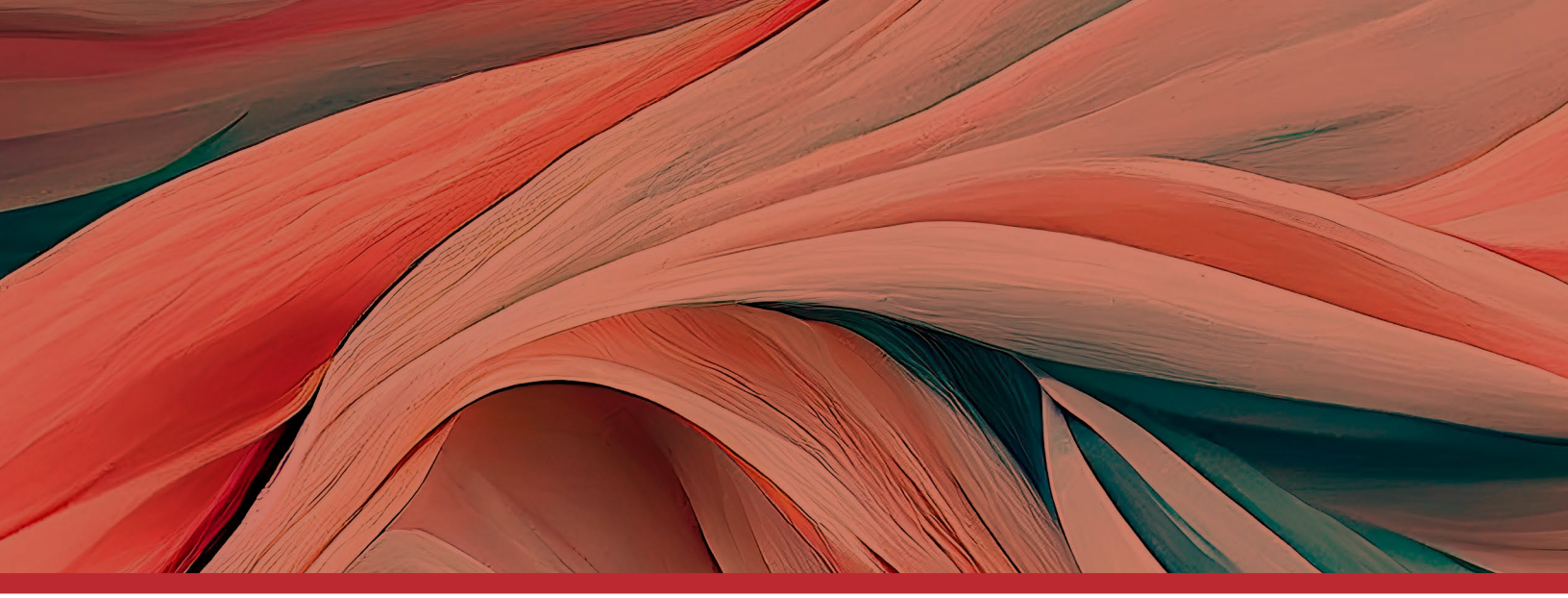


Foreword

Population ageing is one of the main demographic phenomena in Latin America and the Caribbean and in the world. In 2022, the region was home to 88.6 million people over the age of 60 , representing 13.4% of the total population, a figure that will reach 16.5% in 2030. Life expectancy for both sexes has also risen, from 48.6 years in 1950 to 75.1 years in 2019. Notwithstanding the loss of 2.9 years of life expectancy in 2021 compared to 2019 owing to the impacts of the coronavirus disease (COVID-19) pandemic, life expectancy is projected to continue rising to reach 77.2 years by 2030.

The increase in the proportion of older people and the lengthening of the life cycle present opportunities and place demands on societies, posing a significant public policy challenge. This prompted the adoption of the Madrid International Plan of Action on Ageing in 2002.

Ageing has become a matter of the highest priority and requires urgent action in several areas to give greater visibility to the issue and address it from a rights-based, gender-based, intersectional and intercultural perspective. It also requires placing the protection of the rights of older persons at the centre of public policy responses and incorporating the vision and commitments derived from international and regional instruments and agreements on the topic.

In 2021, work began on the fourth global review and appraisal of the Madrid International Plan of Action on Ageing, which will take place in 2023 in the framework of the sixty-first session of the United Nations Commission for Social Development. The regional review, to which this document contributes, is taking place in the framework of the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, which will be held at the Economic Commission for Latin America and the Caribbean (ECLAC) in Santiago from 13 to 15 December 2022, the twentieth anniversary of the Second World Assembly on Ageing.

The fourth review and appraisal of the Plan of Action presents an opportunity to evaluate the progress made in the region in recent years on the priority areas of the Plan, as follows: older persons and development; fostering health and well-being in old age; and creating enabling and supportive environments. The review will also enable an assessment of progress in the implementation of regional agreements on the matter, such as the Brasilia Declaration (2007), the San José Charter on the Rights of Older Persons in Latin America and the Caribbean (2012), the Montevideo Consensus on Population and Development (2013), the Inter-American Convention on Protecting the Human Rights of Older Persons (2015) and the Asunción Declaration (2017), as well as global progress on agreements such as the 2030 Agenda for Sustainable Development. It also coincides with the beginning of the United Nations Decade of Healthy Ageing 2020–2030, which promotes the improvement of the lives of older persons, their families and their communities.

The Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons is timely opportunity to drive action and move forward in the implementation of the ageing agenda at both the regional and global levels. Progress will require fostering the establishment and strengthening of inter-agency networks between government bodies, civil society organizations, universities, research centres and professional organizations to enhance public and social action in terms of both policy and impact on older persons.

In the area of public policy, there is a need to ensure universal access to social protection and quality health care services for older persons, and to include ageing in government agendas by adapting and modernizing legislation and by strengthening the institutions responsible for the coordination of national policies on ageing. The mechanisms for collecting sociodemographic data disaggregated by age, sex, ethnicity, morbidity and disability also need to be strengthened.

It is also imperative to build technical capacity in countries for addressing the challenges imposed by demographic change on the implementation of the 2030 Agenda, and enhance collaboration and the sharing of experiences among the lead agencies dealing with older persons' issues by strengthening their role in national implementation and monitoring of the 2030 Agenda. Increasing the participation of older persons in evaluating and developing proposals to improve their situation and exercise their rights is equally important.

In that context, the topic of care is critical and requires particular attention. In addition to exacerbating the structural challenges of gender inequality, the pandemic has highlighted the unfair organization of care within society, including with regard to the care of older persons. This is why ECLAC has called for faster progress towards a care society that prioritizes the sustainability of life and care for the planet while ensuring the rights of people who require care at any time in their lives and the rights of those who provide it.

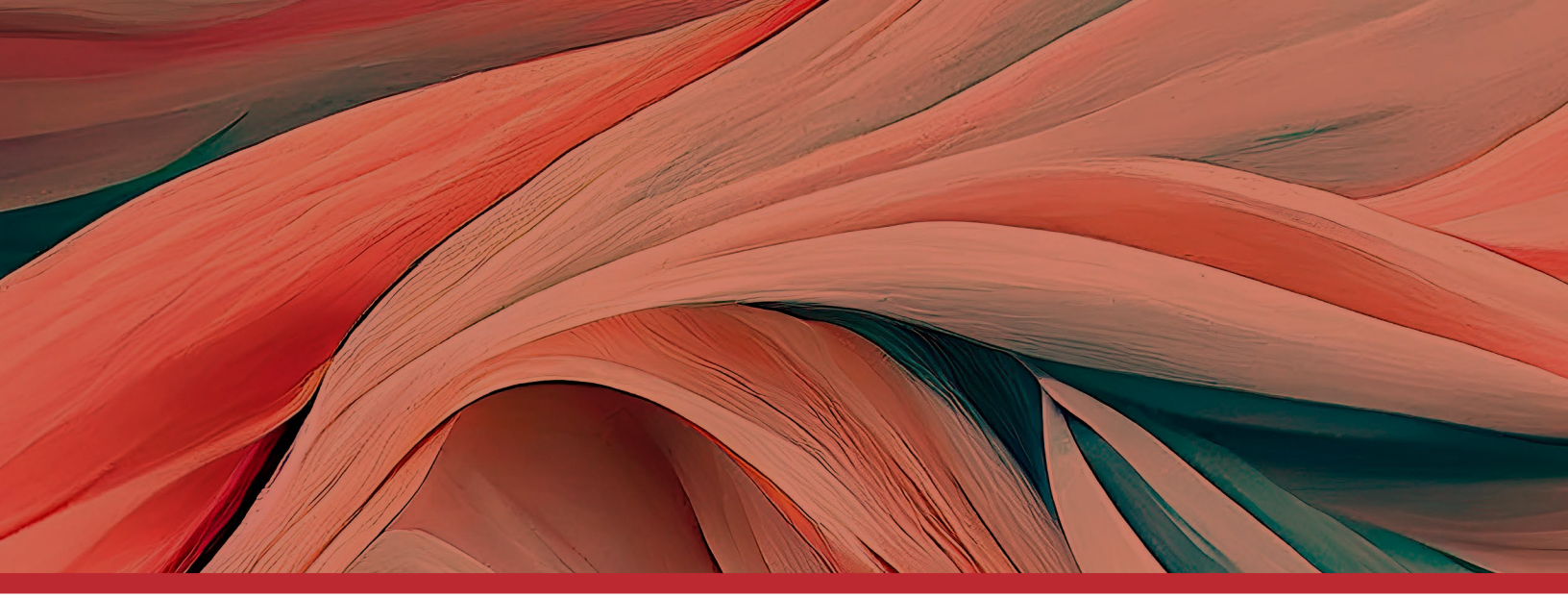
In recent years, ECLAC has produced a wealth of inputs to thinking on ageing and the multidimensional aspects of the protection and promotion of the rights of older persons in the context of sustainable development. The Commission has also been on the vanguard of addressing ageing and human rights in relevant policies and agreements, supporting the region as it takes a leading role in multilateral discussions. ECLAC has also underscored the important contributions of older persons to society and has raised awareness of the opportunities and challenges that come with ageing in today's world.

This report of Latin America and the Caribbean for the fourth review and appraisal of the Madrid International Plan of Action on Ageing presents the progress and challenges in its implementation and examines the regional experience 20 years after its adoption, focusing on emerging topics and new challenges in Latin America and the Caribbean. It also provides a current overview of population ageing and of the protection of the human rights of older persons in the region, highlighting the progress made on the institutional front and the challenges faced as a result of the pandemic. It also analyses the linkages between older persons and development, with particular attention to issues that include progress and challenges in social protection, labour market participation, access to lifelong learning, reducing the digital divide and promoting health and well-being in old age. The report also focuses on progress in creating enabling and age-friendly environments, driving cultural change, and preventing discrimination and violence against older persons, and on good practices implemented during the COVID-19 pandemic. Lastly, it addresses the issue of care, understood as a process that is dynamic and varies throughout the life cycle and that ensures peoples' well-being by enabling them to make use of their capabilities and skills, with a view to promoting the comprehensive care systems that are indispensable for moving towards a care society with co-responsibility between the State, society and between women and men.

We hope that this document, prepared by the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC in its capacity as technical secretariat of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, with support from the ECLAC subregional headquarters in the Caribbean and the United Nations Population Fund (UNFPA), will contribute to the review of progress made in the region in the implementation of the Madrid International Plan of Action on Ageing, and in the fulfilment of relevant regional agreements.

We also trust that the report will increase understanding of the interlinkages between population ageing, the inclusion of older persons, their human rights, and sustainable development in the region, with a view to making inroads into reducing poverty and inequality.

José Manuel Salazar-Xirinachs
Executive Secretary
Economic Commission for
Latin America and the Caribbean (ECLAC)



Introduction

In the Madrid International Plan of Action on Ageing, 2002, population ageing was seen as a transformation that would profoundly affect all aspects of individual, community, national and international life and would transform all facets of humanity: social, economic, political, cultural, psychological and spiritual (United Nations, 2002).

The goals and objectives of the Plan of Action were conceived and established with a view to building "a society for all ages", and 20 years after its adoption, it remains an instrument that provides a transformative vision of ageing, along with guidelines for the design and implementation of national policies. The Plan also represents a major contribution to the establishment of the international framework for the protection of the human rights of older persons.

The participation of all development stakeholders, including the State, the private sector, civil society, and especially older persons and their organizations, is key to achieving the Plan's goals and objectives. In its resolution 2003/14 of 21 July 2003, the Economic and Social Council invited governments, the United Nations system and civil society to participate in a "bottom-up" approach to the review and appraisal of the Madrid Plan of Action.

Recognition of the importance of the regional dimension of the Plan is also key. The Commission for Social Development, in its resolution 42/1 of 13 February 2004, decided to conduct a review and appraisal of the Madrid Plan of Action every five years, and requested the regional commissions of the United Nations, within their mandates, to promote and facilitate the implementation, review and appraisal of and dissemination of information about the Madrid Plan of Action at the regional level, inter alia, by assisting national institutions, at their request, in implementation and monitoring of their actions on ageing.

The Economic Commission for Latin America and the Caribbean (ECLAC), in fulfilment of the mandate given by the Second World Assembly on Ageing, held in 2003, convened the first Regional Intergovernmental Conference on Ageing: Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, which was held in Santiago that year. At that Conference, member States adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, and this was subsequently taken into account in resolution 604(XXX) of the Commission.

The Regional Strategy is a particularly important instrument, as it translates the priority areas of the Plan of Action to the regional context and acknowledges the particularities of the population of Latin America and the Caribbean. The Strategy, makes reference to active ageing; the central role of older persons in the achievement of their economic well-being; recognition of the heterogeneity of older persons as a population group, determined by factors such as age, gender, socioeconomic level, ethnicity, migratory or displacement status and urban or rural residence, among others; the adoption of the life-cycle approach and a long-term prospective vision, in order to understand ageing as a process which spans each individual's entire life; intergenerational solidarity; and the incorporation of ageing into comprehensive development and public policies. In this instrument, the countries also set out to define specific goals adapted to their own realities in order to monitor progress.

At the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean: towards a society for all ages and rights-based social protection, held in Brasilia in 2007, countries adopted the Brasilia Declaration, in which they reaffirmed their commitment to spare no effort to promote and protect the human rights and fundamental freedoms of older persons, work to eradicate all forms of discrimination and violence, and create networks for the protection of older persons with a view to the effective exercise of their rights (ECLAC, 2008).

At the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, held in San José in 2012, the San José Charter on the Rights of Older Persons in Latin America and the Caribbean was adopted. The Charter sets forth a commitment by the States of the region to strengthen actions designed to enhance the protection of the human rights of older persons at the national level and to improve social protection systems so that they effectively meet their needs. At that Conference, a civil society declaration on ageing in Latin America and the Caribbean was presented, the Tres Ríos Declaration.

Another important regional development was the adoption in 2013 of the Montevideo Consensus on Population and Development, at the first session of the Regional Conference on Population and Development in Latin America and the Caribbean. Chapter C of the Montevideo Consensus focuses on ageing, social protection and socioeconomic challenges. In 2015, the Inter-American Convention on Protecting the Human Rights of Older Persons was adopted at the forty-fifth regular session of the General Assembly of the Organization of American States (OAS). That same year, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, which included a call to "leave no one behind" on the path towards development, including older persons.

In 2017, the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean was held in Asunción with an aim to continue the follow- up of countries' commitments. The Asunción Declaration, entitled "Building inclusive societies: ageing with dignity and rights", was adopted at that Conference. It promotes the inclusion and active participation of older persons and urges governments to build the issue of ageing into policies, plans and development programmes in a cross-cutting manner, with policies that recognize gender inequalities and incorporate the goals of the 2030 Agenda for Sustainable Development in their design, along with meaningful progress in care policies and programmes.

More recently, the United Nations Decade of Healthy Ageing (2021–2030) declared by the United Nations General Assembly in December 2020, represents another key milestone. It is the main strategy to support actions aimed at building a society for all ages and is based on previous initiatives, such as the World Health Organization (WHO) Global strategy and action plan on ageing and health, the Madrid International Plan of Action on Ageing, 2002, and the Sustainable Development Goals. The Decade of Healthy Ageing (2021–2030), a global initiative, provides for 10 years of concerted, catalytic and sustained collaboration. The initiative, which focuses on older persons, brings together governments, civil society, international organizations, professionals, academia, the media and the private sector to improve the lives of older persons, their families and their communities (WHO, 2020).

In Economic and Social Council resolution 2020/8 of 18 June 2020 on the modalities for the fourth review and appraisal of the Madrid International Plan of Action on Ageing, 2002, the Council took note with appreciation of the report of the Secretary-General, submitted to the Commission for Social Development at its fifty-eighth session in 2020, and invited Member States to begin their national review and appraisal exercise, identifying actions taken since the third review and appraisal, with the aim of presenting that information to the regional commissions in 2022.[1] The regional commissions were requested "to continue to facilitate the review and appraisal exercise at the regional level", including through their intergovernmental bodies and in cooperation with relevant United Nations entities and with civil society organizations.

Pursuant to these requests, ECLAC, in its capacity as technical secretariat of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, prepared a *Guide for the preparation of the country report on the implementation of the Madrid International Plan of Action on Ageing (2002)*[2] and supported countries in the reporting process through 19 technical assistance meetings. Two technical meetings were held for governments and one meeting was held with members of civil society to introduce the process, which began in mid-2021.

The information provided by member States in their national reports served as the main input for this regional report, which will be the region's contribution to the sixty-first session of the United Nations Commission for Social Development, to be held in 2023, in the framework of the fourth global review and appraisal of the implementation of the Madrid International Plan of Action on Ageing.

The report sets out the region's progress and achievements in the implementation of the Madrid International Plan of Action over the past five years (2017–2022), while emphasizing the demands and challenges that remain for the fulfilment of the related regional agreements. Twenty years after the Second World Assembly on Ageing and the adoption of the Madrid International Plan of Action on Ageing, much has been achieved in Latin America and the Caribbean, in particular with regard to the shift in the approach to old age and the recognition of older persons as rights holders, acknowledgement of their contributions to the development of their communities and countries, the understanding of the various forms of ageing, and mechanisms to promote social protection, overcome lags and respond to the emerging issues that affect this population group. Despite these advances, many challenges remain on the path towards the full realization of the rights of older persons.

1 See United Nations (2019).
2 See ECLAC (2021).

The Plan of Action has been implemented in a global and regional context of profound social, economic, political, climate-related and technological changes. In the case of Latin America and the Caribbean, that context has also been marked by profound and multidimensional inequality, high levels of poverty and weak social protection and health systems. The region has also been ravaged by the impacts of the coronavirus disease (COVID-19) pandemic, which has thrown into even sharper relief the socioeconomic inequalities and disparities in access to health and social protection services that affect the most vulnerable population groups, such as older persons (ECLAC, 2020).

While the pandemic has affected the lives and rights of the general population, its effects have been far more profound for older persons, both because of the higher mortality rates than in other age groups and because of the high sociodemographic vulnerability of this group. Older persons are at higher risk of death, complications and sequelae of the disease, although vaccination programmes, which prioritized this age group in several cases, have substantially reduced these risks. They also experienced physical and mental health complications, as the overburden on health services and disruption of care at the height of the pandemic affected the detection, treatment and monitoring of disorders and rehabilitation of older persons. Lockdowns had undesired costs for the mental, psychological and social health of older persons, who, even before the pandemic, were recognized as highly vulnerable to loneliness and depression (Brailean and others, 2015; Guerra and others, 2016; Newmyer and others, 2021; Rawlins and others, 2008). The forced reduction of social interaction and prolonged interruption of daily routines, as observed through empirical evidence from developed countries, increased loneliness for older persons (Van Tilberg and others, 2021).

Against a global and regional backdrop in which the effects of the pandemic are compounded by the war in Ukraine, high inflation and weaker economies, fewer resources, higher debt and greater financial fragility will disproportionately affect the lives of the most vulnerable, such as older persons, in particular women and older persons with disabilities, who are disadvantaged and have inadequate pensions and social protection and limited opportunities for work.

It is therefore essential to reposition protection of the rights of older persons at the centre of governments' public policy in the region. The vision and commitments derived from regional instruments for the protection of older persons, such as chapter C of the Montevideo Consensus on Population and Development, must be pursued in order to deliver on the promise of the 2030 Agenda to leave no one behind (ECLAC, 2022). These aspirations can only be met if the voices of older persons are heard and doors are opened for their effective participation in public policy. An intersectional approach is also key for understanding the impact of the pandemic on older persons and for effective public policy responses, since categories such as age, gender, socioeonomic status, ethnicity and race, territory, disability, migratory status and sexual and gender identity are determining factors in access to rights.

The sections of this document examine the progress made over the past five years with regard to the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, on the basis of the 16 country reports submitted to the technical secretariat of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean[3] and the report prepared by the ECLAC subregional headquarters for the Caribbean.[4] Reports and databases from various regional organizations and United Nations system entities were also reviewed and have served as sources of relevant information on progress and achievements over the period of this evaluation.

Following this introduction, the document is organized in six chapters setting out the region's progress and achievements in the implementation of the Madrid International Plan of Action on Ageing, highlighting outstanding challenges for the inclusion and full enjoyment of the rights of older persons, as well as subregional and national specificities. It ends with a number of conclusions and recommendations.

[3] Reports were submitted by the following countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

[4] See Quashie and Jones (2022).

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CHAPTER

I

Overview of ageing and demographic trends in Latin America and the Caribbean

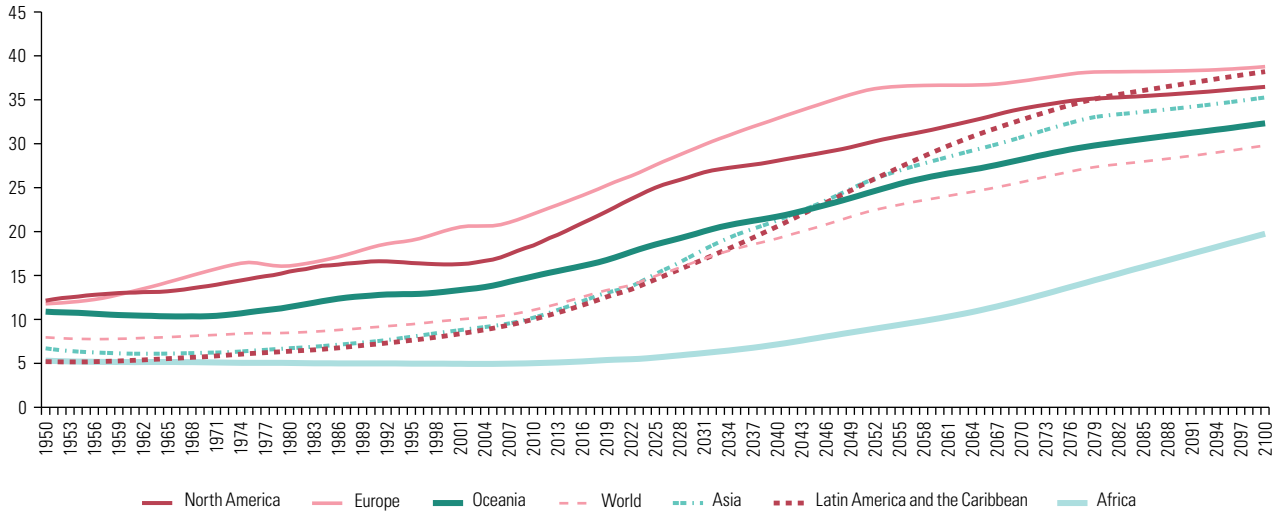
A. Changes in the age structure and population ageing process

1. The population 60 years and over and changes in the regional age structure

Over the past 70 years, the demographic structure of the population of Latin America and the Caribbean has undergone significant changes, resulting in a rapid demographic transition (ECLAC, 2007).[1] The sustained fall in mortality and fertility caused a decline in both rates from regional highs in the 1950s to low levels today (United Nations, 2022). As a result, the countries' age structure was radically altered, with a significant increase in the proportion of older persons. Population ageing produces a shift from young to adult societies and then, to ageing societies, with significant economic, social and epidemiological implications.

Population estimates and projections for Latin America and the Caribbean indicate that the region has experienced a more rapid ageing process than other regions of the world (see figures I.1 and I.2) (United Nations, 2022). In 1950, persons aged 60 years and over represented 5.2% of the population, which is very similar to the corresponding population in Africa (5.3%). However, there has been a steady increase in the proportion of older persons in Latin America and the Caribbean since the mid-1960s, which, since the 1970s, has followed a similar trend to that seen in Asia (see figure I.1).

Figure I.1
Global population aged 60 years and over, by region, 1950–2100
(Percentage of total population)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022*, New York, 2022.

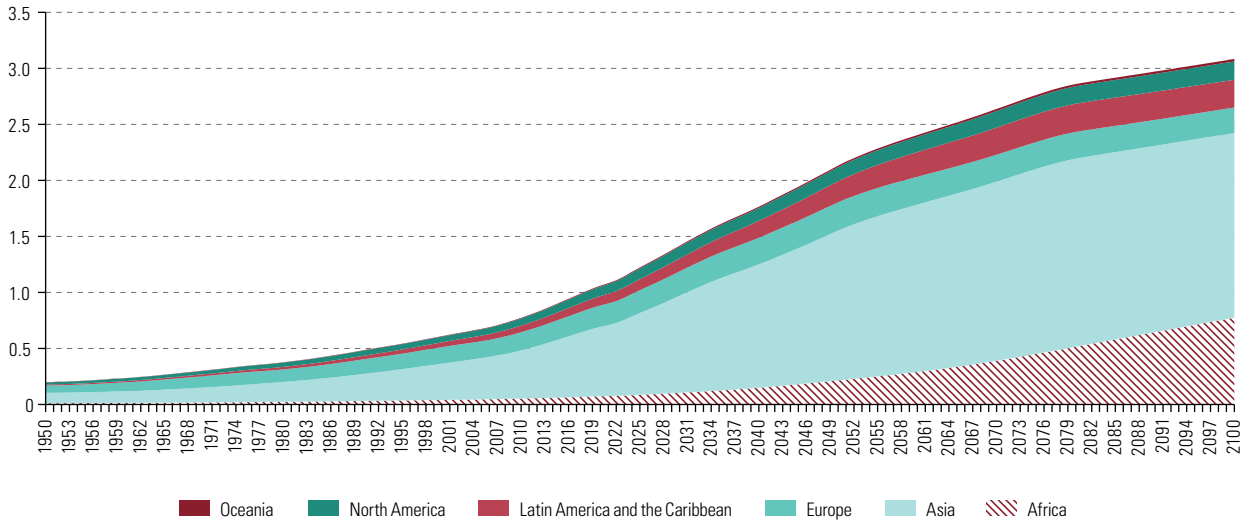
The pace of the ageing process stems from the rapid demographic transition in the region, compared to other regions. For example, in half a century, Latin America and the Caribbean experienced population ageing similar to that recorded in Europe over two centuries (Villa and González, 2004).

Looking ahead, the proportion of persons aged 60 years and over in Latin America and the Caribbean is projected to surpass the older population in Asia and Oceania by 2060 and approach the corresponding values for North America and Europe. By 2100, older persons will account for 38.2% of the population in the region, which is very similar to the proportion estimated for Europe in the same year.

[1] Demographic transition is a process that is initially characterized by a shift from high to low levels of mortality and, subsequently, by a sustained decline in fertility, eventually leading to low levels for both variables (Chackiel, 2004; Schkolnik, 2007; Villa and González, 2004).

In addition to the increase in the proportion of older persons over the past 70 years, there has been an increase in absolute terms at the regional level. At present, there are 88.6 million persons aged 60 years and over. In the coming decades, the region's older population will be very similar in number to that in Europe: in 2060, the population aged 60 years and over is projected to reach 220 million in Latin America and the Caribbean and close to 248 million in Europe. It is also estimated that by 2100, the region's population of older persons will exceed the older population in Europe (see figure I.2).

Figure I.2
Global population aged 60 years and over, by region, 1950–2100
(Billions of people)



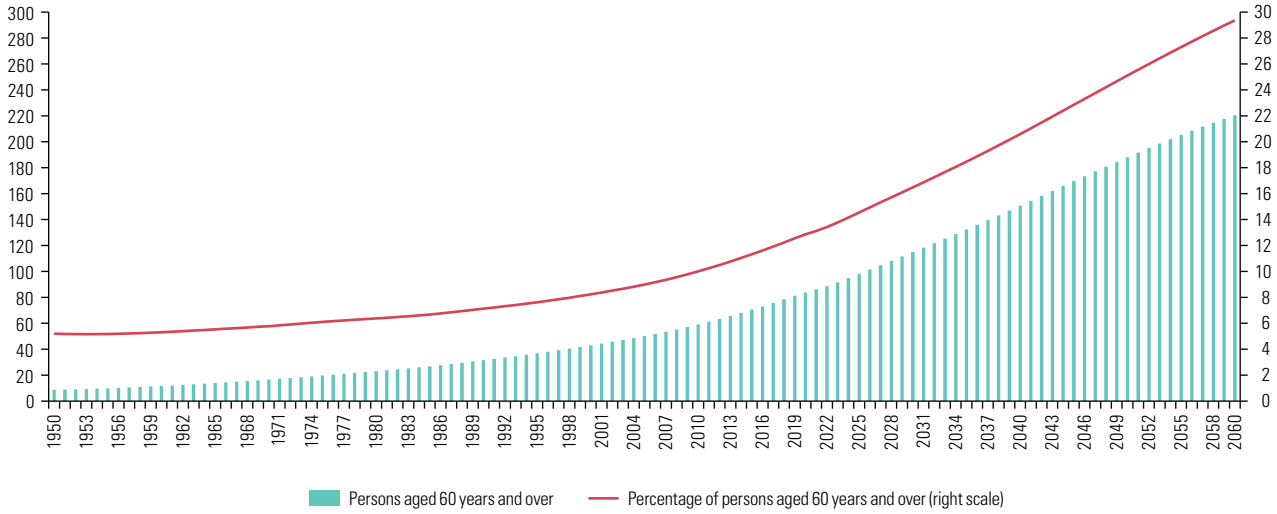
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022*, New York, 2022.

Figure I.3 shows the rapid increase in the population aged 60 years and over in both absolute and relative terms. In 1950, there were 8.7 million older persons in the region, representing 5.2% of the total population. In 2022, there are 88.6 million people aged 60 years and over, representing 13.4% of the regional population. This growth is expected to continue in the coming decades and by 2030, this population group is expected to grow to 114.9 million, representing 16.5% of the total population. In 2060, the population aged 60 years and over will account for almost 30% of the total population, which corresponds to 220 million older persons in absolute terms. This means that the region will have 2.5 times more older persons in 2060 than in 2022.

Population ageing is expected to occur in all countries across the region. Given that in most cases, the change in age structure can be anticipated, it should be taken into account to guarantee the success of sustainable development public policies and ensure that the process of population ageing is seen as an opportunity rather than an obstacle, with actions that demonstrate respect for human rights and support the goal of reducing social inequalities.

Demographic change can be clearly seen in the age pyramid for Latin America and the Caribbean, which has lost its classic shape and now resembles a bell shape (see figure I.4). In the coming years, these changes will continue to transform the population pyramid into more of a rectangular shape in which age groups reflect similar relative weights.

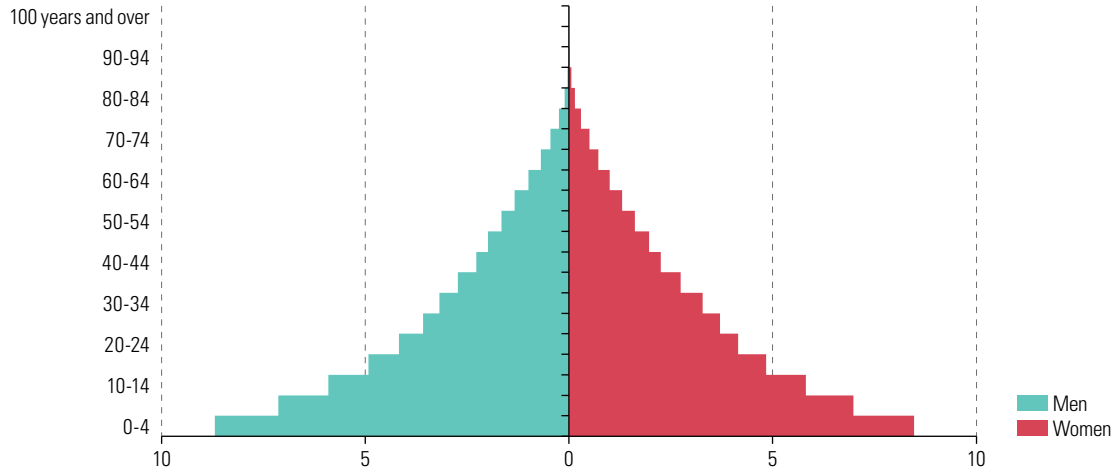
Figure I.3
Latin America and the Caribbean (50 countries and territories):[a] population aged 60 years and over, estimated and projected, 1950–2060
(Millions of persons and percentages)



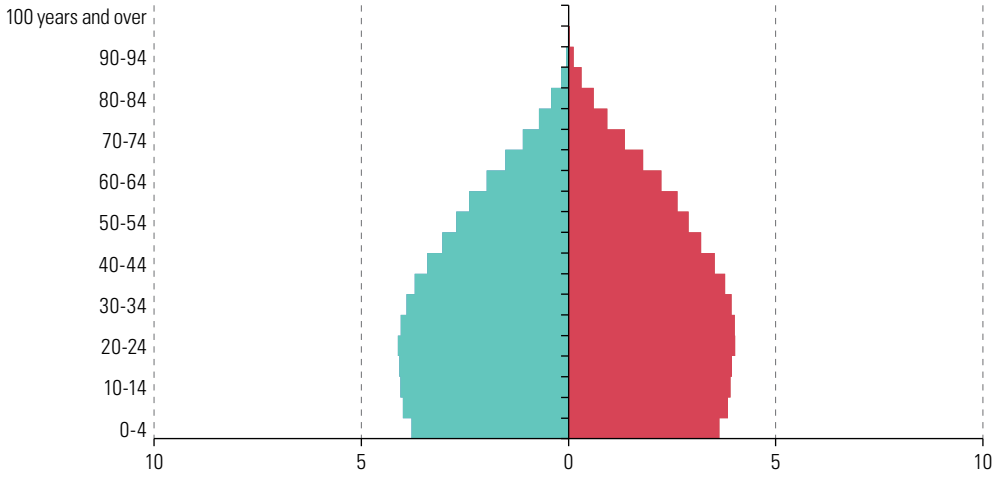
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Figure I.4
Latin America and the Caribbean (50 countries and territories):[a] population distribution by age and sex, 1960, 2022 and 2060
(Percentages)

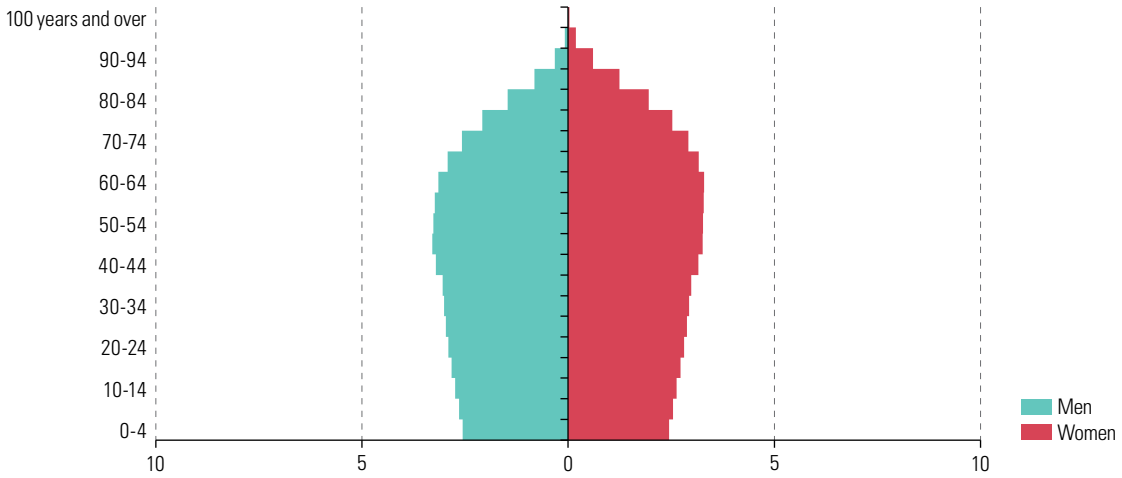
A. 1960



B. 2022



C. 2060



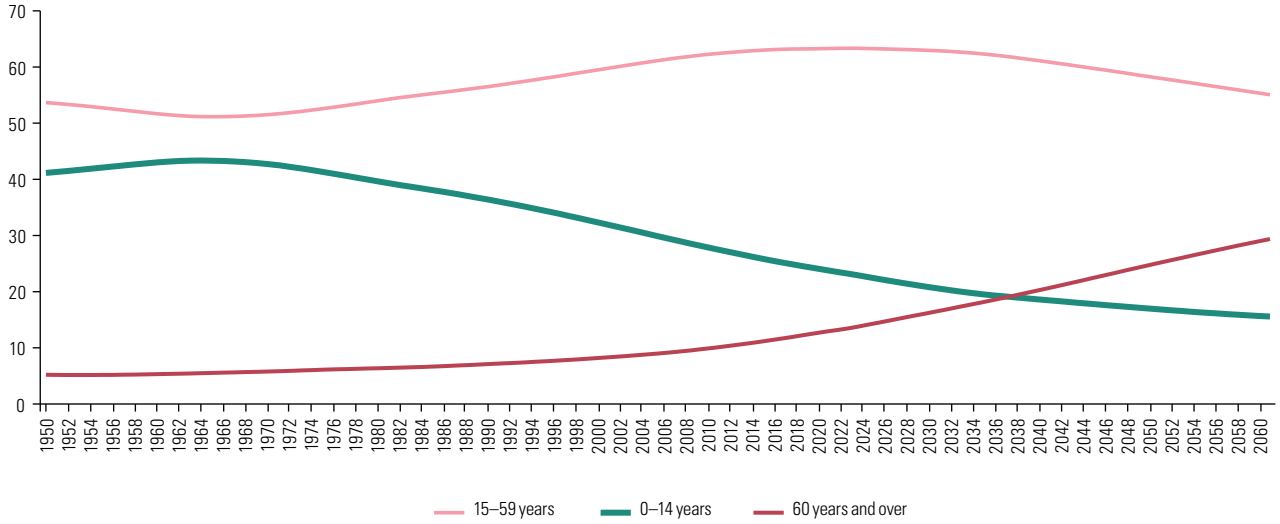
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.

[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

The initial effect of the demographic transition on the relative distribution of the region's population was the expansion of the base of the population pyramid since the decrease in infant mortality increased the survival rate of children under the age of one. When depicted graphically, the pyramid retains its width, and a distinct rejuvenation of the population can be seen as the relative size of the adult population decreases as the child survival rate significantly improves. Moreover, the sustained fall in fertility from the 1960s onward influences the size of the new cohorts of live births, and since the 2000s, the youngest groups have been decreasing as a proportion of the total population. At the same time, the relative weight of the older age group is gradually increasing, and the region now exhibits a pyramid with a visibly wider top. By 2060, the top of the pyramid —which was narrow in 1960, with less than 6% of people aged 60 years and over— is expected to account for almost one third of the population (29.4%). Furthermore, women represent a larger proportion of older persons than men as a result of longer female life expectancy. Thus, the classic shape of the pyramid, which was characteristic of previous decades, becomes blurred and begins to resemble a rectangle, in which the five-year age groups have a similar relative weight.

Figure I.5 shows the trend in the relative share of three major age groups in the region —older persons (60 years and over), children and adolescents (0–14 years) and adults (15–59 years)— as well as projections for 2060. It shows the relative decline of the under-15 age group, from 43% in 1960 to 23% in 2022, offset by an increase in the adult population in successive generational waves. From 2022 onward, the population aged 15–59 years is also projected to decline relative to other age groups because of a rapid increase in the older population, which will outnumber children and adolescents around 2037.

Figure I.5
Latin America and the Caribbean (50 countries and territories):[a] population trends and projections by major age group, 1950–2060
(Percentages)



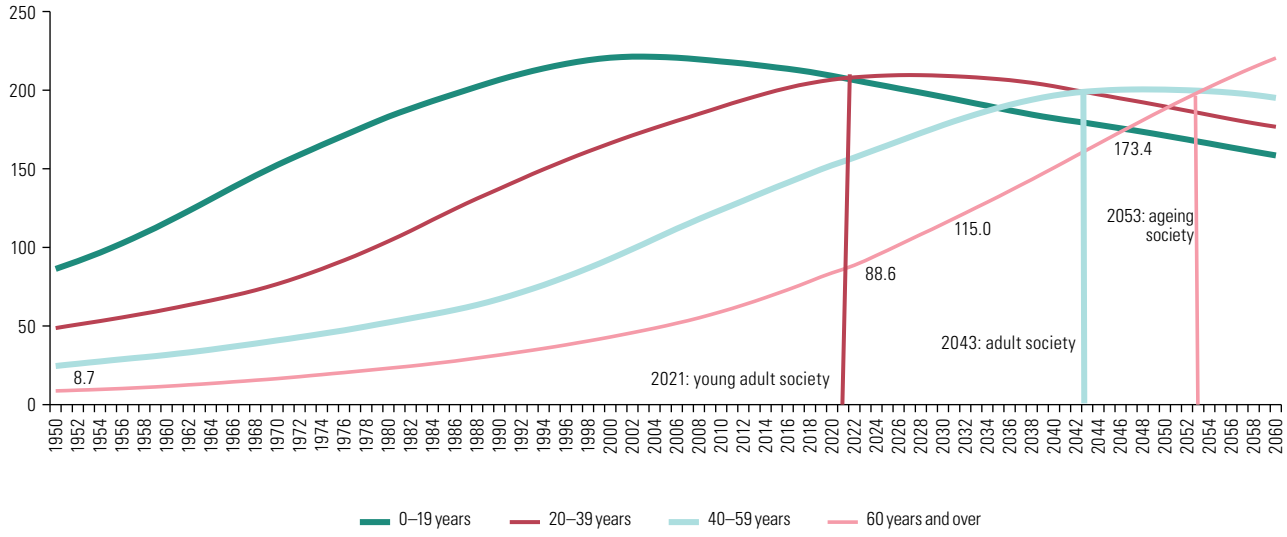
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

The ageing process can be understood from another angle when the population trend is analysed based on four age groups: 0–19 years, 20–39 years, 40–59 years and 60 years and over. A society is considered to be young when the absolute majority of the population is under 20 years, young adult when the majority of people are between 20 and 39 years, adult when the majority of its residents are between 40 and 59 years and ageing when the majority of people are 60 years and over. Figure I.6 illustrates the average size of these four cohorts in Latin America and the Caribbean over time. The points of intersection in these cohorts' trajectories denote significant milestones in demographic and societal dynamics.

Analysis of the cut-off points shows that Latin America and the Caribbean will move from being a young society to a young adult society between 2020 and 2025, before becoming an adult society, with the majority of the population in the 40–59 age group in 2045. In less than 10 years, the 60 years and over age group will outstrip all other age groups, with less than 200 million people in each of the under-60 age groups and more than 200 million in the 60 years and over age group by 2055. This has considerable implications for public policy and requires medium- and long-term planning in labour, health and social protection and other policies.

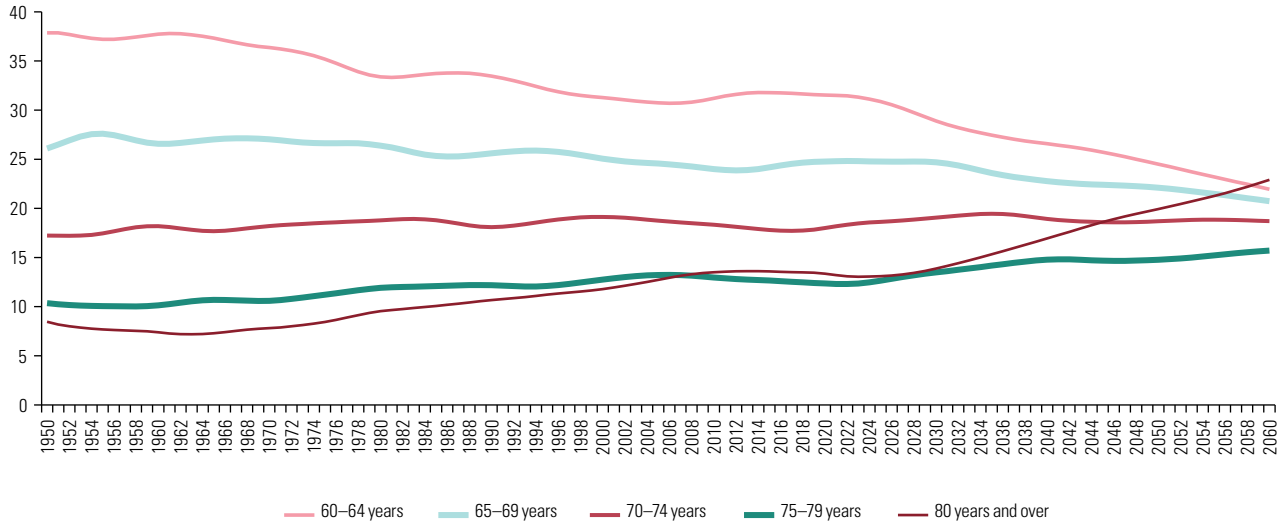
The estimated and projected changes in the composition of the 60 years and over population group also warrant closer analysis. Figure I.7 shows the age distribution of the 60 years and over age group by five-year age groups from 1950 to 2060, and illustrates that the age groups closest to 60 years decline in relative terms over time, while the two age groups over 75 years trend upwards. In particular, the relative weight of people aged 80 years and over within the group of older persons is growing and is projected to become the largest subgroup of this population in 2050. It is important to understand how these groups operate in the region, as people in the older age groups typically have less autonomy and greater limitations, which may lead to disability in later life and imply a need for more care.

Figure I.6
Latin America and the Caribbean (50 countries and territories):[a] population by major age group, 1950–2060
(Millions of people)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

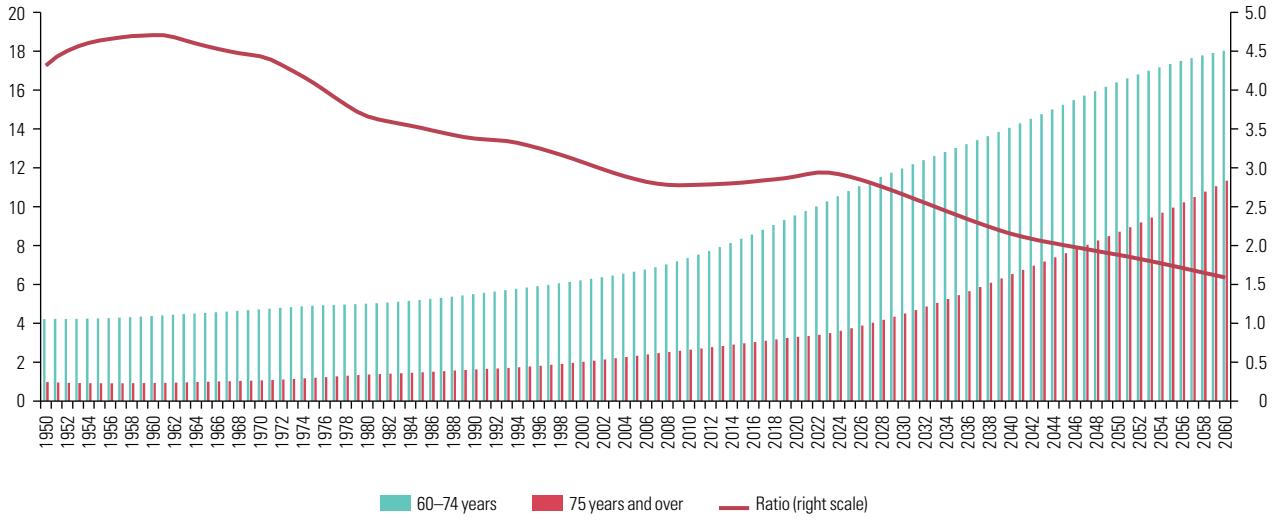
Figure I.7
Latin America and the Caribbean (50 countries and territories):[a] relative distribution of older persons by age group, 1950–2060
(Percentage of population aged 60 years and over)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Figure I.8, which provides a comparison of the groups aged 60–74 years and 75 years and over, not as a relative percentage within the group but as a percentage of the total population (bars), as well as the ratio between these two age groups (line), indicates that the group of older persons is continuing to grow, in relative and absolute terms. Although the relative size of both groups is increasing, the group of people aged 75 years and over is growing at a much faster rate, approaching the size of the 60–74 years age group: whereas in 1960, the 60–74 years age group was 4.7 times larger than the 75 years and over age group, it is estimated that this ratio will fall to 1.3 by 2060.

Figure I.8
Latin America and the Caribbean (50 countries and territories):[a] population aged 60–74 years and 75 years and over and the ratio between these figures, 1950–2060
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

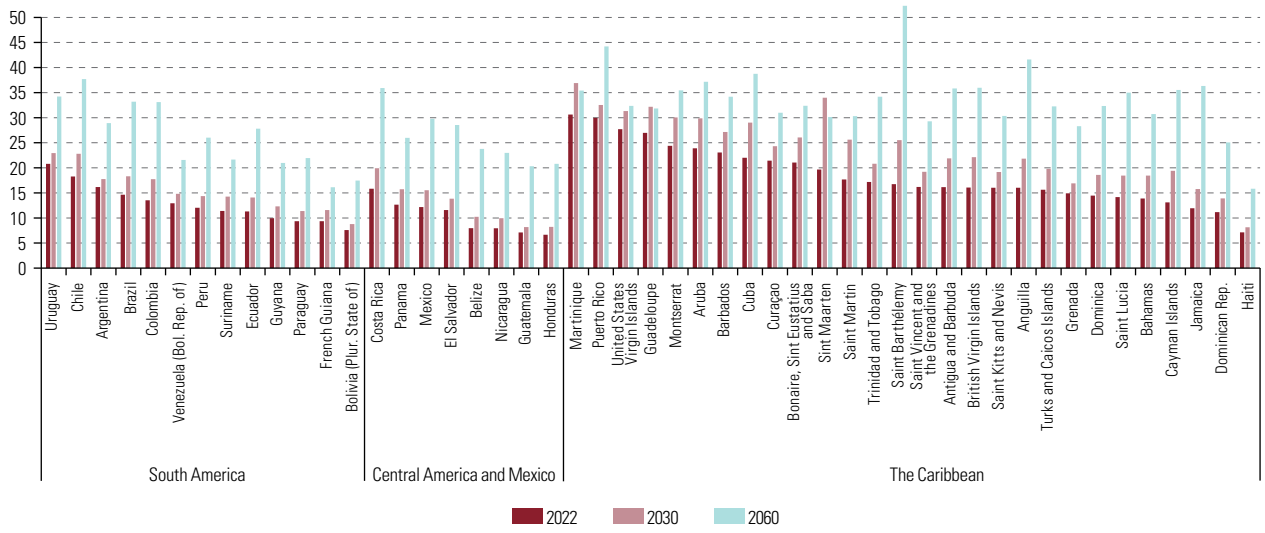
2. The various stages of population ageing in countries in Latin America and the Caribbean

The ageing process is not homogeneous, and the regional average masks differences between countries, both in the pace of the transition from young to ageing societies and the intensity of the process. Changes in the population's age structure are long-lasting and can take several decades, depending on the rate at which mortality and fertility decline and the magnitude of the impact of migration. For this reason, some countries in the region are at very advanced stages, while others are experiencing the initial stages of this process.

There are also differences across countries and territories, for example, between urban and rural areas, between cities, and between groups with diverse social, economic and cultural characteristics, such as Indigenous Peoples and persons of African descent. It is important to understand the characteristics, timing and pace of the demographic transition in each country, as well as the ageing of populations that, in general, have higher levels of social and economic inequality, and to account for these differences when designing public policies.

The percentage of older persons in each territory at a given time depends on trends in demographic variables, such as mortality and fertility rates at the beginning of the transition, the pace at which they decline and their current levels. It also depends on the intensity of migration and the share of women of reproductive age in the population. A snapshot of the percentage of people aged 60 years and over at present (2022) and projections for the beginning of the next decade (2030), as well as a more distant scenario (2060), shows the diversity among the countries in the region (see figure I.9).

Figure I.9
Latin America and the Caribbean (49 countries and territories): persons aged 60 years and over as a share of the total population, by subregion, 2022, 2030 and 2060
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.

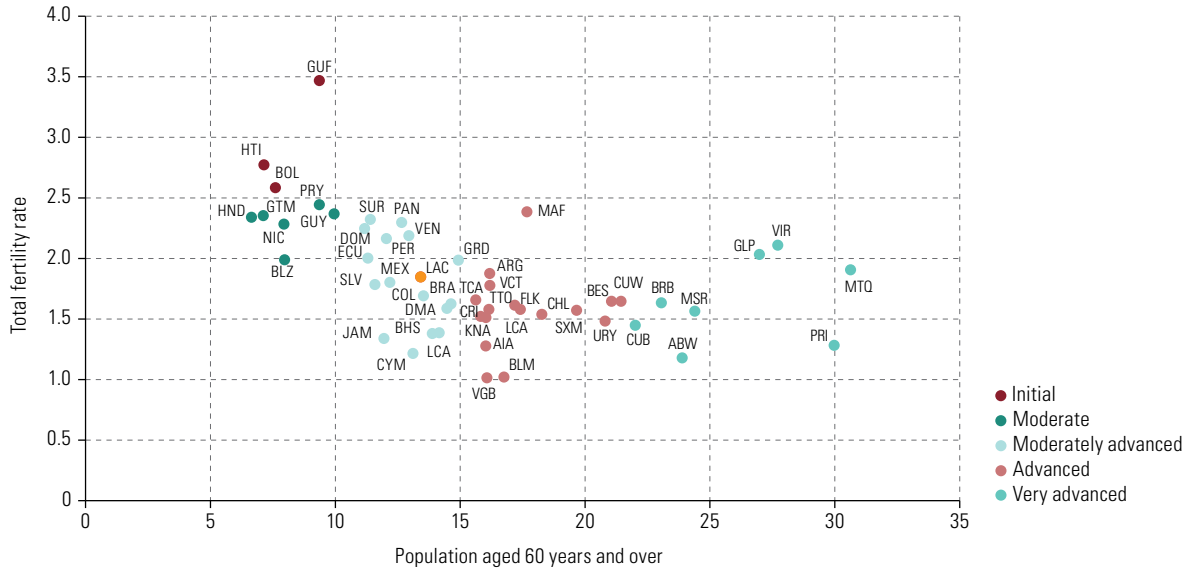
Figure I.9 shows that in 2022, the proportion of older persons in some countries and territories, mainly in the Caribbean, was over 20% and will exceed 30% in the next decade (for example, Guadeloupe, Martinique, Puerto Rico and Cuba).[2] In addition to low fertility rates, these countries and territories have undergone intense emigration processes throughout the demographic transition. At the same time, some Caribbean countries, such as Haiti and the Dominican Republic, have low levels of population ageing, with older persons projected to account for less than 10% and 15% of the population, respectively, by 2030.

In South America, Uruguay is at an advanced stage of the ageing process, with older persons exceeding 20% of the population in 2022. It will be joined by Chile in 2030, making them the countries with the oldest populations in the subregion in that year. In the coming decades, other South American countries, including Argentina, Brazil and Colombia, will also follow the trend of a sharp increase in the number and percentage of older persons. While Argentina experienced an early demographic transition compared to the rest of the region, the process does not appear to be as rapid in the current decade. Costa Rica is undergoing the most rapid population ageing process of countries in Central America, as the group of older persons will increase from 16% to 20% in this decade. The countries lagging the most in this process are Belize, Guatemala, Honduras and Nicaragua.

Two indicators are used to classify countries based on their different stages of population ageing: (i) the percentage of older persons (60 years and over) in the total population and (ii) the total fertility rate (TFR). Based on these two indicators, the countries' status is presented at two points in time, 2022 (see figure I.10) and 2030 (see figure I.11), to classify them into five different stages according to the degree of population ageing: (i) initial (TFR equal to or over 2.5 children per woman and proportion of older persons under 10%); (ii) moderate (TFR less than 2.5 children per woman and proportion of older persons under 10%); (iii) moderately advanced (TFR less than 2.5 children per woman and proportion of older persons between 10% and 14%); (iv) advanced (TFR less than 2.5 children per woman and proportion of older persons between 14% and 21%) and (v) very advanced (TFR less than 2.5 children per woman and proportion of older persons over 21%). As shown in figures I.10 and I.11, the average TFR in the region will decrease slightly between 2022 and 2030 (from 1.85 to 1.80 children per woman), while the regional share of older persons will increase considerably, from 13.4% in 2022 to 16.5% in 2030.

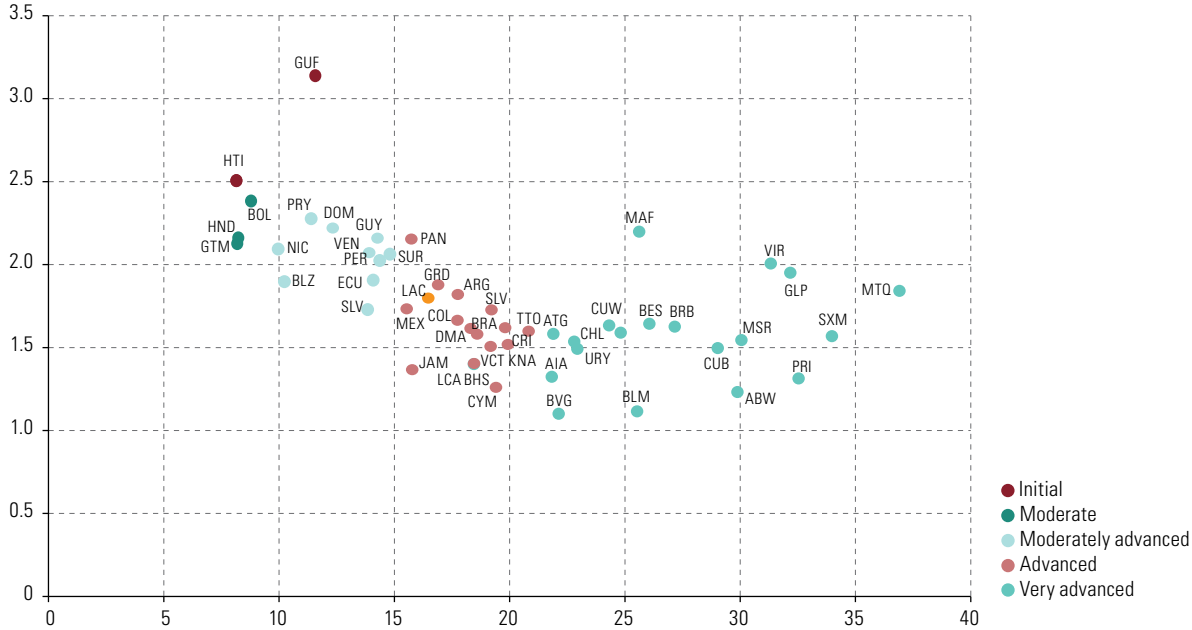
[2] In the 2010s, many Caribbean countries were already experiencing a high level of population ageing, with higher percentages of the population of older persons than those observed in some developed countries.

Figure I.10
Latin America and the Caribbean (50 countries and territories):[a] total fertility rate, stage of ageing and population aged 60 years and over, 2022
(Number of live births per woman and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
Note: ABW: Aruba; AIA: Anguilla; ATG: Antigua and Barbuda; ARG: Argentina; BES: Bonaire, Sint Eustatius and Saba; BHS: Bahamas; BLM: Saint Barthélemy; BLZ: Belize; BOL: Bolivia (Plur. State of); BRA: Brazil; BRB: Barbados; CHI: Chile; COL: Colombia; CRI: Costa Rica; CUB: Cuba; CUW: Curaçao; CYM: Cayman Islands; DMA: Dominica; DOM: Dominican Republic; ECU: Ecuador; FLK: Falkland Islands; GLP: Guadeloupe; GRD: Grenada; GTM: Guatemala; GUF: French Guiana; GUY: Guyana; HND: Honduras; HTI: Haiti; JAM: Jamaica; KNA: Saint Kitts and Nevis; LAC: Latin America and the Caribbean; LCA: Saint Lucia; MAF: Saint Martin; MEX: Mexico; MTQ: Martinique; MSR: Montserrat; NIC: Nicaragua; PAN: Panama; PER: Peru; PRI: Puerto Rico; PRY: Paraguay; SLV: El Salvador; SUR: Suriname; SXM: Sint Maarten; TCA: Turks and Caicos Islands; TTO: Trinidad and Tobago; URY: Uruguay; VCT: Saint Vincent and the Grenadines; VEN: Venezuela (Bol. Rep. of); VGB: British Virgin Islands; VIR: United States Virgin Islands.

Figure I.11
Latin America and the Caribbean (50 countries and territories):[a] total fertility rate, population aged 60 years and over and stage of ageing, 2030
(Number of live births per woman and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
Note: ABW: Aruba; AIA: Anguilla; ATG: Antigua and Barbuda; ARG: Argentina; BES: Bonaire, Sint Eustatius and Saba; BHS: Bahamas; BLM: Saint Barthélemy; BLZ: Belize; BOL: Bolivia (Plur. State of); BRA: Brazil; BRB: Barbados; CHI: Chile; COL: Colombia; CRI: Costa Rica; CUB: Cuba; CUW: Curaçao; CYM: Cayman Islands; DMA: Dominica; DOM: Dominican Republic; ECU: Ecuador; FLK: Falkland Islands; GLP: Guadeloupe; GRD: Grenada; GTM: Guatemala; GUF: French Guiana; GUY: Guyana; HND: Honduras; HTI: Haiti; JAM: Jamaica; KNA: Saint Kitts and Nevis; LAC: Latin America and the Caribbean; LCA: Saint Lucia; MAF: Saint Martin; MEX: Mexico; MTQ: Martinique; MSR: Montserrat; NIC: Nicaragua; PAN: Panama; PER: Peru; PRI: Puerto Rico; PRY: Paraguay; SLV: El Salvador; SUR: Suriname; SXM: Sint Maarten; TCA: Turks and Caicos Islands; TTO: Trinidad and Tobago; URY: Uruguay; VCT: Saint Vincent and the Grenadines; VEN: Venezuela (Bol. Rep. of); VGB: British Virgin Islands; VIR: United States Virgin Islands.

The first point worth noting when reviewing the per-country data is that although the TFR has an inversely proportional relationship to the percentage of older persons, it is not perfectly linear. Different degrees of population ageing are observed in a number of countries in the region with identical fertility rates because of differences in declining TFR in the past and the differentiated effects of other variables associated with population dynamics (mortality and international migration).

In 2022, 20 countries have a TFR below the regional average, but with the percentage of older persons ranging from 12% to almost 30%, indicating that they are at different stages of population ageing despite having TFRs corresponding to the final stage of the demographic transition (see figure I.10).

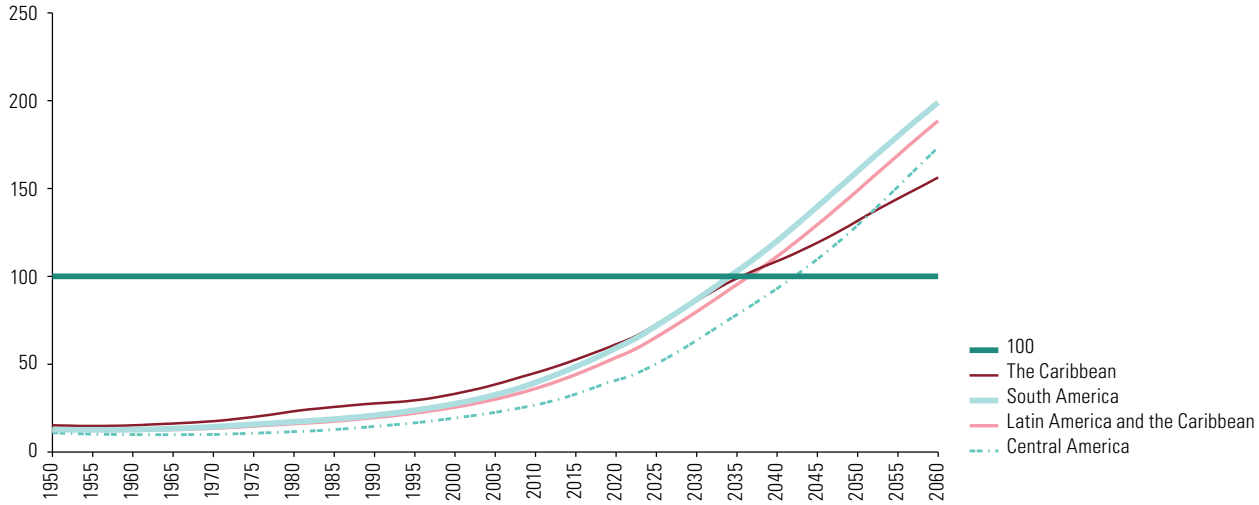
Only three countries (French Guiana, Haiti and Plurinational State of Bolivia) are in the initial stage of the ageing process, with fertility levels above 2.5 children per woman and the proportion of older persons ranging from 7% to 10% of the population. These are followed by six countries in the moderate stage of ageing (Belize, Guatemala, Guyana, Honduras, Nicaragua and Paraguay), where the percentage of older persons in the population falls within the same range as the previous three countries, and the TFR is less than 2.5 children per woman. Sixteen countries are classified in the moderately advanced stage of ageing, the vast majority of which are from the Caribbean and Central America, in addition to the Bolivarian Republic of Venezuela, Brazil, Colombia, Ecuador and Peru, with values around the regional average for both indicators. Seventeen countries and territories are in the advanced stage, including Antigua and Barbuda, Argentina, Chile, Costa Rica, Guadeloupe, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago and Uruguay. Finally, the group at a very advanced stage of the population ageing process, where older persons account for over 21% of the population, comprises eight countries and territories, mainly Caribbean islands, including Cuba (see figure I.10).

In the coming years, the intensity of demographic ageing will increase in the region and, by the end of the 2030s, only two countries (French Guiana and Haiti) will belong to the category of countries in the initial stage of the ageing process. In the case of French Guiana, fertility is expected to reach 3.1 live births per woman aged 15–49 years, but with older persons accounting for about 12% of the population, partly because of emigration by young people. Moreover, only 3 countries will be in the moderate stage of ageing (Guatemala, Honduras and Plurinational State of Bolivia), while 10 others (Belize, Bolivarian Republic of Venezuela, Dominica, Guyana, Ecuador, El Salvador, Nicaragua, Paraguay, Peru and Suriname) will be in the moderately advanced stage. Lastly, 16 countries and territories will be in the advanced stages of the ageing process, and 19 will be in the very advanced stage (see figure I.11).

The degree of population ageing can also be analysed using the ageing index, which directly compares the number or proportion of older persons (60 years and older) with the number or proportion of children and adolescents (under 15 years of age). Figure I.12 uses this indicator of the declining capacity to replenish future generations to analyse the current situation in Latin America and the Caribbean and its subregions. There are two especially noteworthy points highlighted by the ageing index. First, for many decades there were fewer than 50 older persons for every 100 children and adolescents in Latin America and the Caribbean, but since the 2010s, population ageing has intensified, with a number of differences observed among the subregions. In Central America, the process is moving more slowly, and the situation in the Caribbean is expected to progress less rapidly in relation to the regional average. South America, on the other hand, will lead the process of population ageing in the coming decades.

Another salient fact about the ageing index is the different periods and dates when countries will be considered ageing, that is, when there will be more older persons (60 years and over) than children and adolescents (under 15 years) and the index will exceed 100. The date on which this demographic phenomenon occurs, presented in table I.1 (where the relative weight of older persons is indicated in brackets), marks a turning point at which the country is considered to have an ageing population.

Figure I.12
Latin America and the Caribbean (50 countries and territories):[a] ageing index, by subregion, 1950–2060
(Number of persons aged 60 years and over per 100 persons under 15 years of age)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Table I.1
Latin America and the Caribbean (49 countries and territories): date on which the proportion of persons aged 0–15 years of the total population equals the proportion of persons aged 60 years and over
(Percentage of people aged 60 years and over)

Date	Country or territory
2009	Martinique (20.0), Puerto Rico (19.9)
2010	British Virgin Islands (21.9)
2011	Cuba (17.9)
2014	Guadeloupe (21.5)
2015	Barbados (18.7), Montserrat (20.0)
2016	Aruba (19.0), Curaçao (20.0)
2019	Uruguay (20.2), Bonaire, Sint Eustatius and Saba (18.0), Saint Barthélemy (15.0), Sint Maarten (15.6)
2022	Chile (18.3), British Virgin Islands (16.0)
2024	Anguilla (17.4), Antigua and Barbuda (17.5), Trinidad and Tobago (18.4)
2026	Saint Martin (21.8), Turks and Caicos Islands (17.5)
2027	Costa Rica (18.5), Bahamas (16.9), Saint Lucia (16.8), Cayman Islands (17)
2030	Brazil (18.3), Saint Vincent and the Grenadines (19.2), Saint Kitts and Nevis (19.2)
2032	Jamaica (19.5)
2034	Argentina (19.2), Colombia (18.6)
2037	Mexico (18.9)
2041	Grenada (19.9)
2043	Ecuador (19.3), Dominica (17.2)
2044	Panama (20.8)
2045	El Salvador (18.9), Peru (20.0)
2047	Dominican Republic (20.2)
2051	Bolivarian Republic of Venezuela) (19.7), Belize (18.8)
2053	Nicaragua (19.6)
2055	Suriname (20.2)
2056	Paraguay (20.5)
2057	Honduras (19.3)
2058	Guyana (20.1), Guatemala (19.2)
2068	Plurinational State of Bolivia (19.9)
2076	Haiti (19.7)
2080	French Guiana (21.2)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.

Cuba was the first country in Latin America and the Caribbean to reach this historic turning point in 2011, when the proportion of children under 15 years of age equalled that of persons aged 60 years and over, with each group representing about 18% of the total population. Between 2014 and 2024, the proportion of children and adolescents in the total population will be surpassed by older persons in several Caribbean countries (Aruba, Barbados, Guadeloupe, and Trinidad and Tobago), Chile and Uruguay. The Bahamas, Saint Lucia, Saint Vincent and the Grenadines, Brazil and Costa Rica will join this group over the following five years, up to 2030. By the end of the five-year period 2030–2035, in Argentina, Colombia, Jamaica and Mexico, older persons will account for more of the total population than young people. French Guiana, Haiti and the Plurinational State of Bolivia are projected to reach this stage after 2060. By about 2080, all countries and territories in the region will have more older persons than children and adolescents, with a significant increase in the proportion of the older population thereafter.

B. The sociodemographic context of the ageing process

The following overview of the current sociodemographic status of older persons considers differences by age, sex, ethnicity and area of residence (urban or rural), based on data from the most recent censuses in Peru and Chile (2017), Colombia and Guatemala (2018) and Mexico (2020).[3] In addition, given that older persons are mainly concentrated in large cities, it offers an overview of population ageing in major cities or in cities with over 1 million inhabitants.

1. Territorial inequalities

Data on population ageing at the national level mask differences within countries. Although this process is most advanced in urban areas, particularly in large cities, this trend is not observed in all countries, mainly because of selective rural migration to urban areas, as the working-age population moves more frequently, leaving older persons in rural areas (ECLAC, 2017). Therefore, the stage of population ageing depends on the characteristics of the urbanization process in each country (volume and degree of selectivity of migration by age, among other factors) and on the differences in fertility and mortality in the various zones. The most recent data indicate that, in 2018, 46.1% of Guatemala's population still lived in rural areas, while in Colombia and Mexico, rural areas accounted for around 23% of the population. Chile, on the other hand, is at a very advanced stage of the urbanization process, with only 12.2% of the population living in rural areas in 2017.

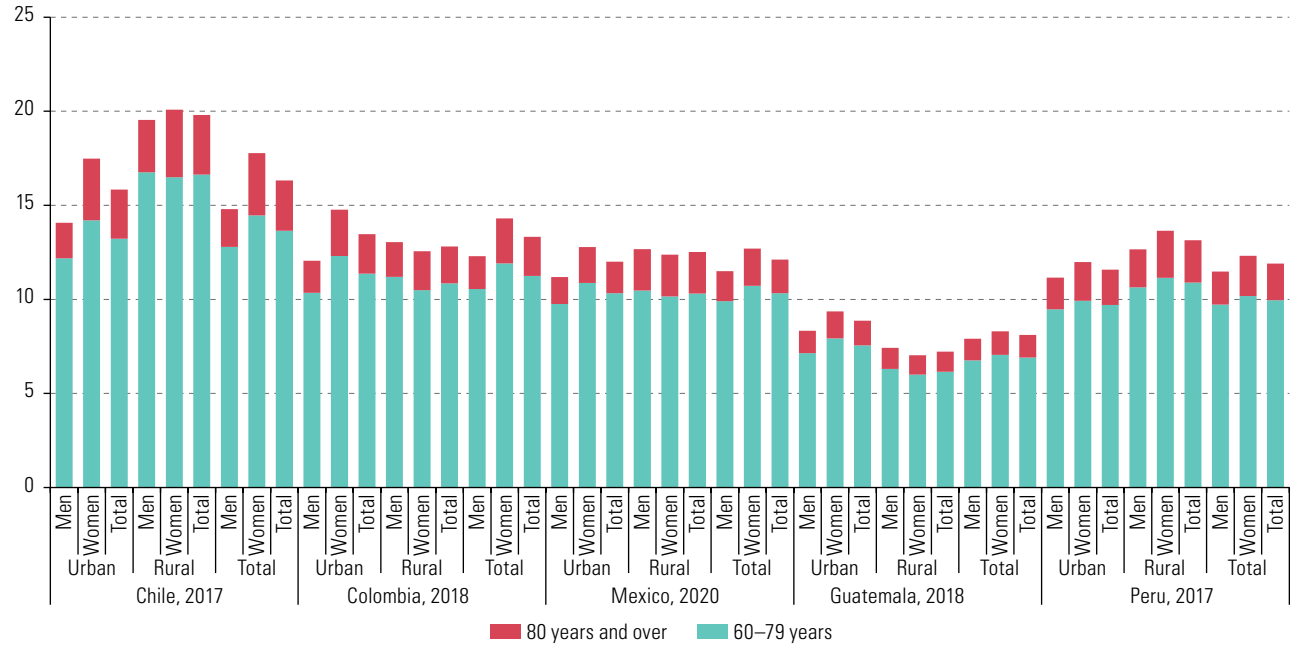
The percentage of the population aged 60 years and over varies from one country to another. In some countries, such as Chile and, to a lesser extent, Mexico, population ageing is more advanced in rural areas than in urban areas, while other countries, such as Guatemala and Colombia, are experiencing the opposite.

Analysis of the data by sex reveals one difference in the ageing process that is common to all countries: the highest percentages of older persons are women. This is partly explained by the differences in female survival rates, but also because of differences in migratory patterns based on sex. Thus, in Mexico, Guatemala and Colombia, there are more older men living in rural areas than women as greater numbers of younger women migrate to urban areas (see figure I.13).

This analysis reveals that because of urbanization, most of the population (including older persons) lives in urban areas, and there is premature ageing in the countryside because of differences in migration patterns based on age and sex. These characteristics of the ageing process influence the elements needed to ensure access by older persons to services and suitable living conditions and require planning based on these considerations. In general, the ageing process in rural areas is occurring against a backdrop of unfavourable social and economic conditions, including in terms of access to basic services and more complex health services (Huenchuan, 2018; ECLAC, 2017). These disadvantages assume greater importance for people living in remote rural areas, far from urban centres, which are better supplied with hospital infrastructure or services. Consequently, public policies are needed that aim to provide this group with adequate transport to urban areas, especially for those with any physical limitation or disability.

[3] Because of the COVID-19 pandemic, several regional censuses in the 2020 round (ECLAC, 2022) were postponed. Some of these countries are conducting their censuses in 2022, but data are not available for analysis.

Figure I.13
Latin America and the Caribbean (5 countries): distribution of the older population by age group, sex and place of residence
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of demographic censuses conducted in Chile in 2017; Guatemala in 2018; Colombia in 2018; Peru in 2017 and Mexico in 2020.

Furthermore, a high percentage of the population in Latin America and the Caribbean lives in large urban centres, which also poses a challenge in terms of access to complex hospital infrastructure (Huenchuan, 2018; ECLAC, 2017). Table I.2 and map I.1 illustrate some indicators of population ageing for 19 cities in the region with over 1 million inhabitants. Montevideo, Cali, Greater Santiago and Medellín have the largest group of older persons, with the highest percentage of the population aged 60 years and over (close to 20%) recorded in Montevideo. As a result, these cities have the highest rate of dependency in old age and the highest ageing index: dependency ranges from 33 to 22 persons aged 60 years and over for every 100 potentially active persons aged 15 to 59 years, and the ageing rate ranges from 104 to 65 persons over 60 years of age for every 100 children and adolescents under 15 years. The rate of dependency in old age in the other large cities listed in table I.2 is less than 20%. For example, in Tegucigalpa, there are 12 persons aged 60 years and over for every 100 working-age persons.

Table I.2
Latin America (19 cities): total population, population aged 60 years and over and ageing indicators, censuses 2010–2020

City	Country		Older persons			Ratio of dependency in old age[a]	Ageing index[b]
			Total *(Millions of people)*	60 years and over *(Millions of people)*	*(Percentages)*		
Greater Buenos Aires	Argentina	2010	13 578 548	2 091 150	15.4	25.2	65.5
La Paz	Bolivia (Plur. State of)	2012	1 687 426	137 999	8.2	13.0	28.5
São Paulo	Brazil	2010	19 459 583	2 079 309	10.7	15.8	48.8
Rio de Janeiro	Brazil	2010	11 777 368	1 569 295	13.3	20.2	64.0
Greater Santiago	Chile	2017	6 683 556	1 030 510	15.4	23.6	80.1
Bogotá	Colombia	2018	8 621 795	1 086 689	12.6	18.5	65.5
Medellín	Colombia	2018	3 534 843	541 865	15.3	22.6	91.5
Cali	Colombia	2018	2 226 988	365 292	16.4	25.0	91.3
San José	Costa Rica	2011	1 202 680	142 381	11.8	17.9	53.9
Quito	Ecuador	2010	1 607 734	149 984	9.3	14.6	34.8

City	Country		Older persons			Ratio of dependency in old age[a]	Ageing index[b]
			Total *(Millions of people)*	60 years and over *(Millions of people)*	*(Percentages)*		
Guayaquil	Ecuador	2010	2 509 530	210 652	8.4	13.4	29.1
Guatemala City	Guatemala	2018	2 645 002	261 873	9.9	15.4	38.1
Tegucigalpa	Honduras	2013	1 055 729	77 694	7.4	12.3	25.1
Mexico City	Mexico	2020	19 608 611	1 938 371	9.9	15.1	39.7
Panama	Panama	2010	1 577 959	158 024	10.0	15.6	38.9
Lima	Peru	2017	9 601 434	1 215 536	12.7	19.5	56.6
Santo Domingo	Dominican Republic (the)	2010	3 119 494	253 277	8.1	12.9	28.3
Montevideo	Uruguay	2011	1 318 755	264 093	20.0	32.9	104.4
Caracas	Venezuela (Bol. Rep. of)	2011	2 901 918	369 677	12.7	19.3	59.8

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Spatial distribution and urbanization in Latin America and the Caribbean (DEPUALC), 2022 [online database] https://celade.cepal.org/bdcelade/depualc/.

[a] "Dependency in old age" refers to the number of potentially inactive older persons who would be supported financially by potentially active persons. It corresponds to the ratio of the population aged 60 years and over to the population aged 15 to 59 years multiplied by 100.

[b] The ageing index measures the number of older persons per 100 children and young people. It corresponds to the ratio of persons aged 60 years and over to persons under 15 years multiplied by 100.

Map I.1

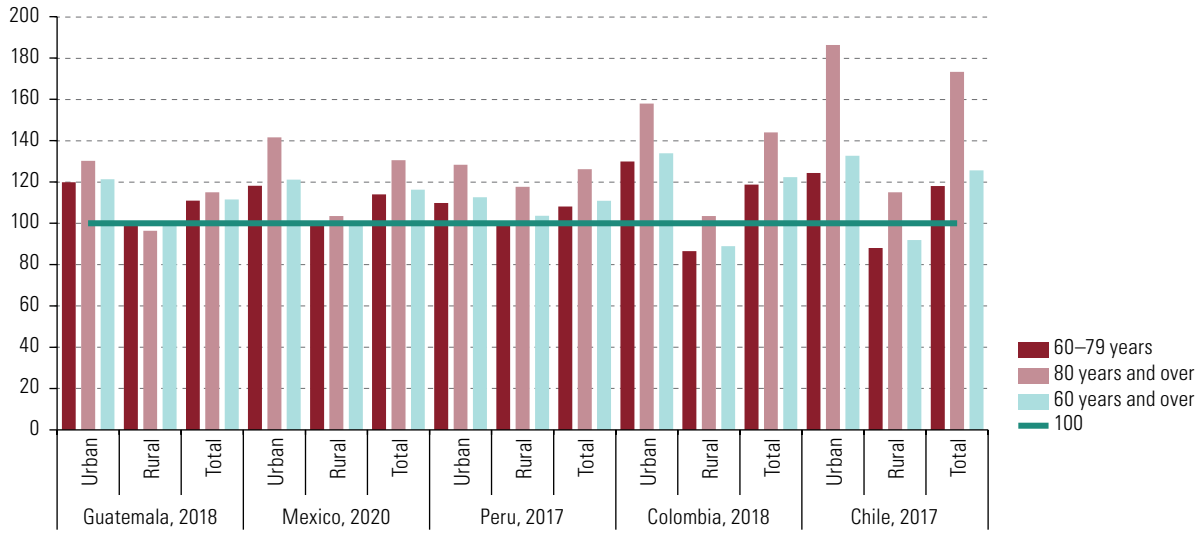
Latin America and the Caribbean (selected countries and cities): population aged 60 years and over, 2010–2020
(Percentages)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Spatial distribution and urbanization in Latin America and the Caribbean (DEPUALC), 2022 [online database] https://celade.cepal.org/bdcelade/depualc/.

2. Composition by sex and age

Generally speaking, more men are born than women. Owing to differences in mortality at birth, the composition by sex evens out among young people and adults, then reverses in old age, with women having higher survival rates (ECLAC, 2021). In fact, in all the countries analysed in figure I.14, there are more women than men aged 60 years and over nationally and in urban areas. Except for Peru, in urban areas there are about 120 women aged 60 to 79 years for every 100 men aged 60 to 79 years, and in urban areas in Chile, there are over 180 women for every 100 men aged 80 years. However, in rural areas of Colombia and Chile, there is a higher proportion of men aged 60 to 79 years than women. Rural areas of Guatemala and Mexico are at an intermediate stage in the ageing process, with a more balanced ratio by sex of the older population, including for the 80 years and over age group.

Figure I.14
Latin America and the Caribbean (5 countries): femininity index of the older population, by age group and area of residence, 2017–2020[a]

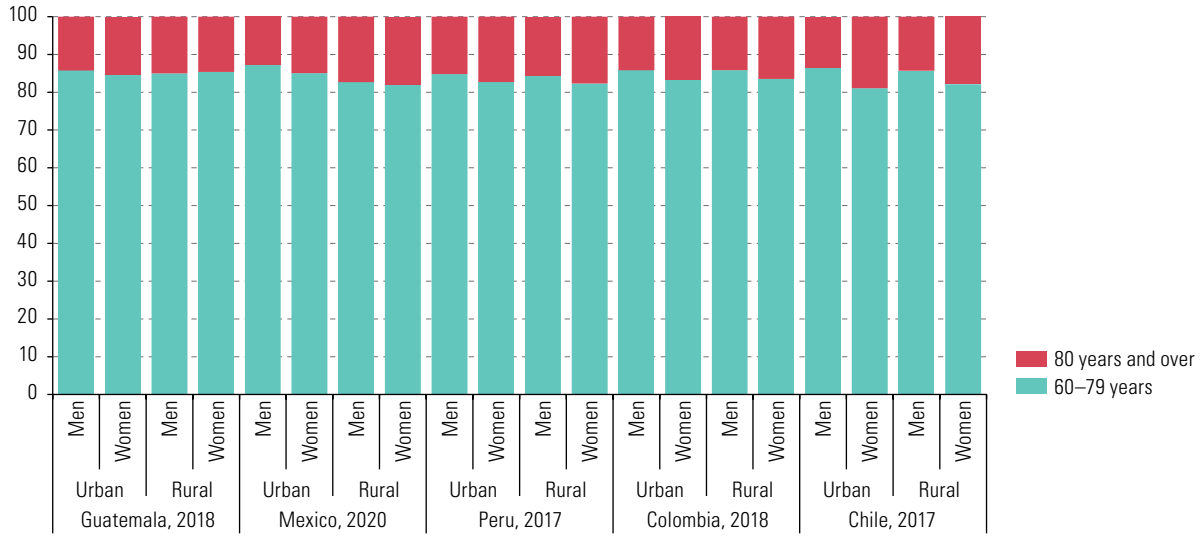


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of population and housing censuses. Note: The femininity index expresses the number of older women for every 100 older men. It is calculated using the following formula: (total women/total men) *100.

This predominance of women in the older age groups reflects differences in female survival and the dynamics of internal migration within countries, which has myriad implications for the design of strategies and policies aimed at promoting healthy ageing, including in terms of different living arrangements.

The distribution by sex of the population aged 60–79 years and 80 years and over reveals differences in ageing by area of residence (urban and rural) (see figure I.15). In all the countries analysed, about 85% of the older population is between 60 and 79 years of age. At the extremes are Chile, where women in this age group account for 81.1% of older persons, and Mexico, where there is a predominance of men aged 60–79 years living in urban areas (87.2%). Among older persons, women living in rural areas make up the largest group; therefore, gender differences, age subgroups and geographic location must be considered when implementing public policies, particularly in relation to health and care services.

Figure I.15
Latin America and the Caribbean (5 countries): distribution of the older population by age group, sex and place of residence
(Percentages)

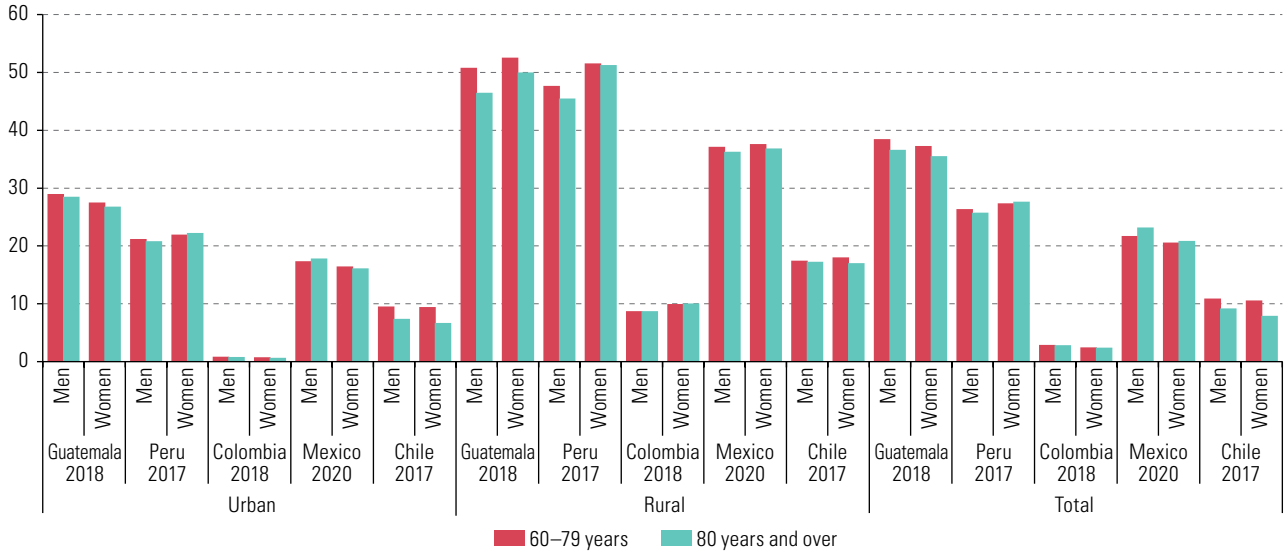


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of population and housing censuses.

3. Ethnic and racial background

Population ageing trends differ by ethnic group. Figure I.16 shows the percentage of the Indigenous population aged 60 years and over in relation to the total population, by age group, sex and area of residence (urban and rural). In Guatemala and Peru, about half of the rural population aged 60 years and over and 30% of the urban population identify as Indigenous. In Mexico and Chile, the Indigenous population is concentrated in rural areas, but in relatively smaller numbers than in Guatemala and Peru. Although Colombia has the lowest percentage of Indigenous persons over 60 years of age, they still represent almost 10% of older persons.

Figure I.16
Latin America and the Caribbean (5 countries): older Indigenous population, by age group, sex and place of residence
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of population and housing censuses.

C. Mortality and life expectancy

Although humanity has made exceptional strides in lowering mortality and increasing life expectancy in the twentieth century, there are differences between and within regions and countries, depending on their development stage and, above all, the public policies implemented, especially in the area of health.

Life expectancy is a key indicator of a country's level of development as it captures mortality over the course of a life and indicates how many years a person would live, on average, given the mortality conditions in their country. It is closely related to the level and distribution of economic and social development and environmental factors. This indicator is best suited for comparing mortality between countries, as well as between population groups with different age structures.

Latin America and the Caribbean has seen extremely rapid gains in survival rates: life expectancy at birth increased from 48.6 years in 1950 to 75.1 years in 2019 for both sexes. However, because of the COVID-19 pandemic, life expectancy declined by 2.9 years to 72.2 years in 2021 (see box I.1). From 2022 onward, life expectancy increased once again, to 73.8 years.

Box I.1
Effects of the COVID-19 pandemic on life expectancy at birth

The *Demographic Observatory 2022* (ECLAC, 2022) indicates that Latin America and the Caribbean is the region with the largest decline in life expectancy at birth globally, losing 2.9 years from 2019 to 2021. This loss of 2.9 years represents an 18-year setback, with estimated life expectancy in 2021 reaching 2003 levels. Thus, life expectancy at birth for both sexes represents the greatest loss of years of life recorded in the region's recent history and reflects the overall effect (direct and indirect) of the COVID-19 pandemic on mortality, not only in terms of mortality from COVID-19, but also from other pandemic-related causes. Projections indicate a recovery in 2022 and, by 2025, a return to pre-pandemic life expectancy at birth, depending on the country. Differences between countries in the region stem from differences in the vaccination process and measures implemented to combat the pandemic (ECLAC, 2022). Vaccination against COVID-19 is viewed as a critical tool for managing the health, economic and social crisis triggered by the pandemic (ECLAC, 2022). Data as of 31 July 2022 indicate that 70% of the population in the region has been fully vaccinated, and 78.6% has been partially vaccinated (at least one dose) (Mathieu and others, 2022).

Given that the pandemic has not yet ended, the full impact of COVID-19 on mortality rates in the region remains uncertain. Moreover, changes in life expectancy at birth observed during the pandemic vary considerably from one country to another. While many countries experienced significant losses in 2020, there was no decrease in life expectancy noted in some countries. For example, in Ecuador, life expectancy at birth decreased by 5.1 years, while the upward trend in Uruguay and the Bahamas continued, with an estimated gain of 0.9 and 1.5 years, respectively, relative to 2019. By contrast, all Latin American countries and most Caribbean countries and territories are estimated to have lower life expectancy in 2021 than in 2019 since, in 2021, new variants of the virus and the resulting increase in the transmissibility and severity of infections overburdened and even caused the collapse of the region's already weak health systems. As a result, some people who were not initially at risk of death as they did not have comorbidities or pre-existing chronic diseases and did not belong to the age groups initially considered at risk died during the new waves of the disease (ECLAC, 2022).

Six of the 20 countries in the world with the largest losses in life expectancy at birth in 2020 compared to 2019 are in Latin America: Ecuador (-5.1 years), Mexico (-4.1 years), Plurinational State of Bolivia (-3.4 years), Peru (-2.5 years), Nicaragua (-2.3 years) and Colombia (-2.0 years). In 2021, the number of countries in the region among the 20 with the largest losses rose to nine (seven in Latin America and two in the Caribbean): Plurinational State of Bolivia (-4.2 years), Mexico (-4.0 years), Cuba (-3.9 years), Colombia (-3.9 years), Guatemala (-3.9 years), Peru (-3.8 years), Ecuador (-3.6 years), Belize (-3.5 years) and Guyana (-3.5 years).

Analysis of age-specific mortality rates in 2019, 2020 and 2021 (see figure II.5) reveals a considerable increase in mortality in 2020 and 2021, mainly for those over 15 years of age. No significant differences in mortality have been observed for children under 15 years of age.

Latin America and the Caribbean (50 countries and territories):[a] age- and sex-specific mortality rates, 2019, 2020 and 2021
(Logarithmic scale and age groups)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Demographic Observatory, 2022* (LC/PUB.2022/13-P), Santiago.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Eustatius and Saba, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Demographic Observatory, 2022* (LC/PUB.2022/13-P), Santiago; United Nations, *World Population Prospects 2022*, New York, 2022 and E. Mathieu and others, "A global database of COVID-19 vaccinations", *Nature Human Behaviour, 2022* [online] https://ourworldindata.org/covid-vaccinations-nature.

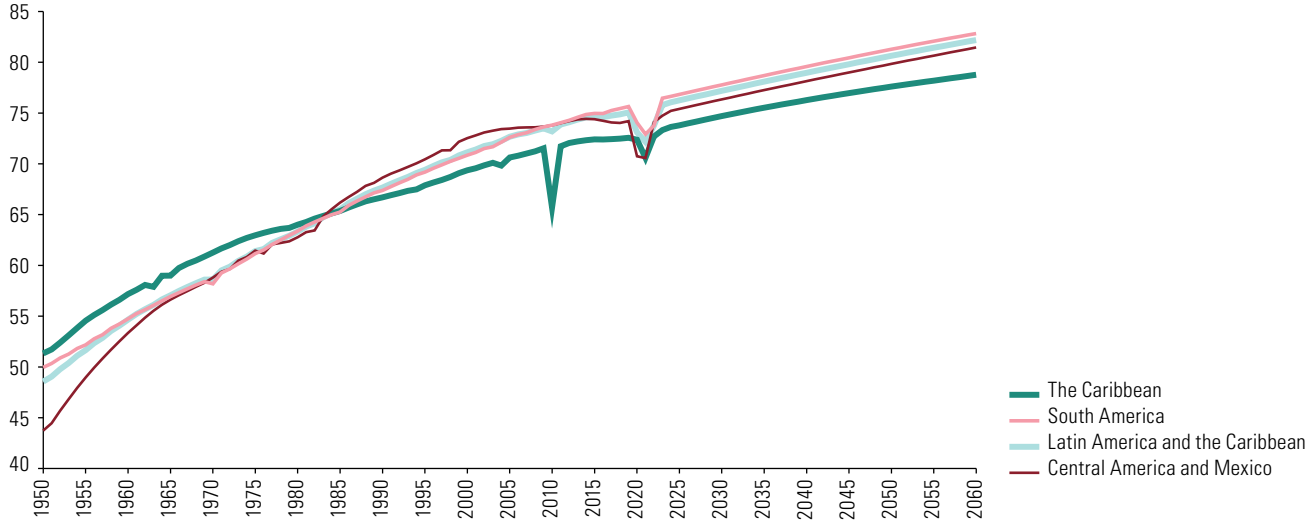
The gains in life expectancy observed in the region occurred against a backdrop of nascent socioeconomic development and elevated levels of economic and social inequality. Investments in public policies, namely, the expansion of maternal and child health care coverage, the rise in education level among mothers and the expansion of basic sanitation services, also resulted in a rapid decline in infant mortality, even among the most economically disadvantaged population (Villa and González, 2004).

In 1950, life expectancy at birth was very close to 50 years for both sexes in all subregions of Latin America and the Caribbean. Since the 1980s, the Caribbean has lagged slightly behind the regional average, and this became more apparent during the pandemic. In 2022, life expectancy at birth reached 72.7 years. Although Central America had the lowest life expectancy at birth, with countries still in the initial stages of the demographic transition in the 1950s, this subregion surpassed the regional average in the 1980s. In 2022, life expectancy in Central America and Mexico is 74.1 years, while in South America, it is equivalent to the average for the entire region (see figure I.17). Moreover, in 2022, significant differences between countries persist, with people in Chile, Cuba and Uruguay living on average about 15 years longer than those born in Haiti or the Plurinational State of Bolivia.[4]

Survival odds by sex reflect a significant advantage for women over men. Figure I.18 depicts life expectancy at birth for men (solid lines) and women (dotted lines) in the subregions of Latin America and the Caribbean. All subregions show that men have lower life expectancy than women, regardless of the subregion in which they live. In 2022, men living in the Caribbean have the lowest average life expectancy, 7.4 years less than women in South America.

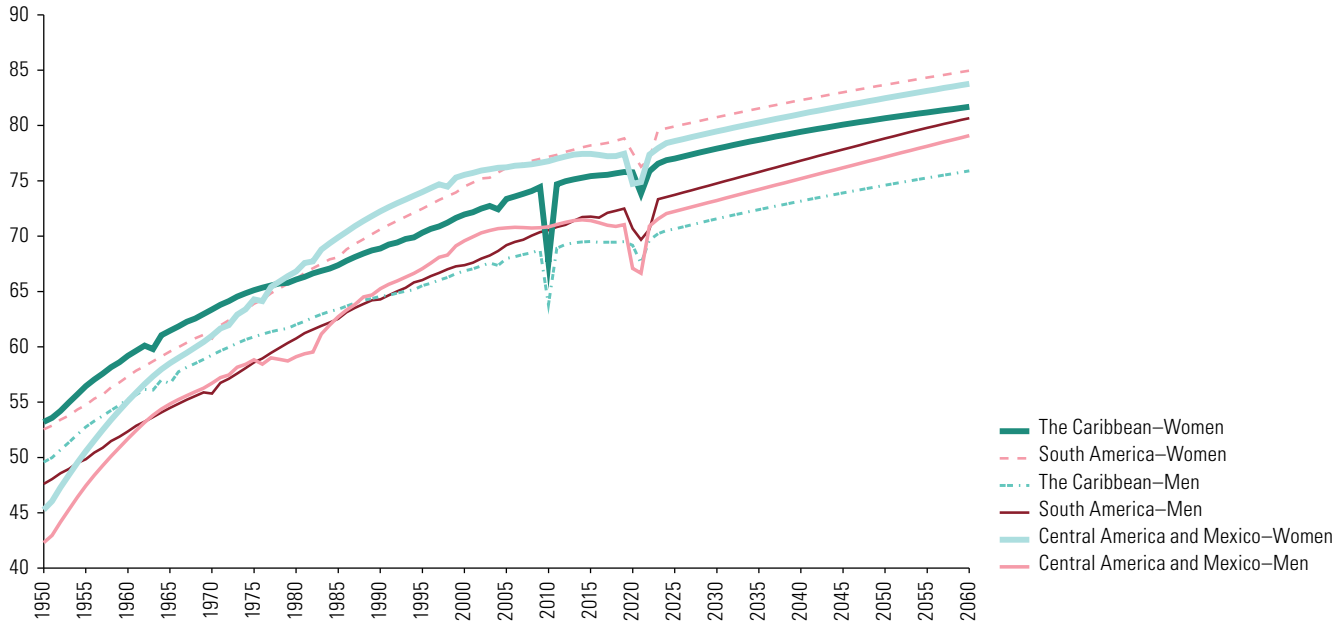
[4] Country data are available at [online] https://population.un.org/wpp/DataQuery.

Figure I.17
Latin America and the Caribbean (50 countries and territories):[a] life expectancy at birth, by subregion, 1950–2060
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Figure I.18
Latin America and the Caribbean (50 countries and territories):[a] life expectancy at birth, by sex and subregion, 1950–2060
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

In 2022, a person aged 60 years in Latin America and the Caribbean has, on average, 18.5 more years to live. There are noteworthy differences based on sex, especially in countries where mortality is low: on average, women outlive men by 3.4 years. It is estimated that in the future, older persons will continue to gain years of life in the region: life expectancy at age 60 will be 22.2 years in 2030 and will increase to 25.3 years in 2060 (see table I.3).[5]

Table I.3
Latin America and the Caribbean (50 countries and territories):[a] life expectancy at age 60, by sex and subregion, 2022–2060
(Years)

Region and subregion	Men			Women			Both sexes		
	2022	2030	2060	2022	2030	2060	2022	2030	2060
Latin America and the Caribbean	18.5	20.4	23.7	21.9	23.8	26.7	20.2	22.2	25.3
The Caribbean	19.1	20.5	22.7	23.3	24.8	26.7	21.3	22.8	24.8
Latin America	18.5	20.4	23.8	21.8	23.8	26.7	20.2	22.2	25.3

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

Women's longer life expectancy at birth is explained by biological factors and by various health-related behaviours, for example, in terms of tobacco and alcohol consumption, diet, frequency of medical check-ups (prevention) and comorbidities (ECLAC, 2022). Likewise, in the region, mortality from external causes (homicides, accidents and suicides) is higher among men and also contributes to these differences, in addition to the higher mortality of boys compared to girls. Thus, mortality in the region has declined more rapidly for women than men (ECLAC, 2022).

Longer life spans should be accompanied by an increase in healthy years of life to meet the challenges of population ageing and to improve preparedness for health crises that may occur in the future. Theoretically, it is expected that in the final stage of the mortality transition, degenerative diseases will occur later in people's lives (Willekens, 2015), further increasing survival rates. However, the recurring question is if, in addition to any limitations, such an increase in life expectancy and survival would be followed by an increase in healthy years of life or by an increase in the number of years living with a disability or chronic disease. Increasing healthy years of life would require that the compression of morbidity hypothesis hold true, namely, that the age of onset of chronic disease in the population should be closer to the age of death, thus reducing the length of time a person must live with the chronic disease. Given the lack of adequate data for analysis, coupled with the uncertainty associated with the COVID-19 pandemic, these questions remain unanswered.

The rise in life expectancy at birth that occurred in the region over a brief period of time directly affects population ageing in two ways: (i) it increases the number of older persons due to improved survival rates and (ii) it leads to an increase in the average age of the older age group. At the same time, it has the indirect effect of enabling a decline in fertility, which, in turn, will directly affect population ageing.[6] Declining fertility results in population ageing as the base of the age pyramid narrows (Chesnais, 1986 and 1990), and there is a rapid decline of the young population relative to older persons. This process is often referred to as "inversion of the pyramid". It is, therefore, important to understand the issues surrounding the fertility transition in the region, as well as its variations and expected future trends.

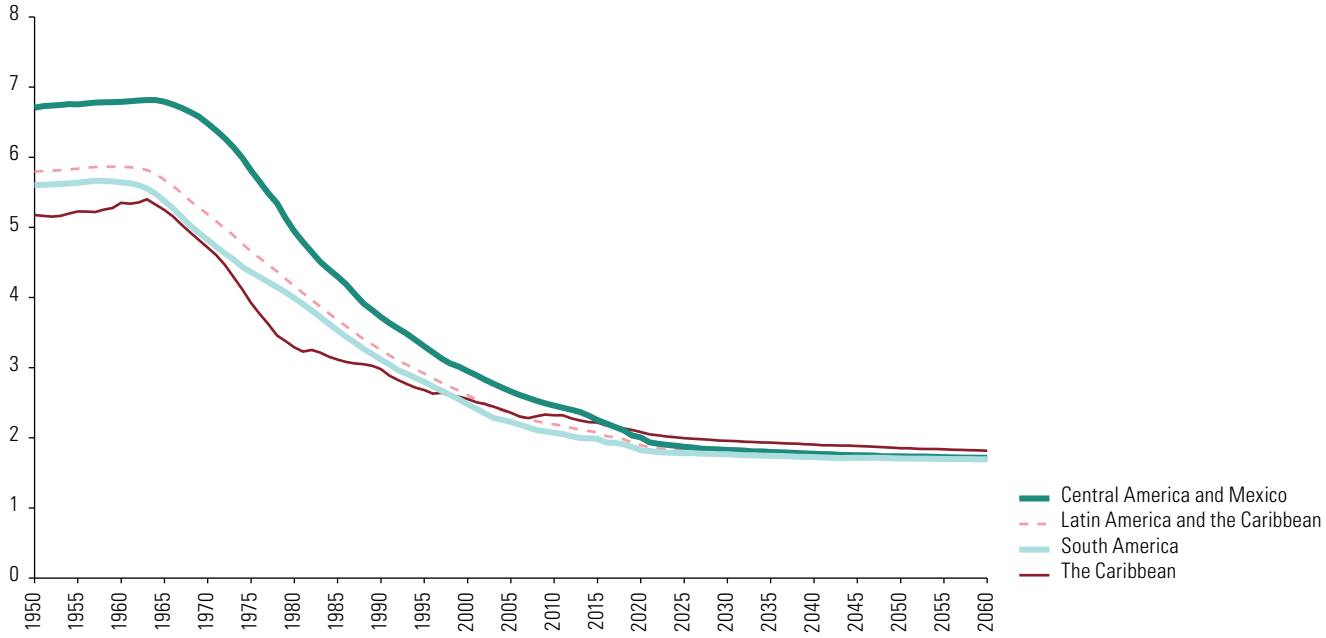
[5] In 2022, the countries and territories with the highest survival rates at age 60 are Martinique, Guadeloupe, Puerto Rico, Chile and Ecuador, ranging from 23 to 26.4 years. The gap in life expectancy at age 60 between men and women is over five years in the United States Virgin Islands (7.2 years), Uruguay (5.6 years), Curaçao (5.5 years), Puerto Rico (5.3 years) and Argentina (5.0 years). In 2030, Curaçao, Uruguay and the United States Virgin Islands will have the largest gaps between women and men, all over five years. Haiti and the Plurinational State of Bolivia will have lower life expectancy at 60 years, with gaps between women and men of 2.5 and 3 years, respectively.

[6] This is mainly caused by the effect of decreasing infant (under-1) mortality. The greater probability of children's survival was one reason women started having fewer children since more of them survived, thus leading to a decrease in fertility (Villa and Gonzalez, 2004).

D. Fertility

Figure I.19 shows trends in the total fertility rate (TFR) in Latin America and the Caribbean, indicating the average number of children a woman will have if she continues having children up to the end of her reproductive years, and the fertility rates by age for the period under consideration. It reflects historical fertility trends in the region, from an average of 5.8 children per woman in 1950, arriving at the population replacement level in 2014. In 2022, the TFR stands at 1.85 children per woman, which is lower than the population replacement level.

Figure I.19
Latin America and the Caribbean (50 countries and territories):[a] total fertility rate, by subregion, 1950–2060
(Number of children per woman)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *World Population Prospects 2022,* New York, 2022.
[a] The Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands; Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Plurinational State of Bolivia, Suriname and Uruguay.

South America and the Caribbean began the demographic transition in the 1960s with different fertility levels. In Central America and Mexico, which had the highest fertility levels (seven children per woman), the demographic transition only began in the 1970s. Although there was a marked decline in the TFR in all subregions, the Caribbean —which had the lowest TFR in 1950 (5.2 children per woman)— had an intense initial transition and dropped below the regional average in the 2000s, then remained slightly above the regional average along with Central America and Mexico. In 2022, all subregions are converging around the replacement level, and fertility is projected to continue to decline moderately in all subregions over the coming decades.

Trends among countries differ in terms of the date and degree of the onset of fertility decline, the speed of decline and the expected TFR in the last stage of the fertility transition. The initial group of countries started the fertility transition before the 1960s, including Argentina and Uruguay in South America, which already had a total fertility rate of about three children per woman in 1950, and even showed a slight increase between the 1970s and 1980s (mainly Argentina), then experienced a slow decline from the 1990s onward. Chile and Cuba also already had lower TFRs prior to the 1960s.

The second group of countries includes those that started with high fertility rates in the 1960s or early 1970s, but experienced a rapid decline, such as Brazil, Colombia, Costa Rica and the Dominican Republic. In other countries, such as El Salvador, Mexico, Nicaragua and Peru, the initial decline was somewhat slower. Finally, the countries that began the transition later, but experienced a rapid decline in the 1980s and 1990s —despite lagging further behind in the fertility transition— are Belize, Guatemala, Haiti, Honduras and the Plurinational State of Bolivia.

At the current TFR (2022), it is possible to classify countries in the region into: (i) countries that have already reached the replacement level (2.1 children per woman) or a lower level, in some cases significantly lower in 2022,[7] and (ii) countries close to the replacement level (up to 2.4 children per woman).[8]

One especially noteworthy aspect of changes in fertility in the region is that they differ from changes observed in developed countries due to: (i) later onset (late 1960s, except Argentina, Uruguay and Cuba) and starting from higher levels; (ii) faster decline (replacement level was reached in less than five decades); (iii) significant inequalities within countries and (iv) persistent early fertility and early peak fertility.

The COVID-19 pandemic may affect fertility through many different mechanisms (United Nations, 2021a and 2021b; Sobotka and others, 2021; Berrington and others, 2022), which, in general theoretical terms, can be said to operate through three main channels: (i) changes in "demand for children", either in the short term (births planned within a time horizon of 9 to 24 months) or in the long term (reproductive preferences or number of children desired by the end of the person's childbearing years); (ii) changes in reproductive capacity or the "supply of children" and (iii) changes in intermediate variables, particularly sexual activity, marriage rates, access to contraception and abortion. Although these channels are autonomous to some degree, they are also interdependent, as is obvious with the first and third channels, since one or more intermediate variables would be required to trigger changes in the demand for children.

While the pandemic is unlikely to change the supply of children, whose biological determinants do not appear to have been affected by COVID-19 (at least so far), it is highly likely to affect fertility preferences and intermediate variables. The pandemic and the resulting socioeconomic crisis will almost certainly reduce fertility intentions in the short term, as it is well established, both conceptually and empirically, that in modern societies, uncertainty and deteriorating economic and social conditions typically lead to the postponement or cancellation of reproductive plans (Luppi, Arpino and Rosina, 2020; Aassve and others 2021; Sobotka and others 2021). However, according to most theories and research on the topic, the longer-term component of fertility preferences is more stable, at least at the cohort level, and is thus more likely to withstand the impact of the pandemic. It may also be the case that fertility preferences are not changed by the pandemic. If so, the drop during the pandemic crisis largely stems from the postponement of having desired children, and people will likely have these children later in order to achieve their fertility preferences.[9]

The countries of Latin America and the Caribbean have experienced rapid and large-scale changes in mortality and fertility, and the region is currently in the final stage of the demographic transition. Demographic inertia is expected to transform the age structure in the coming years, with mortality and fertility patterns influencing future trends in the population's age structure. In some countries, however, migration is also beginning to have a significant impact. These changes pose challenges for society and for public policies aimed at promoting good living conditions and healthy population ageing. Thus, policymakers must consider the transformations under way and those yet to come.

7 Twenty-six countries and territories: 16 from the Caribbean (Aruba, Puerto Rico, Jamaica, Bahamas, Saint Lucia, Cuba, Antigua and Barbuda, Dominica, Trinidad and Tobago, Barbados, Curaçao, Saint Vincent and the Grenadines, Martinique, Grenada, Guadeloupe, United States Virgin Islands), three from Central America (Costa Rica, El Salvador and Mexico) and six from South America (Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay).

8 Ten countries: one in the Caribbean (Dominican Republic (the)), four in Central America (Guatemala, Honduras, Nicaragua and Panama) and five in South America (Bolivarian Republic of Venezuela, Guyana, Paraguay, Peru and Suriname). The countries furthest from the replacement level (2.5 children per woman or more) in 2020 were the Plurinational State of Bolivia, French Guiana and Haiti.

9 In comparative demographic history, there are a number of examples of fertility thus recovering after catastrophes such as wars, epidemics and economic crises (United Nations, 2021a; Sobotka and others 2021; Aassve and others, 2021).

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CHAPTER

II

Public institutional framework for older persons from the human rights perspective

A. Progressing the public institutional framework for older persons

The Second World Assembly on Ageing, held in Madrid in 2002, is considered a turning point in international arrangements for protecting the human rights of older persons, since it led to the establishment of a series of guidelines for regions and countries to progress legally and politically towards a world for all ages.

Article 118 of the Madrid International Plan of Action on Ageing states, "Efforts should be made to promote institutional follow-up to the International Plan of Action, including, as appropriate, the establishment of agencies on ageing and national committees. National committees on ageing that include representatives of relevant sectors of civil society, especially organizations of older persons, can make very valuable contributions and can serve as national advisory and coordinating mechanisms on ageing" (United Nations, 2003). Similarly, the first paragraph of Article 122 states that "[...] efforts should be strengthened at the national level to enhance coordination among all relevant ministries and institutions" (United Nations, 2003).

Goal D of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing approved "Objective 1: Incorporation of the issue of ageing into all spheres of public policy in order to adjust State actions to reflect demographic changes and the aim of building a society for all ages"; and its subparagraph (a) recommends "Integrate the issue of population ageing into national development plans and in the planning of measures to be taken by ministries of finance, planning, social development, health, education, housing, transport, labour, tourism and communication, as well as in programmes affording social security coverage". In addition, paragraph (b) advises "Establish or strengthen, where they already exist, focal points on ageing within the appropriate national ministries"; while paragraph (d) makes a call to " Integrate the issue of ageing into the responsibilities of government administrations at all levels in order to meet the challenges inherent in the heterogeneity of older persons and their circumstances"; and paragraph (f) suggests "Work to ensure the budgetary support needed to implement the measures envisaged in policies and programmes for older persons".

The successive review and appraisal reports made of the Madrid International Plan of Action on Ageing (2002) in the region revealed the heterogeneity of institutions serving older persons in the different countries. Most of the institutions that exist were created on the basis of specific laws adopted to protect the rights of older persons; while others were established through decrees, administrative resolutions or national policies. In recent years, national institutions serving older persons have made progress in raising the profile of ageing, participation in political dialogue and the strengthening of various actors. This means a change in the social construction of old age and a shift from a medicalized conception to a comprehensive view of the person. However, a number of challenges persist in terms of enabling issues of interest to older persons to gain their due status in the State apparatus. Among other things, this involves institutional and budgetary autonomy, an appropriate position in the institutional hierarchy, the availability of trained work teams, the establishment of clear and accessible procedures, feedback on institutional work, the mainstreaming of the issue of ageing and the promotion of pilot initiatives (Huenchuan, 2013).

According to the most recent country reports, and without prejudice to the degree of autonomy that each of the public agencies mentioned enjoys in the organizational structure of their respective governments, the institutions responsible for older person issues in the region are located mainly within ministries in the social area, particularly ministries of social development. Others exist in the orbit of ministries of health, women and vulnerable populations, justice, the presidency or other areas (see table II.1). In recent years, issues including violence, care and participation have become more prominent in actions targeted to the older person population.

Table II.1
Latin America (16 countries): ministerial area of institutions tasked with preparing the national report on ageing and the rights of older persons

Country	Office of the President	Social development and well-being	Health	Women	Justice	Other areas
Argentina		X				
Bolivia (Plurinational State of)					X	
Brazil				X		
Chile		X				
Colombia			X			
Costa Rica	X					
Cuba						X
Dominican Republic			X			
Guatemala		X				
Honduras		X				
Mexico		X				
Panama		X				
Paraguay			X			
Peru				X		
Uruguay		X				
Venezuela (Bolivarian Republic of)						X

Source: Latin American and Caribbean Demographic Centre (CELADE)-Population Division of the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of each country's national report on the implementation of the Madrid International Plan of Action on Ageing submitted by governments to the Technical Secretariat of the Intergovernmental Regional Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

Another relevant development revealed by the reports is the growth of intersectoral work between different areas of government on issues related to ageing and the rights of older persons. This implies a higher level of interaction between public agencies which, in the case of producing the reports, involved an exercise of coordination between the lead agency on the subject and others dealing with more specific related topics (see table II.A1.1 in annex II.A1).

From the information that has been gathered and systemized, it emerges that the institutions responsible for the report are located in the social policy area in the following countries: Argentina, through the National Directorate of Policies for Older Persons (DINAPAM), which reports to the National Secretariat for Children, Adolescence and Family of the Ministry of Social Development of Argentina; Chile, through the National Older Adult Service (SENAMA), supervised by the Ministry of Social Development and Family; Guatemala, through the Ministry of Social Development (MIDES); Honduras, through the Older Persons Directorate (DIGAM), which is part of the Development and Social Inclusion Secretariat (SEDIS); Mexico, through the National Institute for Older Persons (INAPAM), which is part of the Welfare Secretariat; Panama, through the National Coordination Service for Older Persons (CNAM), which is part of the Ministry of Social Development (MIDES); and Uruguay, through the National Institute for Older Persons, which is also part of the Ministry of Social Development.

In three countries, the institutions in question are in the health ministry domain: Colombia, through the Ministry of Health and Social Welfare (MSPS); Paraguay, through the Social Welfare Institute of the Ministry of Public Health and Social Welfare of Paraguay, and its Older Persons Directorate which is part of the Ministry of Public Health and Social Welfare (MSPBS); and the Dominican Republic, through the National Council on Ageing (CONAPE). In the case of Brazil and Peru, the institutions are located in the respective ministries for women's affairs: the National Secretariat for the Promotion and Defence of the Rights of Older Persons (SNDPI) of the Ministry of Women, Family and Human Rights, in Brazil; and the Directorate for Older Persons (DIPAM) of the Ministry for Women and Vulnerable Groups in Peru. In the Plurinational State of Bolivia, older person issues are the responsibility of the Ministry of Justice and Institutional Transparency (MJTI).

As has been noted in the national reports, it is auspicious —and eminently necessary— that the preparation of these reports involves various areas of government tasked with issues such as human rights, gender, health, education, justice, environment, disability, economy, labour, social security, housing, land use planning, science and technology, planning, development, transportation, culture, sports, family, public works, national statistics offices, ombudsperson offices, and both autonomous and departmental governments.

Some Caribbean countries established national councils or commissions on ageing, which generally operate with government support, but also with a degree of independence. Some national councils are set up as governmental bodies, and others as non-governmental organizations. In either case, they fulfil active support functions, and they work with government and other organizations to bring about change in society for the benefit of older people. Examples of national councils or commissions on ageing include the National Council of Older Persons in the Bahamas; the National Council on Ageing in Belize; the Dominica Council on Ageing; the National Commission for Older Persons in Guyana; the National Council for Older Persons in Jamaica; the HelpAge National Council of and for Older Persons in Saint Lucia; and, most recently, in 2017, the Council for Older Persons in the Cayman Islands. These national councils or commissions represent the interests of older people, facilitate their participation in decision-making, and provide them with a number of services (Quashie and Jones, 2022, p. 9).

According to the background information presented at the Meeting of Experts on Public Institutions and Ageing held in 2019, the main characteristic of institutions that cared for older persons in the region in 2002-2018, with notable exceptions, is that they did not always succeed in permeating the work of government as a whole; and older person issues are generally confined to specific agencies or sectors (ECLAC, 2019b). In the current evaluation period, the preparation of the national reports generally reflects more intense participation by the different sectors and levels of government. Under the leadership of health, social development and social security institutions, new institutions have joined the design and implementation of policies and actions related to the care of older persons, such as those focused on the promotion and protection of human rights; the pursuit of justice; defence of the rights of women, persons with disabilities and indigenous persons; as well as those related to education, culture, housing, tourism, labour, transport, science and technology, among others. Countries that report progress in intersectoral participation in the preparation of their national reports include Argentina, Brazil, Colombia, Costa Rica, Chile, the Dominican Republic, Guatemala, Mexico, Panama, Paraguay, Peru and the Plurinational State of Bolivia (which also incorporated departmental and municipal autonomous governments).

B. Legislative progress

Since the adoption of the Madrid International Plan of Action on Ageing, the work of the Economic Commission for Latin America and the Caribbean (ECLAC) on ageing and the rights of older persons has contributed decisively to the discussion and promotion of various international instruments adopted in the framework of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, with a view to the full implementation of that plan of action. These instruments have contributed to the adaptation and modernization of national regulations in accordance with international human rights standards.

All regional agreements reached since the first meeting of the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean refer to the international human rights framework and reiterate the responsibility of member States to align their policies with these standards and to implement them fully at the national level. Also, as ECLAC (2017) notes, these agreements emphasize the importance of incorporating a gender perspective in all policies and programmes, in order to take into account the differential impact of ageing on older persons, including the specific needs of older women, and highlight the heterogeneity of this age group.

In 2012, the San José Charter on the Rights of Older Persons in Latin America and the Caribbean, approved at the third Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, broadened the scope of protection of the rights of older persons in the region, and strengthened the human rights perspective in the implementation of the Madrid International Plan of Action on Ageing (ECLAC, 2017). The San José Charter proposed a series of measures to strengthen protection of the rights of older persons, by

enacting special laws for the protection of such rights or updating existing legislation, including institutional and civic measures which guarantee their full implementation (ECLAC, 2012). In particular, it recommended "[...] Revise existing policies to ensure that they promote intergenerational solidarity and social cohesion" (ECLAC, 2012); and it mentioned the importance of developing five- or ten-year plans to define intervention priorities and action strategies (ECLAC, 2012).

The San José Charter represents a significant step forward from previous regional agreements, as it goes beyond the initial priority areas of the Madrid International Plan of Action on Ageing in terms of human rights. Its main objective was to bridge gaps in protection existing at the regional level with additional measures to protect the civil, political, economic, social and cultural rights and fundamental freedoms of older persons, without discrimination of any kind. Among other things, these measures promoted the adoption of specific laws and policies providing differential and preferential treatment for older persons and improving social protection, health and social care services, working and living conditions, and the environment of older persons.

The San José Charter also stresses the need for differential and preferential treatment of older persons in all areas, both public and private, together with measures to outlaw multiple forms of discrimination against them. It also recommends the creation of mechanisms to ensure compliance with laws, the strengthening of public and private institutions and the participation of older persons. In this document, the governments of the region agreed to a comprehensive set of measures to reinforce the respect, protection and promotion of the human rights of older persons at the national level (ECLAC, 2017). Without doubt, the Charter of San José was a key forerunner in the process that led to the adoption of the Inter-American Convention on the Protection of the Human Rights of Older Persons in 2015, within the Organization of American States (OAS).

Protection of the rights of older persons is enshrined in the political constitutions of all countries in Latin America and the Caribbean. Moreover, since the 1990s, the region's countries have been making gradual progress in developing special laws for older persons.

The region's countries have made significant legislative progress in guaranteeing protection of the human rights of older persons. This can be seen in two main areas: (i) the adoption of national laws that protect the human rights of this age group; and (ii) the signing or ratification of, or accession to, the Inter-American Convention on the Protection of the Human Rights of Older Persons.

By 2013, 14 Latin American and Caribbean countries had a specific law on the subject. According to data obtained from the national reports on the implementation of the Madrid International Plan of Action on Ageing. In 2022, 19 countries had a special law on the rights of older persons, from which specific laws have emerged that reflect the commitment to broaden and strengthen mechanisms for protecting the human rights of older persons in each country (see table II.2 below).

Table II.2
Latin America and the Caribbean (19 countries): special laws on the rights of older persons

Country	Year	Law
Argentina	2017	Law 27360, the Inter-American Convention on the Protection of the Human Rights of Older Persons.
Bolivia (Plurinational State of)	2013	Law 369, the General Law on Older Persons, which regulates the rights, guarantees and duties of older persons, as well as the institutional framework for their protection.
Brazil	2003	Law No. 10741 of 1 October 2003, creating the Status of Older Adult.
Chile	2002	Law 20523 of 2011, which amends Law 19828 of 2002, creating the National Service for Older Adults.
Colombia	2008	Law 1251, which seeks to protect, promote, restore and defend the rights of older persons, guide policies that take into account the ageing process, government plans and programmes, civil society and the family, and regulate the operation of institutions that provide care services and comprehensive development of persons in their old age.
Costa Rica	1999	Law 7935, the Comprehensive Law for Older Adults, one of the objectives of which is to guarantee older persons equal opportunities and a dignified life in all areas.
Dominican Republic	1998	Law 352-98, the Law on Protection of the Ageing Person. This law establishes the institutional bases and procedures for the comprehensive protection of older persons. This segment of the population requires greater attention, owing to its vulnerability, and therefore cannot be the object of any discrimination on the grounds of age, health, religion, political creed or ethnicity.
Ecuador	2019	Organic Law on Older Adults, which promotes, regulates and guarantees the full validity, dissemination and exercise of the specific rights of older persons, framed by the principle of priority and specialized attention, as expressed in the Constitution of the Republic, international human rights instruments and related laws, with a gender, human mobility, generational and intercultural approach.
El Salvador	2021	Special Law Protecting the Rights of Older Adults, which guarantees, protects and promotes recognition and full enjoyment and exercise of all human rights and fundamental freedoms of older persons, under conditions of equality, through programmes, plans, policies and regulations that contribute to their inclusion in society.

Country	Year	Law
Guatemala	2019	Law for the Protection of the Older Adults. Decree No. 80-96.
Honduras	2006	Comprehensive Law for the Protection of Older Adults and Retired Persons, which promotes and protects the development of older persons and retired persons, guaranteeing exercise of their rights and sanctioning the natural persons or legal entities that violate this Law.
Mexico	2002	Law on the Rights of Older Adults, 2002, which guarantees the rights of older persons and establishes the bases and provisions for its compliance.
Nicaragua	2010	Law on Older Adults, which establishes the legal and institutional regime of protection and guarantees for older persons, in order to ensure effective compliance with the provisions of Article 77 of the Constitution.
Panama	2020	Law 149, which amends Law 36 of 2016.
Paraguay	2002	Law 1885, the Law on Adult Persons, which protects the rights and interests of older persons, meaning persons over 60 years of age.
Peru	2016	Law 30490, the Law on Older Adults, which establishes a regulatory framework that guarantees the rights of older persons, in order to improve their quality of life and promote their full integration into the nation´s social, economic, political and cultural development of.
Uruguay	2009	Law 18.617. National Institute for Older Persons.
Venezuela (Bolivarian Republic of)	2021	Organic Law for the Comprehensive Care and Development of Older Persons

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of S. Huenchuan, "Perspectivas globales sobre la protección de los derechos humanos de las personas mayores, 2007-2013", *Project Documents* (LC/W.566), Santiago, ECLAC, 2013 and country reports.

Laws have also been adopted on emerging issues, which are highly relevant and consolidated as good legislative practices for the protection of the human rights of older persons. These include new legislation on palliative care, long-term care institutions, the prevention of and response to violence, technological inclusion and elimination of labour discrimination, among others. Table II.3 lists specific examples of actions to promote the full enjoyment and exercise of the human rights of older persons, drawing on information obtained from the national reports.

Table II.3
Latin America (6 countries): examples of actions to consolidate the human rights of older persons

Country	Practice
Argentina	Resolution 934/2001 of the National Ministry of Health, which establishes the regulation governing the organization and operation of palliative care.
	Provision of budgetary reinforcements for long-stay residencies.
Brazil	Integrative and Complementary Practices (PICS) in health. Therapeutic resources targeting disease prevention and health recovery, with emphasis on friendly listening, development of the therapeutic bond and integration of the human being with the environment and society.
Chile	Preventive medical examination of older persons at home.
	Older person-friendly communities. Conducting participatory diagnoses to ensure that the changes to be implemented respond to the needs of older persons living in the territory targeted by the intervention.
	Training School for Older Adult Leaders. Distribution of tablets, provision of mobile Internet access (for those without Internet at home) and training in its use through digital literacy workshops.
Costa Rica	Programmes of home visits, telephone consultations, videoconferences and home delivery of medicines to guarantee care for older persons.
	National System of Care for Older Adult Victims of Violence.
Dominican Republic	Annual Ageing Award. This recognizes the work done by older people who help or make social contributions benefiting other older persons in any field.
Panama	Integrated Health Services Networks (RISS) (Official Gazette, No. 28805-B, of 27 June 2019). The Ministry of Health (MINSA) and the Social Security Fund (CSS) have a health care system (RISS), which provides care through virtual consultations and video calls in the more remote regions of the country and offers medical appointments through the Older Persons Programme.
	Medication Distribution Centre. Distribution of medicines at home for patients over 65 years of age with chronic diseases, and patients with health conditions associated with immunosuppression, to cope with the coronavirus disease (COVID-19) pandemic during the first few months.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of country reports.

Over the last two decades, most Caribbean countries have developed some form of national policy on ageing or older persons, and some have legislated for older persons. Since the last quinquennial review, several States have developed new policies or updated existing ones (Quashie and Jones, 2022, p. 7) (see table II.4 below).

Table II.4
The Caribbean: national policies or laws on ageing and older persons

Anguilla	National Policy for Older Persons, 2009
Antigua and Barbuda	National Policy on Ageing, 2012; National Policy and Plan of Action on Healthy Ageing, 2017–2027
Barbados	National Policy on Ageing: Towards a Society for all Ages, 2013
Belize	National Policy for Older Persons, 2002
Bermuda	National Seniors' Strategy (in development)
Cayman Islands	Older Persons Policy, 2016-2035; Older Persons Law, 2017
Dominica	Dominica National Policy on Ageing, 1999
Grenada	Grenada National Policy on Ageing, 2009
Guadeloupe	Act on adapting society to an ageing population, 2015
Jamaica	National Policy for Senior Citizens, 2018 (updating the previous 1997 policy)
Martinique	Law on adaptation of society to ageing, 2015
Montserrat	National Policy on the Care of Older Persons, 2020–2026
Saint Kitts and Nevis	National Policy on Ageing (in development
Saint Lucia	National Policy on Ageing (in development)
Trinidad and Tobago	National Policy on Ageing, 2007

Source: N. Quashie and F. Jones, "The ageing Caribbean: 20 years of the Madrid Plan of Action", Port of Spain, ECLAC subregional headquarters for the Caribbean, 2022 [online] https://www.cepal.org/sites/default/files/events/files/mipaa20_subregional_review_rev2.pdf.

C. Inter-American Convention on the Protection of Human Rights of Older Persons

Since the Second World Assembly on Ageing, held in Madrid in 2002, significant progress has been made in the region, ranging from the approval of relevant —albeit non-binding— agreements, to the signing, of a binding instrument under OAS auspices, namely the Inter-American Convention on the Protection of the Human Rights of Older Persons in 2015. This is another milestone in the construction of the system to protect the human rights of older persons, in this case across the Americas.

The precursors of this regional process include the Charter of San José, approved in the framework of the Third Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean in 2012. This already contained the foundations on which the Inter-American Convention on the Protection of the Human Rights of Older Persons would be built.

The convention, signed during the 45th regular session of the OAS General Assembly on 15 June 2015 and in force since 11 January 2017, is the first legally binding instrument in the world adopted to promote, protect and ensure the recognition and full enjoyment and exercise of all human rights and fundamental freedoms of older persons, under conditions of equality, in order to contribute to their full inclusion, integration and participation in society (Muñoz-Pogossian and Siegel, 2019). It is considered one of the most comprehensive conventions in the world, since it covers nearly all aspects of the lives of older persons, and serves as a mechanism to integrate the principles and rights proclaimed in the series of instruments on the subject that have been adopted at the inter-American and international levels (ECLAC, 2019a).

This instrument includes concepts that were debated, developed, and agreed upon in multiple international meetings, involving governments, civil society organizations, international agencies and the academic community. It is a milestone that contributes to building fairer societies for people of all ages. Its articles incorporate the recognition of rights that are the outcome of historical social struggles to highlight the diversity of old age and ageing. Since 2016, nine States have ratified or acceded to the Convention: Uruguay and Costa Rica (2016), Argentina, Brazil and the Plurinational State of Bolivia (2017), El Salvador (2018), Ecuador (2019), Peru (2021) and, most recently, Colombia (2022) (see table II.5 below).

Table II.5
Signing and ratification of the Inter-American Convention on the Protection of the Human Rights of Older Persons

Country	Signing date	Date of ratification, acceptance and accession	Date of deposit of the instrument
Argentina	15 June 2015	30, June 2017	23 October 2017
Bolivia (Plurinational State of)	9 June 2016	13 March 2017 (ratification)	17 May 2017
Brazil	15 June 2015		
Chile	15 June 2015	11 July 2017 (ratification)	15 August 2017
Colombia		13 September 2022 (accession)	27 September 2022
Costa Rica	15 June 2015	12 October 2016 (ratification)	12 December 2016
Ecuador		12 February 2019 (accession)	21 March 2019
El Salvador		13 March 2018 (accession)	18 April 2018
Peru		13 January 2021 (accession)	1 March 2021
Uruguay	15 June 2015	7 November/2016 (ratification)	18 November 2016

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Organization of American States (OAS), "Department of International Law (DIL)" [online] https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp.

Following the signing of the Convention, the Fourth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean, held in Paraguay in June 2017, also contributed to deepening the discussion on the importance of signing and ratifying this instrument for the region. This is reflected in paragraph 6 of the Asunción Declaration, in which the representatives of the countries, "Recognize the importance of the Inter-American Convention on Protecting the Human Rights of Older Persons, and signal that its States parties reaffirm their commitment to its further divulgation and to advancing with the ratification procedures that will enable the establishment of its follow-up mechanism."[1]

Undoubtedly, the Inter-American Convention on the Protection of the Human Rights of Older Persons, together with international and regional agreements on ageing, have been the foundation and inspiration for strengthening the system for the protection of the human rights of older persons in the countries of the region. In fact, in the last seven years, the adoption of the Convention has been accompanied by major progress at the national level, as noted in section B, characterized by significant innovations and updates, with a view to strengthening the legal frameworks for protecting the rights of older persons.

Nonetheless, further strengthening of national legal frameworks for the protection of the rights of older persons, with relevant, adequate and harmonized legislative instruments in line with the mandates of the Convention, at both the national and the subnational levels, is a challenge. In particular, it is important to train personnel responsible for justice administration to apply the human rights of older persons in their decisions and thus enrich the body of jurisprudence in this area.

[1] Asunción Declaration [online] https://conferenciaenvejecimiento.cepal.org/4/en/documents/asuncion-declaration.

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Annex II.A1

Table II.A1.1
Latin America (16 countries): public institutions tasked with preparing the national report on ageing and the rights of older persons

Country	Institution tasked with preparing the national report	Other participating institutions
Argentina	National Directorate of Policies for Older Adults (DINAPAM), attached to the National Secretariat for Children, Adolescents and Family of the National Ministry of Social Development.	National Institute of Social Services for Retirees and Pensioners (INSSJP); Adults and Older Persons Directorate of the Ministry of Health; National Social Security Administration (ANSES); Human Rights Secretariat; Ministry of Women's Affairs, Gender and Diversity.
Bolivia (Plurinational State of)	Ministry of Justice and Institutional Transparency (MJTI).	Ministry of Education, Vice Ministry of Communication; Office of the Ombudsperson and State Housing Agency (AEVIVIENDA); Ministry of Environment and Water; Ministry of Economy and Public Finance; Ministry of Education; Ministry of Public Works, Services and Housing; Ministry of Labour, Employment and Social Security; Ministry of Health and Sport; Financial System Supervisory Authority (ASFI); National Institute of Statistics; Public Management Body for Long-Term Social Security; Short-Term Social Security Supervisory Authority (ASUSS); Office of the State Attorney Generals; Telecommunications and Transportation Regulation and Supervision Authority (ATT); departmental autonomous governments: Beni, Santa Cruz, Cochabamba and Oruro; autonomous municipal governments: Tarija; La Paz; Cobija; El Alto; Oruro; Sucre and Santa Cruz; Departmental Health Services (SEDES): Chuquisaca; Potosí; Oruro; Pando and Santa Cruz; autonomous regional governments: Gran Chaco.
Brazil	National Secretariat for the Promotion and Defence of the Rights of Oder People (SNDPI) of the Ministry of Women, Family and Human Rights.	Ministry of Citizenship; Ministry of Health; Ministry of Labour and Social Security; Ministry of Economy; Ministry of Education; National Land Transportation Agency; Ministry of Science, Technology and Innovation; Ministry of Infrastructure; Ministry of Tourism; National Social Security Institute (INSS); Brazilian Geographical and Statistical Institute (IBGE); Office of the National Human Rights Ombudsperson; National Secretariat for the Rights of Persons with Disabilities.
Chile	National Older Adult Service (SENAMA).	Government ministries; international organizations; municipalities.
Colombia	Ministry of Health and Social Protection (MSPS).	Ministry of Environment and Sustainable Development; Ministry of Commerce, Industry and Tourism; Ministry of Culture; Ministry of National Education; Ministry of the Interior; Ministry of Justice and Law; Ministry of Foreign Affairs; Ministry of Information Technologies and Communications; Ministry of Labour; Ministry of Transportation; Ministry of Housing, City and Territory; Ministry of Sport and National Apprenticeship Service (SENA); National Administrative Department of Statistics (DANE); Administrative Department of the Office of the President; Administrative Department of the Civil Service; Department for Social Prosperity; National Planning Department (DNP); Administrative Unit of the Public Employment Service (UASPE); Agency for Reincorporation and Normalization; Presidential Agency for International Cooperation; Presidential Council for the Participation of Persons with Disabilities; Financial Superintendency of Colombia; National Health Superintendency; Colombian Foreign Trade Bank (BANCOLDEX); Office of the Attorney General of the Nation.

Country	Institution tasked with preparing the national report	Other participating institutions
Costa Rica	National Older Adult Council (CONAPAM).	Ministry of Environment and Energy; Ministry of Culture; Ministry of Housing and Human Settlements; Ministry of Science, Innovation, Technology and Telecommunications; Ministry of Labour and Social Security; National Women's Institute (INAMU); Joint Institute for Social Assistance (IMAS); National Institute of Statistics and Censuses of Costa Rica; National Institute of Learning; National Institute of Housing and Urban Development; Costa Rican Social Security Fund (CCSS); Banco Popular; Presidential Commissioner for Afrodescendent Affairs.
Cuba	Longevity, Ageing, and Health Research Centre (CITED).	Ministry of Economy and Planning (MEP); Ministry of Public Health (MINSAP); National Office of Statistics and Information (ONEI); Ministry of Labour and Social Security (MTSS); Ministry of Foreign Trade and Foreign Investment (MINCEX); Ministry of Higher Education (MES); University Chair for Older Persons (CUAM).
Dominican Republic	National Council on Ageing (CONAPE).	National Social Security Council; National Council for HIV and AIDS ; General Directorate of Budget; General Directorate of Retirement and Pensions; Ministry of Culture; Ministry of Economy, Planning and Development; Ministry of Education; Ministry of Finance; Ministry of Women; Ministry of Public Works; Ministry of Foreign Affairs; Ministry of Public Health; National Office of the National Health Service; National Health Insurance; Office of the Attorney General of the Republic; Central Electoral Board.
Guatemala	Ministry of Social Development (MIDES).	National Committee for the Protection of Old Age (CONAPROV); Social Works Secretariat of the First Lady of the Republic; Guatemalan Institute of Social Security (IGSS); Ministry of Labour and Social Security (MINTRAB); Ministry of Public Health and Social Assistance (MSPAS); Office of the Attorney General of the Nation (PGN); two delegates from public or private institutions linked to the problems of older persons, including one from the Ministry of Social Development (MIDES); Ministry of Culture and Sports (MICUDE); Ministry of Education (MINEDUC); and the National Institute of Statistics (INE).
Honduras	Older Persons Directorate (DIGAM) of the Development and Social Inclusion Secretariat (SEDIS).	National Institute of Statistics of Honduras (INE); Office of the Public Prosecutor for Older Persons; Municipality of Tegucigalpa, Department for Older Persons; Ministry of Education; Ministry of Health.
Mexico	National Institute for Older Persons (INAPAM).	National Medical Arbitration Commission; National Human Rights Commission; National Housing Commission; Mexican Federal Judiciary Council; National Population Council; Housing Fund of the Government Workers Social Security and Services Institute; Mexican Social Security Institute (IMSS); National Institute of Statistics and Geography; National Geriatrics Institute; National Women's Institute; National Adult Education Institute; Government Workers Social Security and Services Institute; Agriculture and Rural Development Secretariat; Welfare Secretariat; Mexican Supreme Court of Justice; Communications and Transportation Secretariat; National Defence Secretariat; National System for Comprehensive Family Development.
Panama	Ministry of Social Development (MIDES), through the National Older Persons Coordination Service (CNAM).	Ministry of Health (MINSA); Social Security Fund (CSS); National Institute of Statistics of Panama (INEC); Ministry of Economy and Finance (MEF); Ministry of Education (MEDUCA); Ministry of Housing and Land Management (MIVIOT); Ministry of Labour and Labour Development (MITRADEL); Panamanian Sports Institute (PANDEPORTES); National Women's Institute (INAMU); National Secretariat for Persons with Disabilities (SENADIS); Electoral Tribunal (TE); Institute for Scientific Research and High Technology Services (INDICASAT-AIP).
Paraguay	Ministry of Public Health and Social Welfare, through the Social Welfare Institute and its Older Persons Directorate.	Social Security Institute; National Institute of Statistics; Ministry of Social Development; Non-Contributory Pensions Directorate of the Ministry of Finance; Ministry of Labour, Employment and Social Security; Ministry for Women; Ministry of Education and Science / General Directorate of Continuing Youth and Adult Education; Technical Secretariat for Economic and Social Development Planning.
Peru	Ministry of Women and Vulnerable Groups (MIMP), through the Older Persons Directorate.	Ministry of Health (MINSA); Ministry of the Interior (MININTER); Ministry of Education (MINEDU); Ministry of Culture (MINCUL); Ministry of Defence (MINDEF); Ministry of Development and Social Inclusion (MIDIS); Ministry of Justice and Human Rights (MINJUSDH); Ministry of Housing, Construction and Sanitation (MVCS); National Institute of Statistics and Information Technology (INEI); Ministry of Transportation and Communications (MTC); Ministry of Labour and Employment Promotion (MTPE); Ministry of Production (PRODUCE); Office of the Ombudsperson; Pension Standardization Office (ONP); Superintendency of Banks, Insurance and AFPs (SBS); National Superintendency of Customs and Tax Administration (SUNAT); National Council for the Integration of Persons with Disabilities (CONADIS); National Comprehensive Family Welfare Programme (INABIF); National Programme for the Prevention and Eradication of Violence against Women and Family Members - Aurora; Social Health Insurance (EsSalud); the Judiciary; Public Prosecutor's Office.
Uruguay	National Institute for Older Persons, Ministry of Social Development.	Ministry of Social Development; Ministry of Public Health; National Institution of Human Rights and Ombudsperson of Uruguay (INDDHH); Social Security Bank; departmental governments *(Intendencias)*.
Venezuela (Bolivarian Republic of)	National Institute of Social Services (INASS)	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of country reports.

CHAPTER

III

Older persons and development

Introduction

One of the priority directions established in the Madrid International Plan of Action on Ageing (2002) was the full participation of older persons in development and the opportunity to share in its benefits irrespective of age. Likewise, overall goal A of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing (2004) is "Protection of the human rights of older persons and creation of conditions of economic security, social participation and education that promote the satisfaction of older persons' basic needs and their full inclusion in society and development". Following up on this goal means emphasizing the role of older persons in development by protecting their economic rights and implementing strategies for social protection, the labour market, training and inclusion in educational programmes.

Increased life expectancy is a social achievement, but at the same time presents major challenges when it comes to ensuring the full and effective enjoyment of human rights by older persons. Recognizing their capabilities and contributions is a necessary step towards understanding and addressing the inequalities caused by the intersections between socioeconomic status, gender, age, place of residence, ethnicity or race, health and disability status and migration status, among other variables, which are factors in the differential exercise of rights (ECLAC, 2016).

Ensuring older persons' participation in and enjoyment of development requires planning and management based on intersectoral, democratic public policies that recognize the diversity of ageing in the countries and in the region, setting out from the first area for action established for the United Nations Decade of Healthy Ageing (2021–2030): change how we think, feel and act towards age and ageing (WHO, 2020, p. 6). In accordance with this logic, older persons have resisted ageist practices. During the pandemic, although many prejudices resurfaced, older persons pursued collective and individual strategies that refuted their imposed role as a social liability, a dependent and vulnerable group. This shows how important it is to include older persons in the development process by strengthening their rights and autonomy.

Given the need to replace the current development model with one leading along a development path that is productive, inclusive and sustainable (ECLAC, 2022a), and in line with the 2030 Agenda for Sustainable Development, older persons have a vital role to play in generating proposals, taking action, making decisions and participating as a group in the transformations needed for a better world (Huenchuan, 2018). Demographic changes are an opportunity to recast the role that older persons play in development by highlighting their contributions to their households, families, communities and countries (see box III.1). The following sections deal with the progress observed in the region, as set out in the country reports on the implementation of the Madrid International Plan of Action on Ageing (2002). The focus is on contributory and non-contributory pension systems, policies to improve older persons' participation in decent work, and education policies that ensure access to lifelong learning, including digital literacy.

Box III.1
Older persons' contributions to the economy: a generational economics perspective

From the point of view of generational economics, older persons work, consume, share (through transfers) and save (Mason and Lee, 2011). While there is the challenge of ensuring that jobs are of good quality and that inclusion is voluntary and decent, older persons' participation in the labour market contributes to the dynamism of economies. Older persons also contribute through unpaid work. For example, the unpaid care work they perform to meet the needs of persons with disabilities, the sick, children and other older persons is an important economic contribution to their families and their countries. Older persons also participate in the economy through consumption.[a] Their needs and interests drive diversification and the creation of new markets, most particularly business innovations in health services, long-term care, financial services and products, the development of new and adapted housing, urban infrastructure, transport and telecare. These innovations in turn impact job creation as new business lines emerge in the services and consumer goods industries. In the health-care industry, for example, which encompasses the trade in pharmaceuticals and in health-care and health professional mobility technologies, the biopharmaceutical sector alone employed 5.5 million people globally in 2017 (IFPMA, 2021). At the same time, the demand for long-term care services has not only led to the creation of businesses (long-term care

institutions, day care homes, geriatric institutions) and direct jobs (in care, food preparation, cleaning and housekeeping, administrative positions) but has also indirectly benefited educational institutions, which have had to respond to market demand by expanding their offerings to include training for care staff. Lastly, although the socioeconomic circumstances of older persons are often characterized by low and unreliable incomes, there are also those who have financial and property assets, and many older persons pay taxes to the State on their sources of income, consumption and wealth.

Source: A. Mason and R. Lee, "Population aging and the generational economy: key findings", *Population Aging and the Generational Economy: A Global Perspective*, R. Lee and A. Mason (eds.), Cheltenham, Edward Elgar Publishing, 2011; M. Okumura and others, *The Silver Economy in Latin America and the Caribbean: Aging as an Opportunity for Innovation, Entrepreneurship, and Inclusion*, Washington, D.C., Inter-American Development Bank (IDB), 2020; International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), *The Pharmaceutical Industry and Global Health: Facts and Figures 2021*, Geneva, 2021 [online] https://www.ifpma.org/wp-content/uploads/2021/04/IFPMA-Facts-And-Figures-2021.pdf.

[a] According to the Inter-American Development Bank (IDB), people aged 60 and over will account for 30.2% of consumption growth in Latin American and Caribbean cities between 2015 and 2030 (Okumura and others, 2020).

A. Social protection for older persons

Social protection provides "basic welfare guarantees, insurance against risks arising from the context or the life cycle, and moderation or repair of social harm that occurs when social problems or risks materialize" (Cecchini and others, 2015, p. 28). It is a right and is considered the central pillar of the welfare State. ECLAC (2022a) has accordingly highlighted the importance of guaranteeing it for all throughout the life cycle by means of different comprehensive, sustainable and resilient mechanisms based on a new social and fiscal covenant. Universal social protection systems defend people against risks arising from illness, disability and death, among other situations (ECLAC, 2021b). In old age, in particular, social protection curbs the effects of inequalities accumulated over a lifetime and reduces the likelihood of older persons living in poor households.

In their reports, the region's countries detail the development, consolidation and strengthening of different public programmes and actions designed to provide social protection for older persons. Most of them centre on regular cash transfers, and in some cases health and social benefits are included in addition to transfers. However, social protection systems in the region have exhibited weaknesses stemming from high rates of labour informality that directly affect the scope of contributory social protection and increase the need for non-contributory social protection measures (ILO, 2020).[1]

Latin America and the Caribbean is highly heterogeneous in the levels of social protection that each country provides to its inhabitants. These differences are rooted in particular demographic contexts, macroeconomic indicators, tax collection capacity, public spending, labour market characteristics and institutional capacity to design, finance, implement, regulate and evaluate social protection systems (Cecchini, Filgueira and Robles, 2014). For example, 2020 data indicate that the lowest proportions of informal employment are found in Uruguay (21.4%), Chile (25.3%) and Costa Rica (36.6%), while in some countries they exceed 50%, examples being the Dominican Republic (54.5%), Mexico (55.7%), Panama (56.1%), Jamaica (58.6%), Peru (68%) and El Salvador (68.6%) (ECLAC, 2022b).

Moreover, there are huge divides in access to social protection in the different countries: for example, there are still large gaps in coverage between rural and urban areas, between women and men, and between Indigenous Peoples, Afrodescendants and the rest of the population (ECLAC, 2022a). Achieving universal social protection therefore means addressing the determinants that limit access, such as labour informality, gender gaps, lack of recognition for care work, ethnicity and race, place of residence (urban or rural), and migration, health and disability status, among other things.

As a fundamental strategy in the region, from a rights and welfare perspective, there is a need to implement redistributive and solidarity-based policies that can bring progress towards the universalization of social protection, including the sustainable expansion of coverage with high-quality benefits, together with the recognition of care as a pillar of social protection (ECLAC, 2016). The understanding of social protection as a right should be the impetus for

[1] Casalí, Cetrángolo and Pino (2020) report that only 46.5% of the employed population in Latin America and the Caribbean was covered by contributory social protection before the COVID-19 pandemic.

establishing mechanisms to expand coverage and improve the adequacy of benefits while keeping them financially sustainable, so that groups which have historically been totally or partially excluded from this right can exercise it.

In the case of older persons, extending coverage involves: (i) recognizing the diversity of old age, i.e. considering the different present and past employment trajectories of the age group and the inequalities that female, Indigenous, Afrodescendent and migrant older persons and those with disabilities have experienced and accumulated; (ii) providing financial security in old age; (iii) seeking to extend social protection into the informal sector; (iv) undertaking specific actions to guarantee social protection for older persons in rural areas; (v) undertaking specific actions to guarantee social protection for older caregivers; and (vi) treating care as a fundamental pillar of social protection systems, as health care and pensions are.

As regards recognition of the diversity of old age, ensuring social protection for older women, in particular, represents a major challenge. This is because they are less likely than men to receive contributory pensions, given their lower rates of participation in the formal workforce. Moreover, because little has been done to include the gender perspective in the design of pension systems, older women who were employed in the formal sector during their working lives may also be affected by the inequalities that have prevailed in the labour market in respect of earnings and contribution periods as a result of their work as caregivers.

Calculating pension amounts on the basis of men's and women's years of contributions without applying a gender perspective produces differentiated effects that increase inequality in old age. This means there is a need for pension reforms with a gender perspective, including compensatory measures such as care-related contribution credits and reviews of contribution density and mortality tables (Arza, 2017; Marco, 2004). Indeed, projections show that most public spending on non-contributory pension systems will be concentrated on women as a result of gender inequalities in the labour market, the feminization of ageing and the higher rates of poverty and extreme poverty that women present. Already by 2017, women aged 65 and over had a higher level of participation (28.1%) than men of the same age (23.7%) in non-contributory systems in 20 countries of the region (Arenas de Mesa, 2020).

1. The coverage and adequacy of contributory and non-contributory pension systems

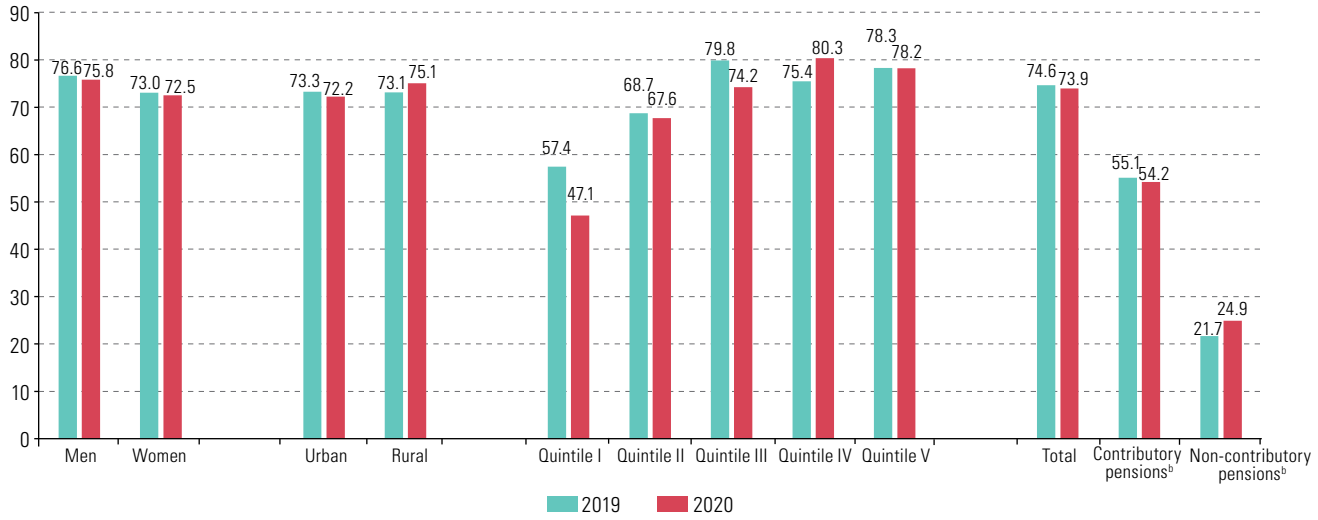
Latin America and the Caribbean continues to face problems of coverage and adequacy when it comes to social protection for older persons (ILO, 2021; ECLAC, 2018). ECLAC (2022a), drawing on household surveys from 13 countries, reports that 73.9% of the Latin American population aged 65 and over received some type of pension in 2020 (54.2% contributory and 24.9% non-contributory). Between 2019 and 2020, pension coverage fell by 0.7 percentage points overall and by 10.3 percentage points in the lowest income quintile. In the fourth and fifth income quintiles, this share increased by 4.9 percentage points and fell by 0.1 percentage points, respectively. Coverage fell for both men and women. For women, however, coverage was three percentage points lower than for men in 2020. Coverage in rural areas increased because more people received non-contributory pensions.

Furthermore, in the nine countries where it is possible to differentiate by type of pension coverage, the proportion of persons aged 65 and over receiving non-contributory pensions increased by an average of 3.2 percentage points between 2019 and 2020. Meanwhile, the proportion of people in this age range receiving contributory pensions fell by 0.9 percentage points over the same period (see figure III.1) (ECLAC, 2022a).

Looking beyond the regional average, the data for both Latin America (see figure III.2) and the Caribbean (see table III.1) show large differences in coverage from one country to another. In 13 Latin American countries, according to information from household surveys, pension coverage in 2020 ranged from 16% of the population aged 65 and over in El Salvador to 97.9% in the Plurinational State of Bolivia (see figure III.2). In seven Caribbean countries, less than 50% of the population of legal retirement age had a contributory or non-contributory pension. In one of them, Haiti, coverage was only 0.4%.[2]

[2] Retirement ages can vary significantly from country to country and over time. In the Caribbean, for example, four countries have raised the retirement age in the last two decades: Barbados (from 65 to 67), Dominica (from 60 to 65), Jamaica (from 60 to 65 for women) and Saint Lucia (from 60 to 65). Two other countries are in the process of applying increases: Antigua and Barbuda (from 60 to 65, to be completed in 2025) and Saint Vincent and the Grenadines (from 60 to 65, to be completed in 2028) (Quashie and Jones, 2022).

Figure III.1
Latin America (13 countries):[a] persons aged 65 and over receiving contributory and non-contributory pensions, by sex, area of residence and income quintile, 2019 and 2020
(Percentages)

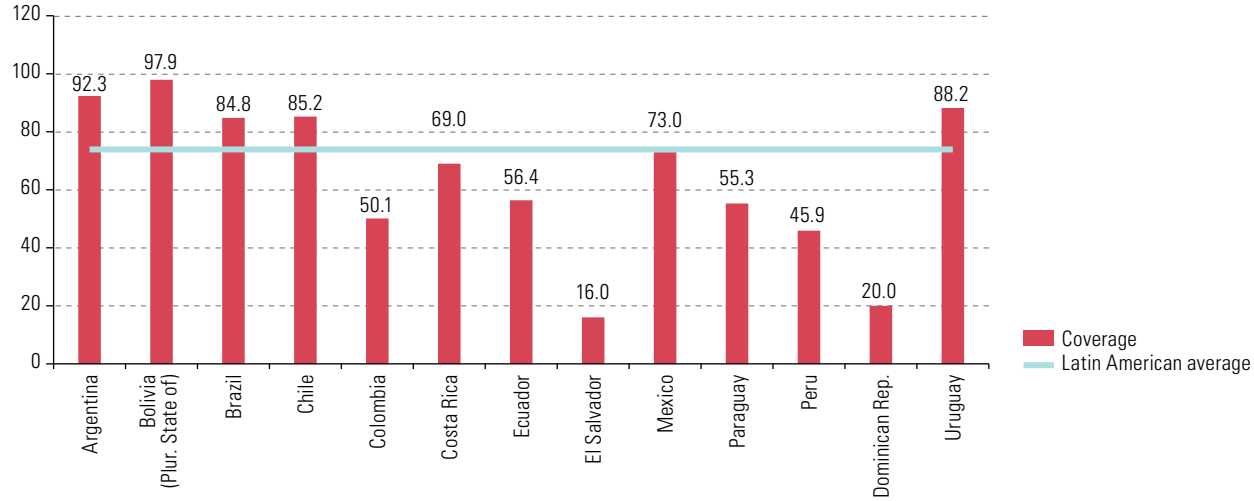


Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago, 2022, on the basis of the Household Survey Data Bank (BADEHOG).

[a] Weighted average of Argentina (urban areas), Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay. The average by area of residence does not include Argentina, as its information is for urban areas only.

[b] Contributory and non-contributory coverage includes information for the following countries, where it can be distinguished in household surveys: Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Paraguay, Peru and the Plurinational State of Bolivia.

Figure III.2
Latin America (13 countries): persons aged 65 and over receiving contributory and non-contributory pensions, by country, 2020[a]
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago, 2022, on the basis of the Household Survey Data Bank (BADEHOG).

[a] In the cases of Argentina, the Dominican Republic, El Salvador and Uruguay, coverage is only for contributory pensions.

Table III.1
The Caribbean (17 countries and territories): persons of legal retirement age receiving contributory and non-contributory pensions, actual coverage, 2020
(Percentages)

Country	Percentage	Country	Percentage
Anguilla	44.3	Haiti	0.4
Antigua and Barbuda	75.8	Turks and Caicos Islands	68.4
Aruba	97.5	Jamaica	40.3
Bahamas	89.6	Martinique	64.1
Barbados	63.5	Saint Kitts and Nevis	62.3
Belize	49.9	Saint Vincent and the Grenadines	42.0
Dominica	60.3	Saint Lucia	32.5
Grenada	47.8	Trinidad and Tobago	91.1
Guadeloupe	72.7		

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), *World Social Protection Report 2020–22: Social Protection at the Crossroads – In Pursuit of a Better Future,* Geneva, 2021 [online] https://www.social-protection.org/gimi/ShowWiki.action?id=629#stat [accessed in March 2022].

In addition to coverage, it is necessary to analyse whether pensions are high enough to cover basic needs.[3] As of around 2020, the proportion of people aged 65 and over in Latin America receiving inadequate pensions (including those receiving no pension and those receiving pensions worth less than one poverty line) was 40.1%. The situation was worse among women (42.8%) than among men (37.6%). It is particularly disturbing that in 8 of 14 countries, more than half of older persons received inadequate pensions (see table III.2).

Table III.2
Latin America (14 countries): persons aged 65 and over receiving inadequate pensions, by sex, around 2020
(Percentages)

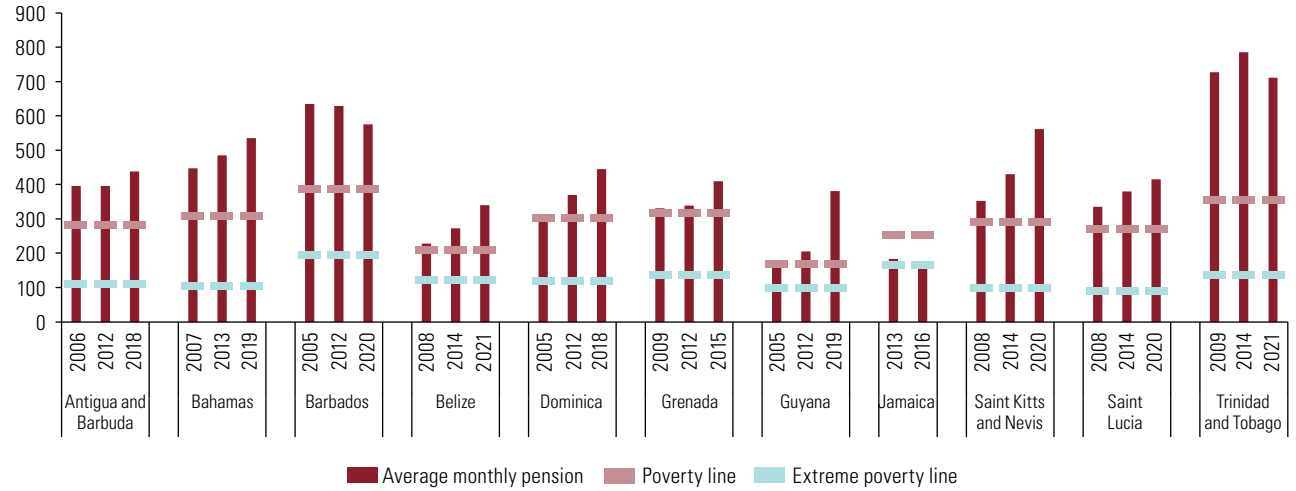
	Both sexes	Men	Women
Bolivia (Plurinational State of)	78.6	74.0	82.8
Brazil	15.3	13.1	16.9
Chile	17.8	17.3	18.2
Colombia	70.1	66.7	72.9
Costa Rica	31.7	22.7	38.9
Dominican Republic	80.4	75.3	84.5
Ecuador	56.4	50.0	61.8
El Salvador	81.5	75.4	86.2
Honduras[a]	92.1	90.9	93.0
Mexico	71.3	61.9	79.2
Panama[a]	34.5	26.9	41.2
Paraguay	58.5	58.5	58.4
Peru	55.9	51.8	59.8
Uruguay	12.6	10.3	14.1
Latin America (weighted average)	40.1	37.6	42.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/dashboard.html?lang=en&indicator_id=4624&area_id=931.
Note: The indicator is calculated as the percentage of persons aged 65 and over who do not receive a pension or, if they do, receive a pension worth less than one poverty line, relative to the total population aged 65 and over.
[a] Figures for 2019.

Figure III.3 compares the average monthly value of contributory pensions in the national insurance system with national poverty and extreme poverty thresholds in the Caribbean countries. Cases where pension amounts are below or just above the poverty line are also of concern (Quashie and Jones, 2022).

[3] Individual adequacy indicators include the pension replacement rate, i.e. the ratio between the pension provided to someone and the income that person received during their working life (or at the end of their working life) and the average monthly pension as a percentage of the poverty line (ECLAC, 2018) or as a percentage of the income deficit of the poor population (Cecchini, Villatoro and Mancero, 2021).

Figure III.3
The Caribbean (11 countries): average monthly value of national insurance system contributory pensions and national poverty and extreme poverty lines
(Dollars)

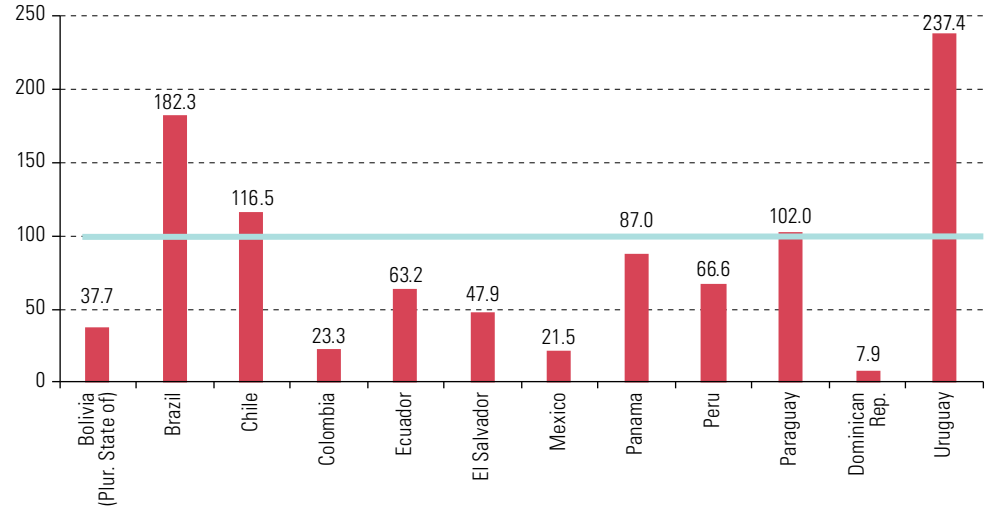


Source: N. Quashie and F. Jones, "The Ageing Caribbean: 20 Years of the Madrid Plan of Action", Economic Commission for Latin America and the Caribbean (ECLAC), 2022, [online] https://www.cepal.org/sites/default/files/events/files/mipaa20_subregional_review_rev2.pdf, on the basis of information published by national insurance agencies.

Note: The national poverty and extreme poverty lines are the most recent available (for a single adult person), updated to 2021 prices using consumer price indices (the lines shown for Guyana are the international poverty lines of US$ 3.20 and US$ 5.50 per day).

Lastly, figure III.4 shows that as of 2017, the monthly per capita amounts of non-contributory pensions equalled or exceeded the income deficit of the poor population in only 4 out of 12 Latin American countries. This deficit is the gap between monthly per capita household income and the poverty line, which means that monthly per capita transfers from non-contributory pensions which are equal to or higher than this figure are sufficient to lift households out of poverty (Cecchini, Villatoro and Mancero, 2021).

Figure III.4
Latin America (12 countries): monthly per capita amounts of non-contributory pensions relative to the income deficit of the poor population, 2017
(Percentages of the income deficit)



Source: L. Abramo, S. Cecchini and B. Morales, *Social programmes, poverty eradication and labour inclusion: Lessons from Latin America and the Caribbean*, ECLAC Books, No. 155 (LC/PUB.2019/5-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2019.

Note: This indicator relates the amount of the average per capita cash transfer received by households to the average per capita income deficit affecting the poor as measured by the Economic Commission for Latin America and the Caribbean (ECLAC) poverty line, taking into account household income before transfers. Reference year for the information: Brazil (2017), Chile (2017), Colombia (2017), Dominican Republic (2017), Ecuador (2017), El Salvador (2017), Mexico (2016), Panama (2017), Peru (2017), Paraguay (2017), Plurinational State of Bolivia (2015), Uruguay (2017).

2. The expansion of non-contributory pensions

Non-contributory pensions provide a guaranteed source of income for people who have not achieved full inclusion in the labour market during their lives, whether because they have worked in the informal sector, because their employment trajectories have been unstable, because they have encountered obstacles to labour market participation due to a disability preventing them from working, or for other reasons (Abramo, Cecchini and Morales, 2019).

A very important development in this fourth review and evaluation of the Madrid International Plan of Action on Ageing (2002) is that 25 countries in the region now have some form of non-contributory old-age pension programme. Some of these programmes are almost universal in scope (i.e. they have very wide coverage, but receipt of the benefit depends on some condition, such as not receiving any contributory pension), while others are targeted exclusively at the poor (see table III.3).

Table III.3
Latin America and the Caribbean (25 countries and territories): non-contributory pensions currently operating

Country	Programme	Description
Antigua and Barbuda	Old-age Assistance Programme (1993)	The programme provides pensions for older persons who have not had the opportunity to contribute to Social Security.
Argentina	Universal Pension for Older Adults (2016)	This is a benefit for persons aged 65 and over who do not have a pension.
	Non-contributory pension programme (1948)	The main users are socially vulnerable people who are not entitled to a pension.
Bahamas	Old-age Non-contributory Pension (1972)	Provides assistance to older persons who do not qualify for a retirement pension and who are considered vulnerable.
Barbados	Non-contributory Old-age Pension (1982)	Focuses on helping older persons and people who are blind or deaf and dumb and do not have sufficient income to support themselves.
Belize	Non-contributory Pension Programme (2003)	The non-contributory pension was designed for women aged 65 and over and men aged 67 and over with inadequate or no income.
Bermuda	Non-contributory Pension (1970)	This programme is designed to provide assistance to people without any contributory pension (older persons and persons with disabilities).
Bolivia (Plurinational State of)	*Renta Dignidad* Universal Old-age Pension (2008)	A cash transfer programme for older persons; it is a non-contributory lifelong pension whose objectives include protecting the income of this vulnerable population.
Brazil	Continuous Benefit Programme (1996)	This is a monthly payment equivalent to one minimum wage for persons over 65 years of age or persons on low incomes with disabilities.
	Rural Pension (1993)[a]	For informal rural workers (ages 60 and over for men and 55 and over for women).
Chile	Universal Guaranteed Pension (2022)	Aimed at people over 65 years of age who are not members of a household belonging to the highest-income 10% of the population, regardless of whether they are working or pensioners.
Colombia	*Colombia Mayor* programme (2012)	Provides older persons living in extreme poverty and indigence with an allowance to finance their basic needs.
Costa Rica	Non-contributory Scheme for Basic Pensions (1974)	Supports people who are excluded from the Costa Rican social protection system with the aim of reducing poverty among older persons and those with disabilities.
Cuba	Social Assistance Regime (1979)	The benefits are provided to persons who are not entitled to social security pensions or who receive allowances that are inadequate because of their specific situation.
Ecuador	Pension for Older Adults and Pension for Persons with Disabilities (2003)	Social pensions for older persons (aged 65 and over) and persons with disabilities.
El Salvador	*Nuestros Mayores Derechos* (2009)	Designed to provide non-contributory social protection for older persons.
Guatemala	Older Adult Economic Contribution Programme (2005)	Protects the older population and those with disabilities who lack financial resources and are not entitled to other types of pension.
Guyana	Old Age Pension (universal) (1994)	Intended for low-income persons aged 65 and over.
Mexico	Older Adult Welfare Pension (2019)	Seeks to ensure access to social protection for the older adult population aged 68 and over (65 and over in the case of the Indigenous and Afro-Mexican population).
Panama	Special Cash Transfer Programme for Older Adults (120 at 65) (2009)	Consists in a US$ 120 payment from the age of 65 to older adults without a pension.
Paraguay	Food pension for older adults living in poverty (2009)	Consists in providing everyone aged 65 and over who lives in poverty with a monthly income to meet their basic needs.
Peru	*Pensión 65* National Solidarity Assistance Programme (2011)	Seeks to provide social protection to persons aged 65 and over who live in vulnerable situations.
Saint Kitts and Nevis	Non-contributory Assistance Pension (1998)	Granted to older adults and those with disabilities who do not have a stable income or other type of support and are not entitled to contributory pensions.
Saint Vincent and the Grenadines	Non-contributory Assistance Age Pension (1998)	Provides assistance to people who were not able to pay into the pension system and are therefore not entitled to any contributory pension.
Trinidad and Tobago	Senior Citizens' Pension (formerly Old Age Pension) (2001)	Monthly allowance paid to people aged 65 and over on the basis of their income and residential status.
Uruguay	Non-contributory old-age and invalidity pensions (1919)	Provide financial assistance to all those who for reasons of age or illness are unable to earn a living and lack resources of any kind to cover their basic needs.
Venezuela (Bolivarian Republic of)	*Gran Misión en Amor Mayor* (2011)	This programme seeks to ensure maximum protection, inclusion, respect, well-being and social justice for older adults, especially those living in households with incomes below the minimum wage. It also guarantees Indigenous People access to pensions from the age of 50, earlier than the rest of the population.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Non-contributory Social Protection Programmes Database - Latin America and the Caribbean [online] https://dds.cepal.org/bpsnc/sp and Social Security Institute (IPS), "Pensión Garantizada Universal (PGU)", 2022 [online] https://www.ips.gob.cl/servlet/internet/content/1421812197645/pension-garantizada-universal-pgu.

[a] This can be regarded as a semi-contributory pension, as recipients pay towards it.

In 2020, Brazil had the region's highest non-contributory pension coverage in absolute terms thanks to its *Previdência Rural* (Rural Pension) and *Benefício de Prestação Continuada* (Continuous Benefit Programme), which between them benefited 11.7 million older persons and persons with disabilities. In Mexico, the Pension for the Well-being of Older People benefited 8.1 million people (ECLAC, 2022e). In 2019, social protection for the older population in Mexico was extended on the basis of ethnic and racial criteria: the eligibility parameters of the Pension for the Well-being of Older People vary in recognition of the greater vulnerability of Indigenous older persons (ECLAC/FILAC, 2020).[4]

One of the most recent programmes is Chile's Universal Guaranteed Pension, introduced in 2022 to extend the former Basic Solidarity Old-age Pension to persons aged 65 and over who are not members of a household belonging to the highest-income 10% of the population, regardless of whether they are working or are pensioners.

Further progress has also been made in the Caribbean. For example, in 2021 Jamaica introduced a new non-contributory pension for persons aged 75 and over who do not receive any other pension, benefit, allowance, assistance or income. In Guyana, the government succeeded in increasing the value of the pension from 19,000 Guyanese dollars per month (US$ 90) in 2017 to 28,000 Guyanese dollars (US$ 134) in 2022, so that it rose by about three times as much as the consumer price index during this period.

3. Social protection actions and challenges in the face of COVID-19

During the pandemic, the governments of the region put in place strategies to provide social protection to a wide range of people belonging to the most vulnerable sectors of society, including older persons, mainly through emergency transfers in cash and in kind. States' social protection responses during the pandemic involved an increase in public social spending that was unprecedented in the region. Their objective was to ensure that basic food needs were met and to provide a basic income floor.

As regards resources, ECLAC (2022a) indicates that central government public spending on social protection in the region was 5.9% of GDP in 2020, an increase of 1.7 percentage points over 2019, which is explained by the great effort made by the countries to protect the population (including older persons) from the socioeconomic consequences of the pandemic. Prior to the pandemic, central government spending on social protection had gradually increased from 3.2% of GDP in 2000 to 4.2% of GDP across 17 Latin American countries.[5]

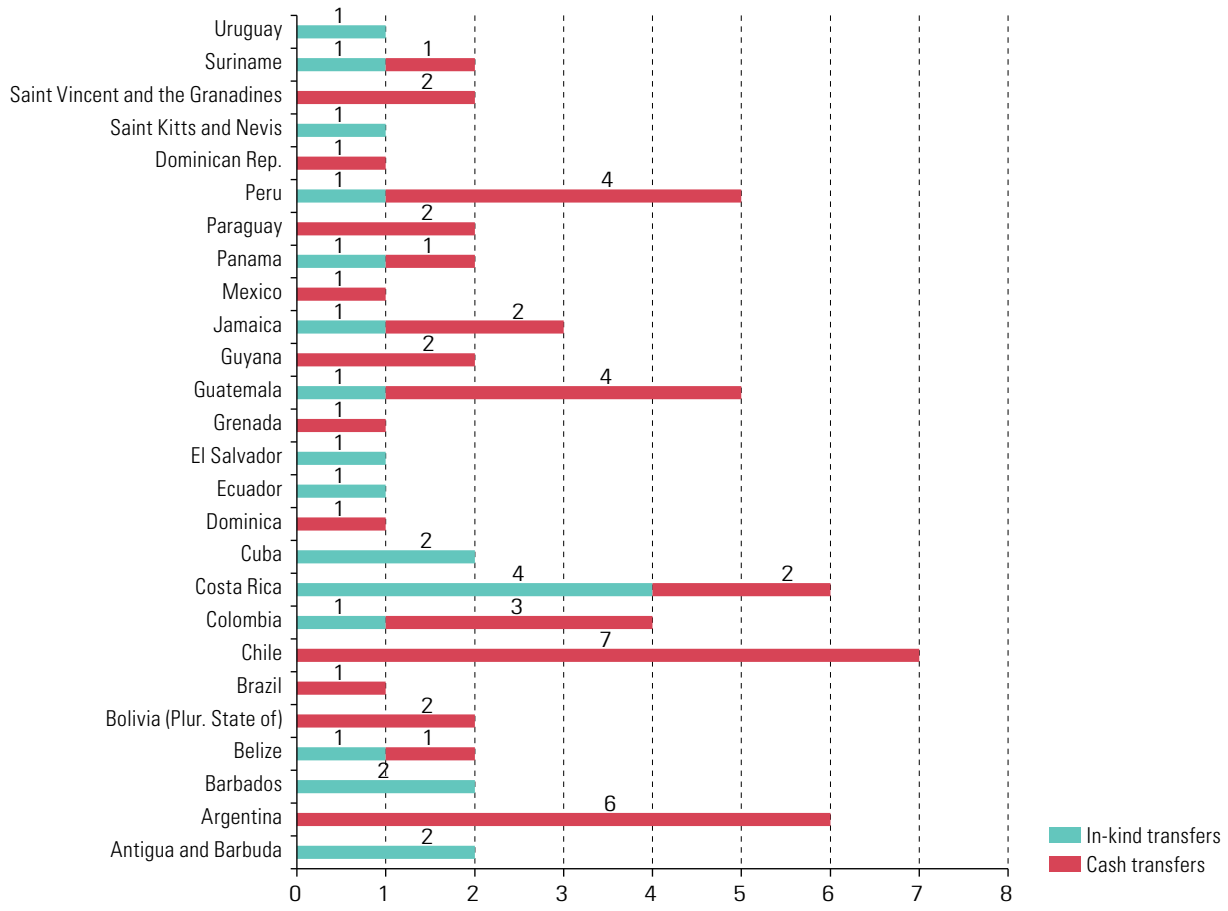
Increased public social spending was key to mitigating the rise in poverty (ECLAC, 2022a). In many countries, emergency cash transfers, together with ongoing contributory and non-contributory pension programmes, ensured access to a basic income that enabled many older persons to cope with the crisis. According to ECLAC (2022a), for example, the pensions received by older persons in 13 Latin American countries were sufficient to offset a 34.9 percentage point increase in poverty and a 22.9 percentage point increase in extreme poverty in 2020.

In Latin America and the Caribbean, 26 countries implemented emergency cash and in-kind transfers targeting older persons to address the pandemic. Forty-four cash transfer measures designed to protect the income of vulnerable older persons and 21 in-kind transfer measures to ensure food security are reported to have been introduced between March 2020 and October 2021 (see figure III.5). The total of 65 cash and in-kind transfer measures for older persons in the period compares with 149 for the adult population, 91 for children and adolescents and just 18 for the youth population (Atuesta and Van Hemelryck, 2022).

[4] This pension is for people aged 68 and over, but in the case of Indigenous Peoples and Afro-Mexicans it covers those aged over 65.

[5] The regional average for public social spending masks large differences between the various countries and subregions. In South America, for example, central government spending on social protection was 8.3% of GDP in 2020, whereas it was only 3.3% of GDP in Central America, the Dominican Republic and Mexico and 3.2% of GDP in the Caribbean (ECLAC, 2022a).

Figure III.5
Latin America and the Caribbean (26 countries): number of emergency cash and in-kind transfers introduced in response to COVID-19 whose target population includes older persons, March 2020 to October 2021



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of "Social Development and COVID-19 in Latin America and the Caribbean" [online] https://dds.cepal.org/observatorio/socialcovid19/en/.

In the case of cash transfers (see table III.4), some support was tied to pensioner or retiree status. In most countries, however, efforts focused on providing non-contributory monetary support to the most vulnerable older persons. A noteworthy case is Colombia, which established a specific programme for rural workers and producers aged 70 and over, and the Dominican Republic, which included people with critical illnesses. In some cases, the emergency measures consisted of advances in transfers under existing programmes. However, most of these measures involved increases in the amounts provided or the creation of new emergency programmes.

Atuesta and Van Hemelryck (2022, p. 33) report that during the pandemic "the amounts of transfers provided have not been sufficient to cover recipients' basic needs". In the period from March 2020 to December 2021, only Chile provided cash transfers with an average monthly value close to or above the poverty line. Furthermore, emergency cash transfers became even more inadequate during 2021, as a number of measures were discontinued, for example in Costa Rica and Peru (see figure III.5).

Table III.4
Latin America and the Caribbean (19 countries): emergency cash transfers in response to COVID-19 for or including older persons

Country	Programme
Argentina	Extraordinary allowance for retirees and recipients of non-contributory pensions
	Increase in pension entitlements
	Family Support Allowance
	Special payment to retirees
	Bonus for recipients of non-contributory pensions
	15% rebate on debit card purchases
Belize	Belize COVID-19 Cash Transfer Programme (BCCAT)
Bolivia (Plurinational State of)	Annual bonus of the *Renta Dignidad* Universal Old-age Pension
	Family Basket
Brazil	Advance payment of the Continuous Benefit Programme transfer amount
Chile	Universal Family Emergency Income (IFE)
	Extended IFE Grant, formerly the IFE-COVID Grant (Lockdown IFE and Transition IFE)
	COVID-19 Grant (Preparation and Opening IFE)
	COVID Christmas Grant
	Emergency Family Income 2.0 for COVID-19 (IFE 2.0)
	Emergency Family Income for COVID-19 (IFE)
	COVID-19 Emergency Grant
Colombia	Financial incentive for rural workers and producers aged 70 and over
	Colombia Mayor programme
	Giro Social - Compensation for value added tax (VAT)
Costa Rica	Emergency allowance of the Joint Institute for Social Aid
	Advance on non-contributory pensions
Dominica	Social Cash Transfer Programme
Dominican Republic	*Quédate en Casa* (Stay at Home) programme
Grenada	Support for Education, Empowerment and Development Programme (SEED)
Guatemala	Economic Contribution to Older Persons Programme (extension of coverage)
	Family Grant Fund
	Cash transfers
	State pensioners grant
Guyana	One-off cash grant for pensioners, recipients of public assistance and persons with disabilities
	Advance payment of old-age pensions
Jamaica	Programme of Advancement through Health and Education (PATH) (increase of 50% in the usual transfer amount)
	COVID-19 CARE programme Compassionate Grant
Mexico	Pension Programme for the Well-Being of Older Persons
Panama	New Panama Solidarity Plan
Paraguay	Tekoporã (extra payment and increased coverage)
	Maintenance for Older Persons Living in Poverty (advance payment)
Peru	*Yanapay Perú* voucher
	600 soles grant
	Advance transfer to users of the National Direct Support Programme for the Poorest (*Juntos*)
	Non-contributory pensions, *Pensión 65* National Solidarity Assistance Programme and CONTIGO programme (double payment in advance).
Saint Vincent and the Grenadines	Interim Assistance Benefit for Vulnerable Vincentians
	Prepayment for all pensioners
Suriname	General Provision for Old Age

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of "Social Development and COVID-19 in Latin America and the Caribbean" [online] https://dds.cepal.org/observatorio/socialcovid19/en/.

In the case of in-kind transfers, among the Latin American countries Colombia established the programme *Colombia Está Contigo, Apoyo al Adulto Mayor*, aimed at older persons; Ecuador provided support to priority groups that included older persons; and Peru and Uruguay also provided emergency food support to older persons. In the Caribbean, Barbados's programme not only provided food support, but included packages with hygiene products for vulnerable persons, older persons and persons with disabilities. Jamaica also included toiletries and personal care items in addition to food (see table III.5).

Table III.5
Latin America and the Caribbean (14 countries): emergency in-kind transfers for older persons in response to COVID-19

Country	Programme
Antigua and Barbuda	COVID-19 Emergency Food Assistance Programme
Barbados	Food vouchers
	Care packages
Belize	New Food Assistance Programme
Colombia	*Colombia Está Contigo, Apoyo al Adulto Mayor*
Costa Rica	Strategy for comprehensive care of older persons in response to COVID-19
	Food provision - "Con vos podemos" and "Enlace de esfuerzos"
	Food for older adults
Cuba	Food for older adults
	Change in the food provision measures of the Family Care System
Ecuador	Support for priority care groups
El Salvador	Health Emergency Programme (PES) food baskets
Guatemala	Provision of food, "COVID-19 Food Support and Prevention Programme"
Jamaica	Programme of Advancement through Health and Education (PATH) (50% increase in the usual transfer amount)
	Welfare packages
Peru	Food distribution by the Qali Warma National School Feeding Programme
Saint Kitts and Nevis	Provision of food vouchers
Suriname	COVID-19 support packages
Uruguay	Food basket

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of "Social Development and COVID-19 in Latin America and the Caribbean" [online] https://dds.cepal.org/observatorio/socialcovid19/en/.

In addition, other support was implemented in response to the pandemic, such as policies to keep people in their jobs, subsidies to encourage the hiring and reinstatement of workers, measures to maintain the supply of basic services, price-setting and controls for rents and products in the basic food basket, loan and mortgage payment rescheduling and tax relief. In the case of basic services (water, electricity and the Internet), for example, 45 measures had been implemented by October 2021 prohibiting disconnection of services and providing for reconnection for non-payers and postponement or agreed rescheduling of bill payments. Some of these were general measures, while others were targeted at vulnerable populations such as people whose incomes had fallen or who were unemployed (Atuesta and Van Hemelryck, 2022; ECLAC, 2022c). Although many older persons may have benefited from these measures, provision was explicitly made for them only in Jamaica (which guaranteed the supply of electricity for persons registered with the Jamaica Council for Persons with Disabilities and older persons living alone) and Panama (which mandated a 30% tariff reduction for retirees and pensioners) (ECLAC, 2022c).

With regard to contributory social protection systems, the *Social Panorama of Latin America, 2021* (ECLAC, 2022a) reports that between 2019 and 2020 there was a slight increase in the proportion of persons aged 65 and over who were members of and contributing to these, something that could be associated with the lack of adequate pensions and older persons' need to continue working. However, there was a considerable drop in social protection system membership and contributions among young people. In addition, there was an increase in early withdrawals of savings from individual accounts in countries such as Chile and Peru, which represents a major risk of social vulnerability in the future. The challenge is therefore to put in place measures to mitigate these negative effects of the pandemic on the younger generations.

B. The economic participation of older persons in the labour market

Older persons also contribute to development through participation in the labour market, increasingly considering that they can exercise a right to carry on working. It is true that this continued employment occurs in a context of low coverage and inadequate income from pension systems, as well as other processes that make life in old age insecure, such as those associated with the gender-related economic inequalities that can arise for widows and female heads of households (Huenchuan, 2018). Participation levels vary by country, age group and sex, as do occupation types and the income and benefits obtained by older persons in work (ECLAC/ILO, 2018). In addition, better health and educational profiles mean greater opportunities for independent participation in the labour market (ECLAC/ILO, 2018).

According to ECLAC/ILO (2018), projections put the proportion of persons aged 60 and over in the labour force in the region at 8.3% in 2020, with this figure rising to 15.0% by 2050. Participation rates have been increasing in this population segment, as well as in the different age subgroups, since 1980. Projections for this participation to 2050 indicate slight increases up to the 70 to 74 age group. The trend differs between women and men. Older women have increased their economic participation more sharply since the 1980s, and this is projected to continue through to 2050, even at very advanced ages. In the case of older men, there is also an increase over the period, but participation declines at very advanced ages, probably because of greater access to contributory pensions (see table III.6) (ECLAC/ILO, 2018).

Table III.6
Latin America (20 countries):[a] participation rates and proportion of persons aged 60 and over in the labour force, by sex and age subgroup, 1980–2050
(Percentages)

Age and sex	1980	2000	2010	2015	2020	2030	2040	2050
Participation rate (total)								
60 to 64	41.1	43.4	48.4	49.6	50.2	50.7	51.7	51.9
65 to 69	30.2	31.6	35.4	36.0	36.2	36.1	36.8	37.1
70 to 74	22.3	22.5	25.2	25.6	25.3	24.8	24.6	25.1
75 to 79	17.0	16.7	18.5	18.7	18.6	18.1	17.7	18.0
Participation rate (female)								
60 to 64	17.3	23.3	31.3	32.8	33.3	33.3	33.8	33.8
65 to 69	12.3	15.9	21.9	22.8	23.0	22.8	23.1	23.2
70 to 74	8.7	10.7	14.9	15.6	15.5	15.3	15.2	15.5
75 to 79	6.7	7.9	10.7	11.0	11.0	10.7	10.5	10.6
Participation rate (male)								
60 to 64	67.3	65.9	67.5	68.6	69.4	70.3	71.2	71.3
65 to 69	51.0	50.1	51.0	51.2	51.6	51.5	52.5	52.6
70 to 74	38.8	37.3	37.8	37.7	37.1	36.4	36.0	36.2
75 to 79	30.1	28.8	29.0	28.7	28.4	27.6	27.0	27.1
Proportion of persons aged 60 and over in the labour force (both sexes)	5.4	5.5	6.6	7.5	8.3	10.3	12.7	15.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC)/International Labour Organization (ILO), "Labour market participation of older persons: needs and options", *Employment Situation in Latin America and the Caribbean*, No. 18 (LC/TS.2018/39), Santiago, 2018.

[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

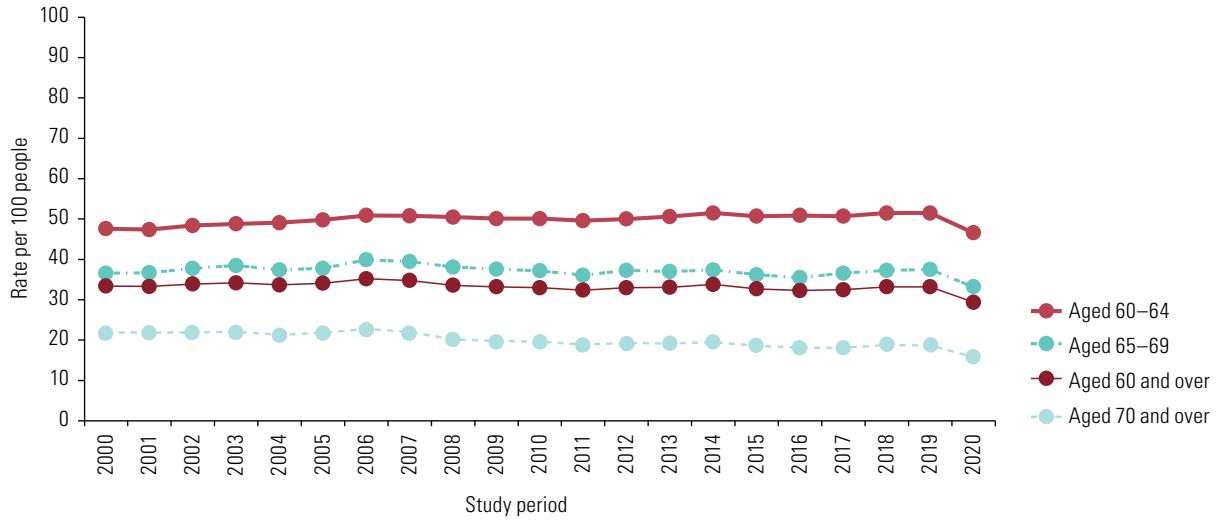
1. Employment trends among older persons

Between 2000 and 2019, employment rates for older persons of both sexes in 18 Latin American countries held steady at around 33% for those aged over 60, but fell from 21.9% to 18.7% for those aged over 70.[6] Then, owing to the effect of the pandemic, both the male and the female employment rates declined for all age groups in 2020.

[6] Low employment rates among persons over 70 years of age are often due to the onset of illness or disability.

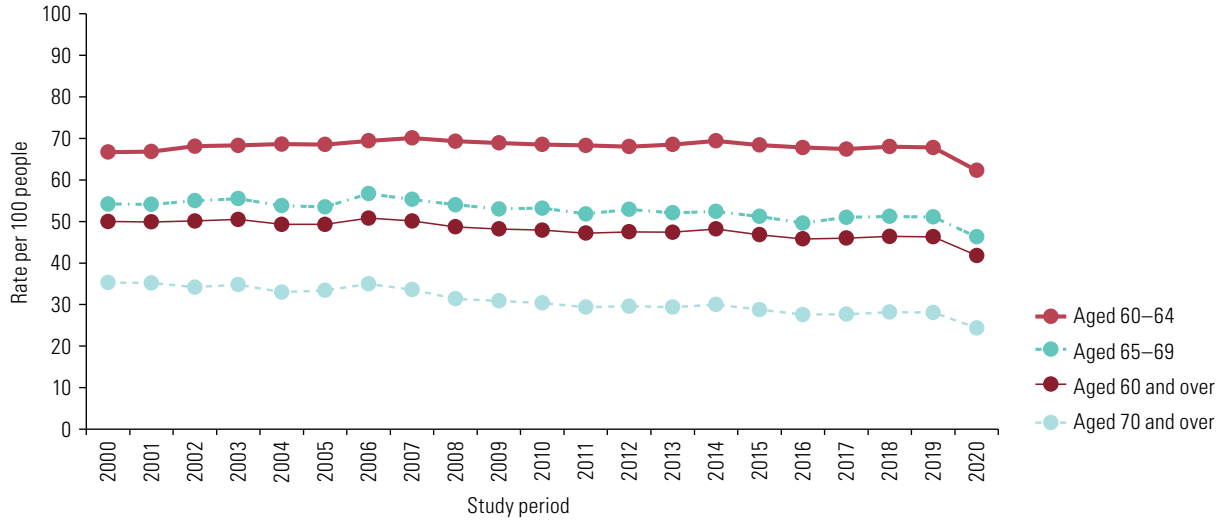
The level of employment is much higher among older men, who are still generally household heads and breadwinners, than among women. However, older men experienced a significant decline in their employment rates between 2000 and 2019, from 50% to 46.3% among those aged over 60 and from 35.3% to 28.1% among those aged over 70. Women over 60, meanwhile, experienced an increase, from 19.5% in 2000 to 22.4% in 2019, while for women over 70 the employment rate held steady at around 11.5% (see figures III.6 to III.9). ECLAC/ILO (2018) indicates that the labour force participation of women aged 60 and over should be seen in the context of the gradual increase in women's labour market participation and the narrowing of participation and employment gaps between men and women in all age groups.

Figure III.6
Latin America and the Caribbean (18 countries):[a] employment rates, persons of both sexes aged 60 and over, by age group, 2000–2020
(Percentages)



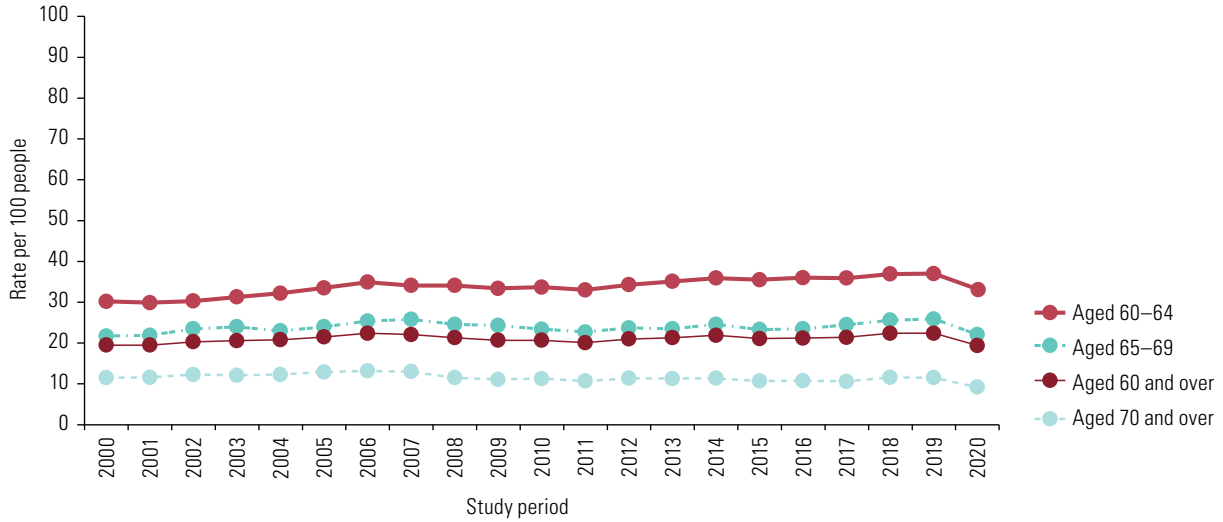
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).
[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

Figure III.7
Latin America and the Caribbean (18 countries):[a] employment rates, men aged 60 and over, by age group, 2000–2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).
[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

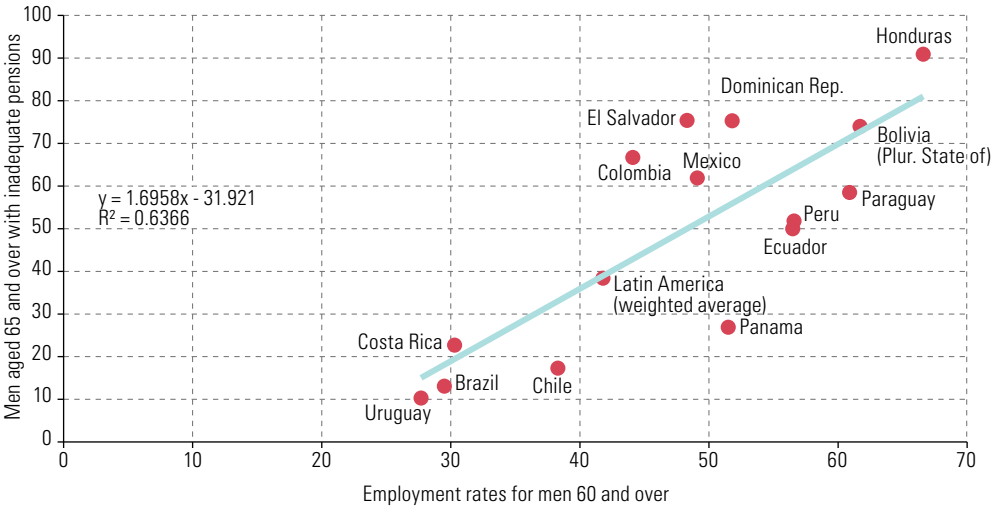
Figure III.8
Latin America and the Caribbean (18 countries):[a] employment rates, women aged 60 and over, by age group, 2000–2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).
[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

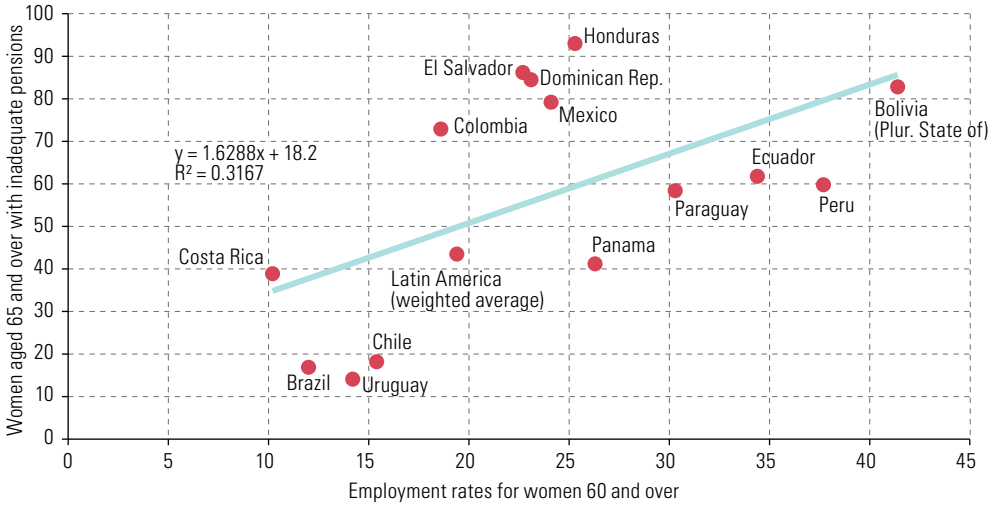
Differences in the employment rates of older persons by country correlate closely with the percentage of older persons who have inadequate pensions, both for men (see figure III.9) and for women. However, older women's employment rates are lower than older men's, and the proportions with inadequate pensions are higher (see figure III.10).

Figure III.9
Latin America and the Caribbean (14 countries): employment rates for men aged 60 and over and for men aged 65 and over with inadequate pensions, 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Figure III.10
Latin America and the Caribbean (14 countries): employment rates of women aged 60 and over and of women aged 65 and over with inadequate pensions, 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

The challenges for the labour market participation of older persons in the countries of the region therefore relate to gender inequalities and the low coverage and inadequacy of pension system benefits. Decent employment should be an option and not an obligation that affects the quality of life of older persons. Higher participation by older persons is negatively correlated with pension coverage and income, which means that people are being forced into paid and unpaid work under poor conditions. ECLAC/ILO (2018) mentions that the high levels of labour market participation of older persons above the legal retirement age are a clear reminder of the weakness of social protection systems in the region.

With regard to the design of public policies in the context of ageing, lastly, it is important to highlight the need to strengthen systems of statistical information on the participation of older persons in the labour market with data disaggregated by age, sex, territory and ethnicity or race, among other dimensions of the social inequality matrix.

2. Employment policies, actions and programmes

Although non-contributory social protection provides substantial benefits to older persons, in many cases preventing them from falling deeper into poverty, these resources are still inadequate. Older persons often have no choice but to carry on working or re-enter the labour force, especially in countries with lower pension coverage rates and amounts.

Self-employment, by providing people with the opportunity to flexibly manage when and where they work, is an option that is often taken up by older persons. However, there is a high risk of self-employment being associated with informal employment. For this reason, some countries in the region, in order to promote decent work, have implemented actions and programmes that seek to incentivize formal work for older persons. For example, Chile and Colombia have adopted tax incentives and subsidies as a strategy to help older persons enter and re-enter the labour market. Of particular note in this area are programmes linking allowances and employment training that, in the Chilean case, provide targeted allowances to people aged 55 and over.

It is also important to highlight the efforts being made to encourage participation by older persons themselves in public policy decision-making. One example is Colombia, where the National Council of Older Persons promotes employment, economic autonomy and entrepreneurship and seeks to create formal employment for older persons in the public sector (see table III.7).

Table III.7
Latin America (5 countries): programmes and strategies to incentivize formal working by older persons

Country	Type	Name	Description
Argentina	Programme	Employment Participation Programme (PIL)	Aims to help less easily employable workers, including older persons, into the labour market. It provides companies that hire them with financial assistance from the Ministry of Labour, Employment and Social Security that covers part of their wages.
Chile	Programme	*Experiencia Mayor* programme of the National Training and Employment Service (SENCE)	The programme is aimed exclusively at unemployed people aged 60 and over (with no age limit), and includes a hiring bonus of up to 60% of the minimum monthly income for the first six months of the contract, falling to 20% thereafter. It also includes an optional training allowance of up to 400,000 pesos per person hired.
	Bill (currently in its first constitutional stage in the Senate and second report before the Special Committee on Older Persons)	"Promotion of positive ageing, comprehensive care for older adults and a strengthened institutional framework for older adults"	(i) Definition of older adult worker, as already established in the second subsection of article 1 of Law No. 19828 creating the National Service for Older Adults; (ii) compatibility of functions with the health of the older adult worker; (iii) alternative options for distributing the working day; (iv) option of suspending the contract at any time; (v) employment prior to becoming an older adult worker; (vi) entitlement for older adult workers to use their annual holiday on a proportional basis from the seventh month.
	Tax incentive	*Contrata* subsidy	The aim is to promote economic recovery by providing incentives to hire new workers. The hiring company receives assistance towards the payment of wages (8 months for large companies and 10 months for SMEs), based on the following groups and income brackets: for men aged between 18 and 54 with an income of less than 500,000 pesos = 50% of gross monthly pay; income between 500,000 and 961,500 pesos = 250,000 pesos. For youth (aged 18–23), women, persons with disabilities and men aged 55 and over and with incomes below 450,000 pesos = 65% of gross monthly pay; income between 450,000 and 961,500 pesos = 290,000 pesos.
	Tax incentive	*Regresa* subsidy	Designed to promote economic recovery by providing incentives to reinstate workers whose employment contracts have been suspended under the Employment Protection Act. The hiring company receives wage subsidies (6 months for large companies and 8 months for SMEs) based on the following income groups and brackets: men aged 24 and over, depending on gross monthly pay: 160,000 pesos per month for each worker accepted; youth (aged 18 to 23), women, men aged 55 and over and persons with disabilities, depending on gross monthly pay: 200,000 pesos per month for each worker accepted.
Colombia	Institution	National Council of Older Persons	Promotes public policies related to the employment of older persons that foster economic autonomy for the transition to a dignified old age.
	Tax incentive	Access to the Economic Incentives for Business Plans or Seed Capital for ex-combatants undergoing reintegration	In accordance with Resolution No. 754 of 2013 of the Colombian Agency for the Reintegration of Armed People and Groups establishing "access to the benefit of Economic Incentives for Business Plans or Seed Capital" and Decree No. 899 of 2017 setting the value assigned to each of the ex-combatants of the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP) undergoing reintegration. Disbursements for collective production projects led by older persons undergoing rehabilitation have benefited 136 people, 127 of them men and 9 women. As for individual production projects, coverage has extended to 224 people, including 21 women and 203 men. Taking individual and collective production projects together, a total of 360 people have benefited. By production sector, these projects are distributed as follows: primary sector (236), secondary sector (25), tertiary sector (95) and all three sectors jointly (4). In the reintegration programme, disbursements for production projects have been made to 396 people, including 53 women and 343 men.
Cuba	Decree-Law No. 36/2021	Measures to facilitate the return to work of old-age pensioners	Intended to assist participants in the general social security system by making conditions for hiring them more flexible. The top management of employing entities are empowered to authorize the reinstatement of pensioners in the same positions they held when they were pensioned, drawing a pension and a wage simultaneously, provided this is in the interests of the entity and after consultation with the Management Board.
Mexico	Programme	Employment Service (Servicio de Vinculación Productiva)	Promotes access to the labour market so that people can obtain a formal job befitting their trade, skill or profession. Older adults' experience is thus put to good use, and they are paid a wage.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing (2002).

Ageism and gender discrimination are still among the main challenges to be faced if the inclusion of older persons in the labour market is to become a reality. Prejudices and stereotypes against older persons, which deepened during the pandemic, exacerbate inequalities from an intersectional perspective, making it difficult for them to access decent employment. Thus, if the aim is to promote quality employment for older persons, it is important to design measures that help to combat all forms of discrimination in the workplace.

Accordingly, the efforts detailed by some countries in their reports focus on major legislative reforms aimed at combating discrimination in firms' employment arrangements and removing age criteria for access to training programmes. In Chile, for example, the age limit for National Training and Employment Service (SENCE) programmes was abolished, thereby putting an end to a form of ageism that affected the right to lifelong and in-service education (see table III.8).

Table III.8
Latin America (3 countries): efforts to combat discrimination against older persons in employment

Country	Name	Objective	Description
Brazil	Decree No. 9571 of 21 November 2018	Combat discrimination in employment arrangements and promote appreciation and respect for diversity in different departments and hierarchies, with an emphasis on safeguarding equal pay and benefits for positions and functions with similar characteristics.	It was determined that companies had a duty to meet the objective described irrespective of gender, sexual orientation, ethnic and racial background, origin, age, religion, physical appearance or disability.
Colombia	Law No. 2055 of 2020	Adopt the Inter-American Convention on the Protection of the Human Rights of Older Persons.	The Convention becomes an instrument for pursuing equality in its two aspects: formal and material.
Chile	Removal of the age limit for programmes of the National Training and Employment Service (SENCE).	In 2019, Decree No. 9 amended Ministry of Labour and Social Welfare Decree No. 42 of 2011, removing the age limit for accessing SENCE training programmes. Before 2019, the age limit was 65.	The decree put an end to a form of arbitrary discrimination and allowed a large number of older persons to continue their training or even retrain, in order to facilitate their entry into the world of work, when they so wish, by acquiring the requisite capabilities and skills.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing (2002).

Lastly, in the context of the pandemic, countries adopted temporary policies to maintain employment in the formal market, and these had no age restrictions. In addition, unemployment protection instruments were modified or extended (ECLAC/ILO, 2021). Subsidy policies were also included to encourage the hiring and reinstatement of workers. Only in a few cases was the reinstatement of older persons directly encouraged. Uruguay and Chile stand out in this regard, with measures covering the population aged over 45 and 55, respectively.

C. Lifelong education

The concept of education has been transformed in recent decades, moving towards a developmental perspective with a rights-based approach that defines it as a means to achieve well-being. In 2002, the World Health Organisation (WHO) established three pillars for active ageing: health, participation and security (WHO, 2022). In 2015, however, the same body established lifelong learning as the fourth pillar of active ageing, as it equips older persons to adapt to globalization and the expansion and diversification of labour markets, as well as to remain healthy, capable and engaged in society so that they can achieve well-being (ILC-BR, 2015).

In this way, education becomes a constant in people's lives and a human right in the ageing process.[7] Education means empowering older persons to participate actively in society, acting on their own lives, their contexts and their rights (United Nations, 2002).

Priority direction I, issue 4, "Access to knowledge, education and training" of the Madrid International Plan of Action on Ageing establishes the need to ensure equality of opportunity throughout life with respect to continuing education, training and vocational guidance. To achieve this, it is necessary to: (i) improve levels of basic literacy and numeracy, as well as specialized literacy and computer skills for older persons, including those with disabilities; (ii) implement policies that promote skills training for work; and (iii) ensure that all people, especially women, can reap the benefits of information and communications technologies (ICTs). The Plan also acknowledges a need to promote full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age (United Nations, 2002).

Article 20 of the Inter-American Convention on Protecting the Human Rights of Older Persons states that older persons have the right to education on equal terms with other sectors of the population and without discrimination, including formal education at different levels, literacy and post-literacy programmes, and technical and vocational training. They also have the right to continuing education, especially when they live in rural areas, and the education and training of older persons in the use of new ICTs should be promoted. Meanwhile, Sustainable Development Goal 4 proposes that States seek to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

[7] Education is a human right recognized and regulated by various international instruments such as the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the American Convention on Human Rights and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights. With regard to older persons, this right is established in the Montevideo Consensus on Population and Development and in the Inter-American Convention on Protecting the Human Rights of Older Persons.

Lifelong learning involves the recognition that educational processes are not exclusive to certain stages of life and that the contexts in which people live (communities, workplaces, homes) are learning environments, so that the value of formal and non-formal education is recognized, especially in the case of older persons.

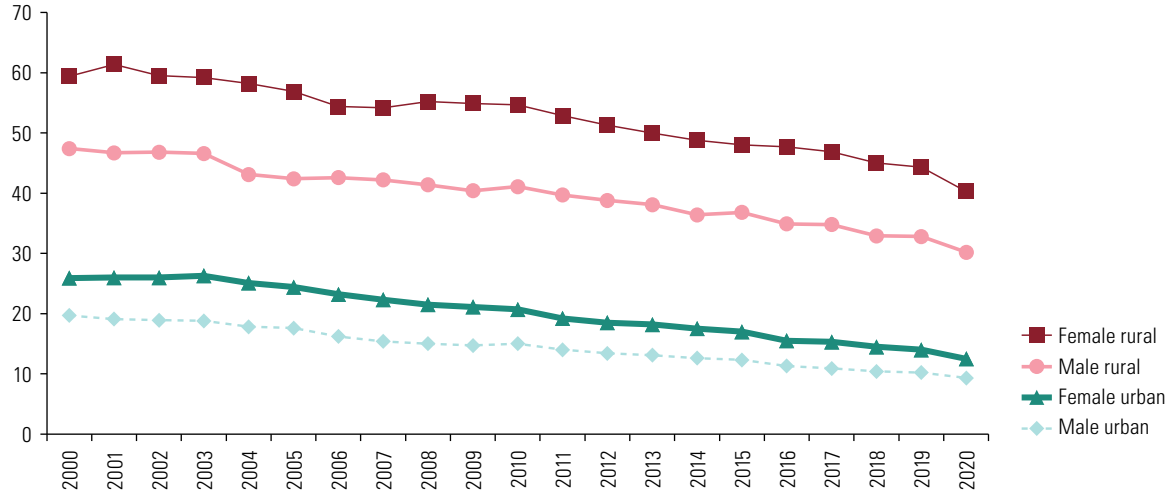
The promotion of lifelong learning enables older persons to develop the skills and capabilities they need to adapt to changing ICT environments. The world is undergoing a major digital shift in which active citizenship requires access to ICTs, as well as the promotion of their use and appropriation. This perspective has been adopted in the 2030 Agenda for Sustainable Development, which seeks to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (United Nations, 2018).

As a human right, lifelong learning should also help to give meaning to people's dignity, provide capabilities for effective participation in free societies and promote understanding of diversity and the vulnerabilities people experience. These vulnerabilities may be related to age, gender, ethnic origin, sex and gender identity, migration status or disability, among other things.

1. The educational situation of older persons

The last two decades have seen progress in the educational situation of older persons. However, many challenges have been identified. In Latin America, the illiteracy rate has decreased among men and women aged 60 and over in urban and rural areas. Nonetheless, neither the gap between urban and rural areas nor the gender gap in rural areas seems to be closing. Women in rural areas have the highest illiteracy rates (40.3% in 2020), which undoubtedly has an impact on their quality of life and means a lower level of personal development (see figure III.11).

Figure III.11
Latin America (17 countries):[a] illiteracy rate of the population aged 60 and over, by sex and geographical area, 2000–2020
(Percentages)

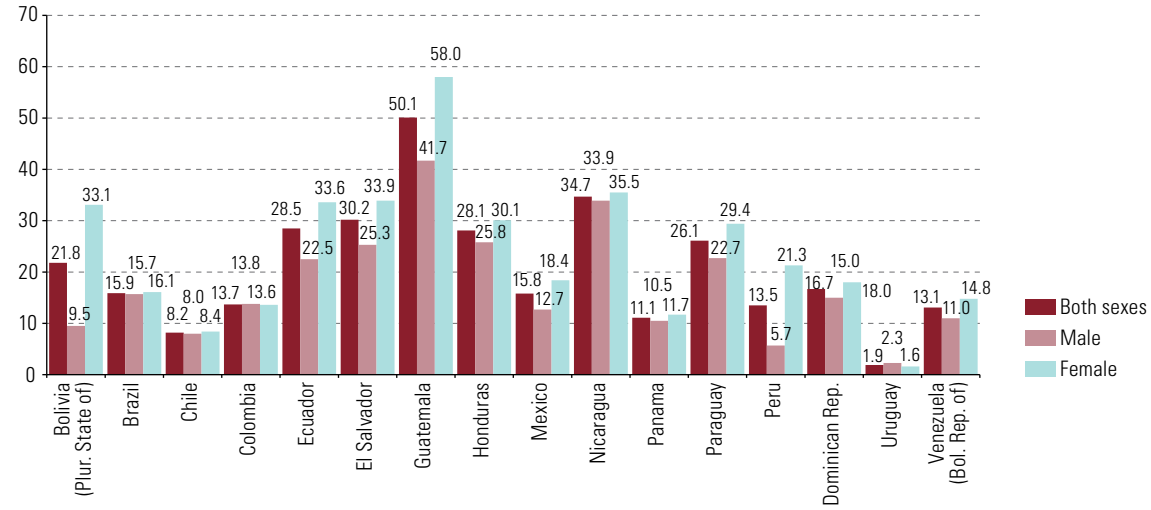


Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en [accessed on 25 October 2022].

[a] Argentina, Brazil, the Bolivarian Republic of Venezuela, Chile, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

The high illiteracy rates among people aged 60 and over, and especially among women, in cases such as Guatemala, Nicaragua, the Plurinational State of Bolivia, El Salvador, Ecuador, Honduras, Paraguay and Peru underscore the fact that educational disadvantage among this population group continues to be a priority public policy issue that requires an age and gender perspective. The largest gaps in illiteracy rates between men and women aged 60 and over are found in the Plurinational State of Bolivia and Peru, where they are 23.6% and 15.6%, respectively (see figure III.12).

Figure III.12
Latin America (16 countries): illiteracy rates in the population aged 60 and over, by sex, latest reference period
(Percentages)



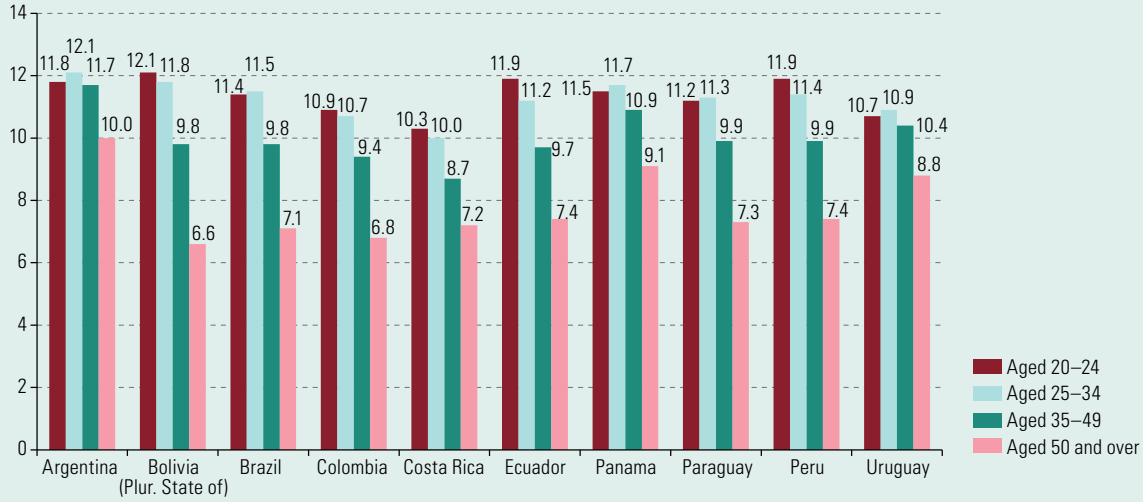
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en [accessed on 25 October 2022].

Illiteracy rates are expected to continue to decline in the future as younger and more educated cohorts come through (see box III.2). However, it is desirable for governments to encourage the adoption of education policies that help improve basic literacy and numeracy skills for older persons, since illiteracy limits both their autonomy and the full exercise of their rights (UNESCO/UNICEF/ECLAC, 2022).

Box III.2
Education in Latin America: generational effects and challenges

Persons aged 50 and over are experiencing the consequences of historical educational deficits, especially in the Plurinational State of Bolivia, Colombia, Brazil, Paraguay and Peru, while average years of education have been increasing for younger age groups (see chart below). The next generations of older persons, those currently under 50, could benefit from the implementation of education policies to redress the negative consequences of curtailed educational careers.

Latin America (10 countries): average years of education, by age group, 2018



Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), "Indicadores estadísticos", Information System on Educational Trends in Latin America (SITEAL), 2022 [online] https://siteal.iiep.unesco.org/indicadores.

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), "Indicadores estadísticos", Information System on Educational Trends in Latin America (SITEAL), 2022 [online] https://siteal.iiep.unesco.org/indicadores.

According to 2018 data on completion of educational stages (primary, lower and upper secondary and tertiary) by the population aged 50 and over, levels of primary education completion were low (between 40% and 60%), particularly in the Plurinational State of Bolivia, Brazil and Paraguay. More encouraging were the cases of Argentina, Uruguay and Panama, where more than three quarters of the population had completed primary education. As regards the lower secondary level, the best performers in the same year and age group were Argentina, Panama, Peru and Uruguay, while for upper secondary education, the highest indicators were found in Argentina, Panama, Peru, Brazil and Colombia, in descending order. In tertiary education, Argentina and Peru had the highest completion rates among the population aged 50 and over, at 20.6% and 15.3%, respectively (see table III.9).

Table III.9
Latin America (10 countries): formal education stages completed by persons aged 50 and over, 2018
(Percentages)

Country	Primary education	Lower secondary education	Upper secondary education	Tertiary or university education
Argentina	90.6	53.8	47.8	20.6
Bolivia (Plurinational State of)	43.8	31.9	26.9	12.8
Brazil	52.1	37.5	32.2	12.5
Colombia	64.8	34.9	30.5	9.4
Costa Rica	73.8	34.7	27.2	10.0
Ecuador	70.2	36.5	29.2	8.6
Panama	80.6	52.0	39.6	14.1
Paraguay	59.3	34.5	27.4	2.4
Peru	66.1	44.4	39.1	15.3
Uruguay	85.0	49.7	25.7	7.3

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), "Indicadores estadísticos", Information System on Educational Trends in Latin America (SITEAL), 2022 [online] https://siteal.iiep.unesco.org/indicadores.

The lifelong learning perspective needs to be strengthened. The proportion of the population aged 50 and over attending formal adult education programmes designed to allow them to complete the different educational levels is less than 2% in 10 Latin American countries, contrasting with the higher attendance of population groups under the age of 50 (see table III.10). In particular, there is a need to create formal education programmes that are based on participatory diagnoses, are attractive to older persons and meet their needs. Furthermore, such programmes should be based on educational models that are appropriate to older persons' learning styles, with a gender and intercultural perspective, and should value generational and intergenerational inputs.

Table III.10
Latin America (10 countries): adult population attending formal education programmes, 2018
(Percentages)

Age group	Argentina	Bolivia (Plurinational State of)	Brazil	Colombia	Costa Rica	Ecuador	Panama	Paraguay	Peru	Uruguay
20 to 24	41.0	46.1	27.2	24.5	46.0	31.5	32.3	27.4	35.9	37.1
25 to 34	16.4	13.0	11.2	8.9	19.9	8.4	9.7	9.9	9.4	15.8
35 to 49	4.6	3.0	4.6	2.7	7.0	1.8	2.8	3.3	1.5	3.7
50 and over	0.7	0.4	1.0	0.5	1.6	0.4	0.3	0.0	0.3	0.5

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), "Indicadores estadísticos", Information System on Educational Trends in Latin America (SITEAL), 2022 [online] https://siteal.iiep.unesco.org/indicadores.

2. Educational inclusion policies, programmes and actions

In their reports on progress with access to lifelong learning, 16 countries have documented the implementation of programmes and actions aimed at expanding educational access and opportunities for older persons. Both formal and non-formal education strategies have been considered, with opportunities for people to improve their literacy, obtain primary and secondary education certificates (Chile, Guatemala, Mexico and Paraguay), receive vocational training and instruction and take training and refresher courses in different subjects. In the Caribbean, educational

programmes have been implemented with an emphasis on promoting health, well-being and development, as well as social skills (Saint Kitts and Nevis), and free training programmes have been provided (Belize).

University syllabuses for older persons of varying scope have also been established. Of particular note are the cases of Argentina, where there are 52 Universities for Integrated Older Adults (UPAMI) benefiting more than 8,000 people; Costa Rica, whose new Technological University enrolled 2,566 older persons between 2017 and 2019; and the Plurinational State of Bolivia, which has established two universities, one of them run by the municipality of La Paz. In Barbados, the Unique Helping Hands Senior School provides lifelong learning opportunities for older persons, including computer training and other programmes to improve technology skills (e.g., Zoom workshops). Similar initiatives exist in Saint Kitts and Nevis, the United States Virgin Islands and the Cayman Islands, which have programmes where older persons can enrol to participate in courses at institutions of higher education. Lifelong learning opportunities are provided, with priority given to technological literacy.

The programmes that have been developed reveal an important tendency for the State, civil society organizations, universities and the private sector to join forces with the aim of expanding educational opportunities for older persons. New models and methodologies are also being implemented to address the specific educational needs of populations. These include service-learning, technical training, continuing education, certification of work skills, community education strategies, cultural and artistic development, and productive enterprises, which in some cases (e.g., in Paraguay) give high priority to bilingual education.

Within this framework, it is necessary to continue the process of strengthening education policies with a gender and intercultural perspective. Furthermore, these policies must recognize the educational needs, learning styles, interests and skills of older persons, so that they can be translated into the creation of formal and non-formal programmes that make lifelong learning a reality.

3. Older persons and the digital divide: Internet access and the use and appropriation of ICTs

Mass Internet take-up, the expansion of digital platforms as a business model and, currently, the digitalized economy, whose production and consumption models are based on the incorporation of digital technologies in all economic, social and environmental dimensions (ECLAC, 2021a), have brought about major changes in the way the region's inhabitants interact with one another and with their governments (Sunkel and Ullmann, 2019).

Twenty years ago, priority direction I ("Older persons and development") of the Madrid International Plan of Action on Ageing noted that lack of access to the kinds of technology which promote independence and other socioeconomic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support (United Nations, 2002, p. 9).

It was clear from then on that one way to ensure older persons were part of development would be to ensure their inclusion in lifelong learning processes and ICT training.[8]

One of the central ideas to emerge from the Action Plan is that access to technology is a right. The use and appropriation of ICTs is conceived as a tool that allows older persons to achieve independence and autonomy and strengthen intergenerational ties. From a rights perspective, the Plan emphasizes the importance of including ICTs as a cross-cutting issue in the design of public policies aimed at reducing both the digital inclusion gap between older men and women and the age digital divide, promoting occupational health and safety to maintain their ability to work, contributing to lifelong learning and on-the-job training, optimizing and streamlining procedures and the use of services, providing vocational rehabilitation and establishing flexible retirement measures, as well as public policies to reintegrate unemployed people, especially the most vulnerable, into the labour market (Sosa, 2021).

The International Plan of Action also mentions that ICTs can be used as a tool to achieve different goals, such as literacy for people who have not had access to formal education. They also help ensure that people have better opportunities from an early stage of life to achieve dignified, active and healthy ageing. Moreover, digital inclusion can contribute to the improvement of existing levels of education, as well as fostering unity and harmony between people and between different generations. Accordingly, as this instrument points out, technology can be used to bring persons together and thereby contribute to the reduction of marginalization, loneliness and segregation

[8] In 2013, the Montevideo Consensus on Population and Development established the importance of measures to ensure access to communication and information for people in the region. Emphasis was placed on reducing inequality gaps affecting women, Indigenous Peoples and Afrodescendants and those arising from age.

between the ages. Measures that enable older persons to have access to, take part in and adjust to technological changes should therefore be taken (United Nations, 2002, p. 15).

Despite the efforts of recent decades, however, access to technological devices and the Internet by the general population and older persons in the region is heterogeneous, and the benefits that could be obtained from their use are conditioned by social and economic inequalities (Sosa, 2021).

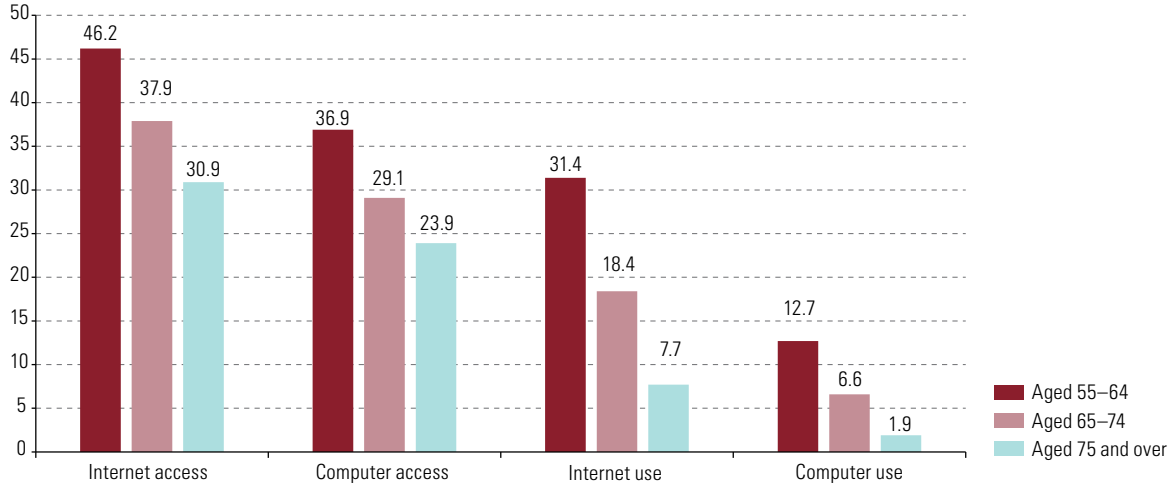
Older persons have struggled more with digital inclusion. In addition to the inequalities they have accumulated throughout their lives, they are constantly confronted with negative and exclusionary discourses when it comes to technology. This is reflected in the ICT statistics available for Latin America, which show that the older age group is the most isolated from digital technologies, indicating a deep digital divide (Sunkel and Ullmann, 2019).

According to ECLAC data, in 2019, 66.7% of the population in Latin America and the Caribbean had an Internet connection (of that connected population, 67% were in urban households and 23% in rural households). In the Plurinational State of Bolivia, El Salvador, Paraguay and Peru, more than 90% of rural households had no Internet connection (ECLAC, 2020). The ECLAC Regional Broadband Observatory (ORBA) reports that 13.3% of the population has a fixed broadband subscription and 73.1% a mobile broadband subscription (ECLAC, 2021a).

In Latin America, there are large differences in access to and use of the Internet by age. Around 2018, 42% of people under 25 and 54% of people aged 65 and over had no Internet connection (ECLAC, 2020).[9] Furthermore, according to Sunkel and Ullmann (2019), as of 2015 "reported Internet use among people aged 15–29 was more than seven times that of older adults in El Salvador and Honduras; that figure was eight times higher in Mexico and almost nine times higher in Ecuador" (Sunkel and Ullmann, 2019, p. 219).

Even when older persons live in households with Internet access or devices such as computers, a large percentage do not use these technologies (see figure III.13). This is because access does not guarantee use and appropriation. For this, the development of digital skills is required.

Figure III.13
Latin America (10 countries): persons aged 55 and who have access to and use the Internet and computers, by age group, around 2018[a b]
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Organisation for Economic Co-operation and Development (OECD) and others, *Latin American Economic Outlook 2020: Digital Transformation for Building Back Better*, Paris, OECD Publishing.

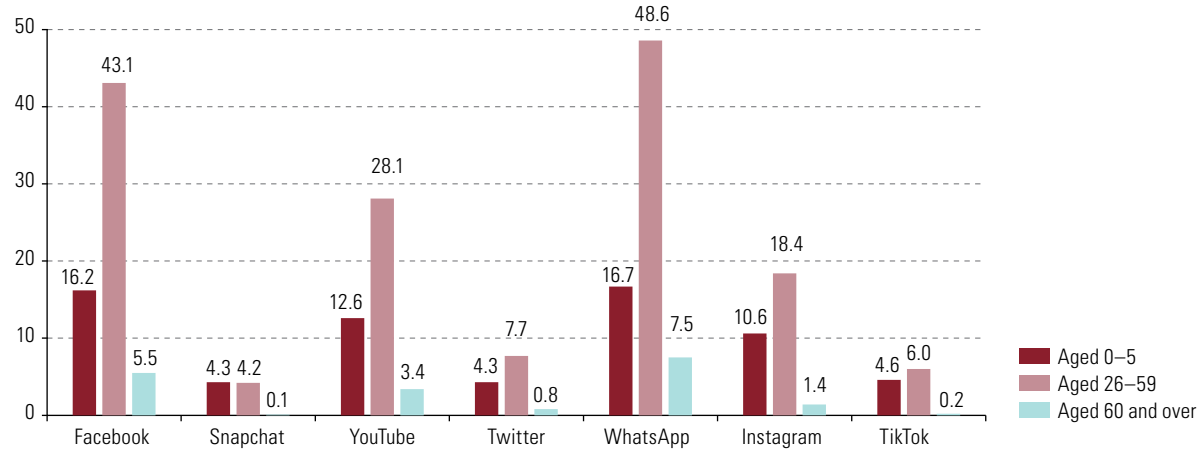
[a] Data from household surveys for 2018 (Argentina, Costa Rica, Mexico, Paraguay, Peru and the Plurinational State of Bolivia), 2017 (Chile, Colombia and El Salvador) and 2014 (Honduras).

[b] The access variables cover people living in a household with an Internet connection and in a household that owns a computer. Data for Internet access include Argentina, Chile, Colombia, Costa Rica, El Salvador, Mexico, Peru and the Plurinational State of Bolivia. Data for computer access include Argentina, Chile, Colombia, Costa Rica, El Salvador, Honduras, Mexico, Peru and the Plurinational State of Bolivia. Inclusion of fixed and mobile connections in household surveys varies. Internet use refers to the percentage of people who report using the Internet at least once a week. To quantify Internet use, Argentina asked people whether they had used the Internet in the last few months. Because definitions of use vary, averages may differ from the other figures. Data for Internet use include Argentina, Chile, Colombia, Costa Rica, El Salvador, Honduras, Peru and the Plurinational State of Bolivia. Data for computer use include Colombia and the Plurinational State of Bolivia and refer to the percentage of individuals who report using a computer at least once a week.

[9] The countries considered are Brazil, Chile, Costa Rica, Ecuador, El Salvador, Paraguay and Uruguay (2018 data), plus Chile and Ecuador (2017 data).

Information on the use and appropriation of technology by older persons in the region is still incipient. However, a report by Latinobarómetro Corporation (2020) shows that in 2020 the use of social networks was very low for this age group compared to younger generations. The most frequently used social networks in the region are WhatsApp, Facebook and YouTube. WhatsApp is used by 7.5% of older persons and 48.6% of persons aged between 26 and 59. Facebook is used by 3.4% of older persons and 43.1% of persons aged between 26 and 59. YouTube is used by 3.4% and 28.1%, respectively (see figure III.14) (Latinobarómetro Corporation, 2020).

Figure III.14
Latin America (18 countries):[a] main social networks used, by age group, 2020
(Percentages)

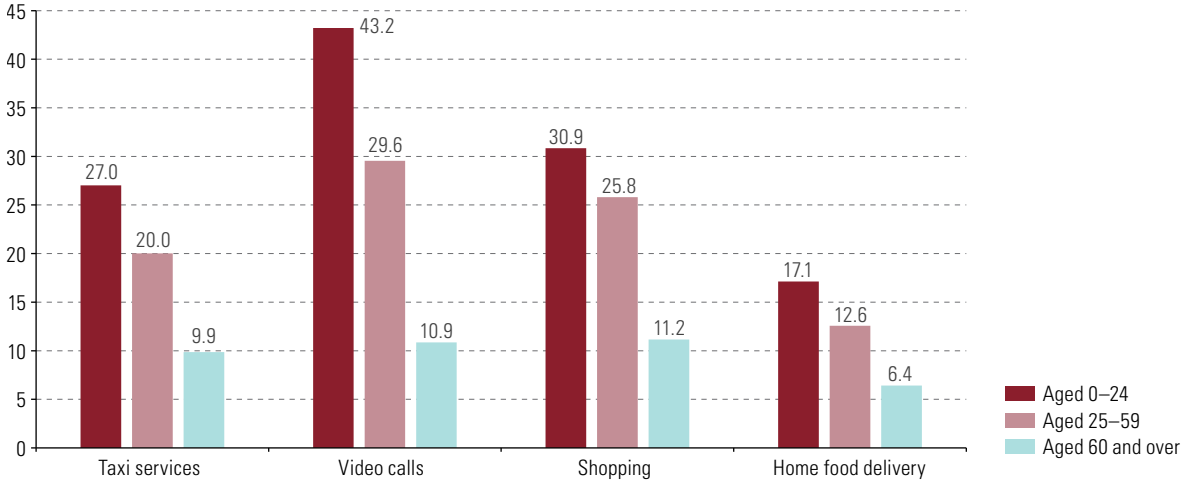


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from opinion surveys conducted by Latinobarómetro Corporation in the respective countries.

[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

At the same time, there are also large divides in the use of web and mobile applications. The applications most used by older persons are those for shopping (11.2%), followed by video calls (10.9%), taxi services (9.9%) and, lastly, home food delivery (6.4%) (see figure III.15). This situation points up the fact that, when people have access to the Internet or technological devices, the likelihood of applications being used to solve everyday problems through technology is still very low for older persons.

Figure III.15
Latin America (18 countries):[a] main web and mobile applications used, by age group, 2020
(Percentages)



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

[a] Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

Initiatives to reduce the digital divide involve investment in: (i) technological infrastructure, especially in rural areas; (ii) connectivity, which involves promoting access to fixed broadband; and (iii) a continuous process of technological or digital literacy training, aimed primarily at groups that have historically been excluded from access to and use and appropriation of technologies.[10] The availability of infrastructure, connectivity and knowledge "would help promote individual and social development through genuine digital inclusion, defined not only as the ownership of equipment and software for individuals to access the Internet and ICTs, but also as an action that incorporates cognitive factors of significance" (Ortuño, 2020).

ECLAC has indicated how important it is to "promote a digital culture that incentivizes appropriation of technology and development of digital skills and competencies, for the innovative, ethical, safe and responsible use of ICT to promote digital inclusion" (ECLAC, 2021a, p. 89). For older persons, this digital inclusion constitutes social inclusion, as it not only brings access to communication and information, but can also be a tool that facilitates access to and the exercise of other rights, such as those related to health, education and participation, among many others. ECLAC notes that this "requires policies that are tailored to each country and actions that take into account socioeconomic, geographic, age and gender criteria" (CEPAL, 2020, p. 24).

4. Programmes to reduce the digital divide in response to COVID-19

The digital divide for older persons in the region is very large, and its power to create inequalities was plainly evident during the pandemic. Among the main problems faced were those related to the digitalization of health services. While digitalization was an important step by the governments of countries in the region given the need for hospital conversion and measures to prevent contagion, "underserved communities and offline populations (such as older persons) are at particular risk of not being able to access regular health care unless problems of access are simultaneously addressed and problems of exclusion are mitigated" (Valdés, 2022, p. 28). Furthermore, physical distancing measures and those that restricted movement had a negative impact on older persons' ability to access goods and services and State transfers. Although the use of technology seemed an appropriate response to enable purchases and payments to be made, the digital divide placed many people from this age group in a situation of vulnerability and dependence. For this reason, ECLAC suggests that an important area of action for the near future is to "establish a comprehensive and non-discriminatory perspective in public policies for digital inclusion, guaranteeing full access and use of ICT and emerging digital technologies for women, girls and older persons and promoting their online participation and safety" (ECLAC, 2021a, p. 89).

The public and private sectors and civil society organizations responded to this situation with efforts to accelerate the technological inclusion of older persons, as mentioned in the country reports on the implementation of the Madrid International Plan of Action on Ageing (2002) (see table III.11).

Strategies such as the creation of special technological platforms for older persons were also introduced. One example is the Comunidad PAMI platform in Argentina, which functioned as a support network to maintain contact and provide care actions, simplified management of administrative procedures and digital inclusion activities. Important digital literacy strategies based on courses with different formats were also established in Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Guatemala, the Plurinational State of Bolivia and Uruguay. In Chile, the Training Schools for Older Leaders Programme enrolled 320 older persons in digital literacy courses. They were provided with tablets and a mobile Internet connection so that they could continue their work as community leaders during the pandemic. Through the *Voluntariado País de Mayores* volunteering programme, 240 older advisors from all over the country were trained in technologies to support children's socioeducational activities. Argentina, Costa Rica and Paraguay also established measures to keep older persons socially connected and prevent loneliness and isolation. Resources accessed through ICTs were of particular importance to this objective, with many countries reporting major efforts of varying scope and coverage to address and reduce the digital divide.

[10] It is important that training should not focus exclusively on "operational literacy" but should have appropriate content that makes sense to older persons.

Table III.11
Programmes to provide and universalize connectivity and access to digital technologies in the face of COVID-19

Country	Name	Objective	Description
Argentina	National Digital Training Programme for Older Adults	To promote the digital inclusion of older members, especially those living in long-stay homes or attending day centres, retirement centres or other organizations working with or for older members, so that they can participate on an equal footing with other age groups in virtual settings by means of new technologies.	Created in June 2020 by the National Institute of Social Services for Retirees and Pensioners (INSSJP), it implements digital education courses aimed at older members. These courses will be adapted to each group's standard of technology use. The programme trains teachers in the minimum contents of community gerontology and learning for older persons. It generates social networks based on virtual communications and promotes the use of goods (computers, tablets, mobile phones, etc.) that contribute to digital inclusion.
	Mayores Activos	To provide tools that facilitate access and assist learning about banking products and services, using clear language and dynamic tools.	A financial education web platform aimed at promoting the financial and digital inclusion of older persons in the country. The site teaches them how to operate with remote channels and use money without having to visit a bank branch.
Bolivia (Plurinational State of)	Workshops	Basic training in the use of virtual tools.	Workshops with subject-matter, biosafety protocol and activity that promotes active and participatory ageing with the community.
Costa Rica	*Póngale Vida a los Años*	To help people cope with the physical distancing required by the pandemic.	In 2020, the Comprehensive Education Programme for Older Adults of the Costa Rican Institute of Technology launched courses, workshops, lectures and the *Póngale Vida a los Años* virtual gatherings as a strategy for coping with physical distancing.
Uruguay	Virtual National Meeting of Older Persons	To help prevent the disruption of meeting spaces and promote the social inclusion of older persons with the support of Plan Ibirapitá in the planning and delivery of workshops on the use of the Zoom platform, aimed at older persons.	Encourages family and social interaction as a new interface between different household members; impacts issues such as the meaning of families and family relationships, and of the relationship between generations and intergenerational transfers at the family, community and societal levels.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

With a view to reducing the digital divide in Latin America and the Caribbean during the pandemic, ECLAC (2020) proposed to the countries of the region that they should provide a basic basket of ICTs consisting of a laptop, a smartphone, a tablet and a connection plan for unconnected households. It is estimated that this investment would cost less than 1% of GDP per year. The measure would ensure universal connectivity and affordability of digital technologies to address the impacts of the COVID-19 pandemic in the region. The proposal includes five lines of action: (i) build an inclusive digital society; (ii) promote the digital transformation of production; (iii) build digital trust and security; (iv) enhance regional cooperation on digital matters; and (v) move towards a new governance model to establish a digital welfare State that promotes equality, protects the economic, social and labour rights of the population, guarantees the secure use of data and contributes to progressive structural change.

Apart from the measures adopted to tackle the pandemic, at least 18 programmes, actions and campaigns have been implemented in Latin America and the Caribbean since 2015 to provide older persons with Internet access and encourage them to take ownership of ICTs. Of particular note are those concerned with technology-mediated social inclusion (Argentina and Brazil), introduction to ICT use (Chile, Colombia, Costa Rica, Cuba, Guatemala, the Plurinational State of Bolivia and Uruguay), certification of digital skills (Colombia) and specific issues such as cybersecurity and device delivery (Chile).

The new challenges surrounding ICT access, use and appropriation by older persons created a need for sources of information about their experiences and difficulties. Mexico's latest Population and Housing Census (2020) pioneered the inclusion of new variables and dimensions of analysis in this area. Similarly, the National Survey on Availability and Use of Information Technologies in Households (ENDUTIH) from 2015 to 2021 is a good example of a source of secondary information that can be employed to analyse older persons' access to ICTs and the use they make of them.

The challenges of technological inclusion for older persons and the solutions to them entail a great deal of political responsibility and commitment. At the institutional level, what is required in principle is to mainstream measures designed to eradicate ageism in laws, regulations, social norms and institutional practices. This would encourage a paradigm shift away from the view of older persons as incapable or indifferent to technology.

Secondly, it must be recognized that access to and use of technologies by older persons depends on countless circumstances and involves many aspects, and that social inequalities result in inequalities in access to and use of technologies. The larger the digital divide, the greater the risk of deepening social inequalities and creating a vicious circle that must be broken. Accordingly, gender, ethnicity, area of residence, education level and age are categories that have a direct impact on the size of the technological divide and on efforts to narrow it, and that impose challenges which have yet to be fully recognized.

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CHAPTER

IV

Promoting health and well-being in old age

Introduction

Population ageing is a human achievement that has repercussions for all aspects of society and reflects progress with health care. In Latin America and the Caribbean, however, population ageing goes together with profound inequities in health conditions, expressed in a high prevalence of non-communicable diseases, premature death and disability and in a high level of inequality between countries in terms of healthy life years and life expectancy. There are major structural challenges to be met, then, if older persons are to achieve and maintain health and well-being in later life.

Priority direction II of the Madrid International Plan of Action on Ageing (2002) states that good health is a vital individual asset and that older persons are fully entitled to access to health promotion and disease prevention activities throughout life, to primary care (including sexual health care), more complex and specialized care, rehabilitation and palliative care, and to curative services. It highlights the need to guarantee full access for older persons to health services, which should focus on maintaining independence, prevention and delay of disease and disability treatment and on improving the quality of life of older persons with and without disabilities. Health services need to include the personnel training and facilities required to meet the special needs of the older population (United Nations, 2002).

Point III, "Fostering health and well-being during old age", of the Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing takes up the points made in the Madrid Plan of Action, but stresses that older persons in the region face different health problems which are determined by gender, by age and by ethnicity and race, among other dimensions, as well as by inequity in timely access to quality health services (ECLAC, 2004).

Very salient issues deriving from the Madrid International Plan of Action on Ageing include the importance of promoting health and well-being throughout the life course; ensuring universal and equitable access to health-care services; providing appropriate services for older persons with HIV or AIDS; training caregivers and health professionals; addressing the mental health needs of older persons; providing appropriate services for persons with disabilities; and providing care and support for caregivers (WHO, 2015). Setting out from these elements, and from the commitments established in international instruments such as the 2030 Agenda for Sustainable Development and the Montevideo Consensus on Population and Development, the countries have collaborated on the construction of indicators to monitor and evaluate health policies and programmes in which older persons are fully included in accordance with their needs, their diversity and the recognition of their potential to strengthen health as a human capacity (ECLAC, 2004, 2007, 2012 and 2017a; OAS, 2015; United Nations, 2015; WHO, 2020a). Likewise, the United Nations Decade of Healthy Ageing (2021–2030), based on the "Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life", seeks to strengthen multisectoral approaches to the design of health policies and programmes that improve the lives of individuals, their families and their communities, in line with the Sustainable Development Goals (SDGs) of the 2030 Agenda.

The coronavirus disease (COVID-19) pandemic has undoubtedly posed an enormous challenge when it comes to meeting the goals and targets designed to guarantee the right to health of the 88.6 million people aged 60 and over living in the region as of 2022 (United Nations, 2022a). Poverty, social inequalities and weak, underfunded, segmented and fragmented health-care systems (ECLAC, 2022a; ECLAC/PAHO, 2020 and 2021) have increased the barriers to service access. Difficulties were caused in the financing of services by the centralization of resources to contain the pandemic and provide care for those affected by it. In addition, part of the population was afraid to seek medical care during lockdowns, which made it difficult to implement health promotion and prevention strategies, interrupted or delayed the treatment of non-communicable diseases and limited the distribution of medicines and the use of the rehabilitation services available.

The Economic Commission for Latin America and the Caribbean (ECLAC) has argued for the need to place the strengthening of health-care systems at the centre of sustainable development strategies, laying special emphasis on the first level of care, with the aim of moving steadily towards universal coverage. To achieve this, it is necessary to "consolidate a social compact centered on rights and equality, linked to a progressive fiscal compact that would guarantee the financial sustainability of health systems and that would move towards a welfare state" (ECLAC, 2022a).

A. The health situation of older persons

Until the onset of the pandemic, older persons in the region had been experiencing an improvement in living conditions, leading to an increase in life expectancy and a decrease in mortality. However, progress was not uniform, and the challenges of countering the epidemiological effects of communicable and non-communicable diseases have increased. While the prevalence of communicable diseases, previously the leading causes of morbidity and mortality, had been declining in the years prior to the pandemic, urbanization, hygiene and sanitation measures, changes in lifestyle factors such as diet and physical activity and other social determinants led to an increase in the prevalence of non-communicable diseases and premature mortality from these.

Non-communicable diseases are the leading cause of death for the population over 55 years of age in Latin America and the Caribbean, accounting for 87.6% of the total in 2019 (compared to only 8.2% of deaths from communicable diseases). Large differences are identified between countries, with the percentage of deaths caused by non-communicable diseases ranging from a low of 79.0% in Guatemala to a high of 93.9% in Jamaica, countries that also have the region's highest and lowest percentages of deaths caused by communicable diseases (16.3% and 3.9%, respectively). On the other hand, deaths due to accidents in the population over 55 years of age show little variability among the countries of the region, with proportions ranging from 2.3% in Jamaica to 6.1% in Cuba (see table IV.1).

Table IV.1
Latin America and the Caribbean (34 countries and territories): deaths by type of cause in the population of both sexes aged 55 and over, 2019
(Percentages)

Country	Communicable diseases	Non-communicable diseases	Accidents
Latin America and the Caribbean	8.20	87.60	4.20
Antigua and Barbuda	6.55	90.80	2.65
Argentina	12.59	84.51	2.90
Bahamas	5.76	89.84	4.40
Barbados	9.14	90.77	2.48
Belize	9.14	86.12	4.73
Bermuda	3.91	93.45	2.63
Bolivia (Plurinational State of)	13.01	82.53	4.46
Brazil	9.63	86.02	4.35
Chile	6.31	89.90	3.79
Colombia	4.88	91.52	3.60
Costa Rica	4.09	90.97	4.94
Cuba	7.78	86.11	6.11
Dominica	5.60	91.78	2.62
Dominican Republic	5.63	90.44	3.93
Ecuador	8.65	86.22	5.13
El Salvador	9.15	85.70	5.15
Grenada	6.95	90.00	3.05
Guatemala	16.27	79.02	4.70
Guyana	7.11	88.22	4.67
Haiti	10.21	86.20	3.60
Honduras	5.57	89.67	4.76
Jamaica	3.89	93.86	2.25
Mexico	5.32	90.78	3.89
Nicaragua	4.11	92.16	3.73
Panama	6.38	90.50	3.13
Paraguay	7.17	88.74	4.10
Peru	16.42	79.78	3.80

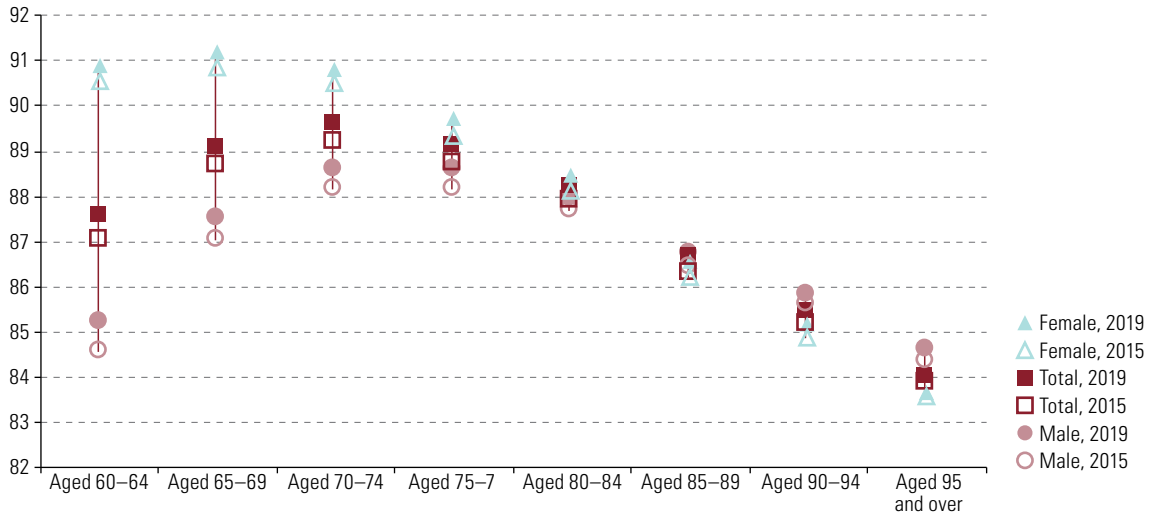
Country	Communicable diseases	Non-communicable diseases	Accidents
Saint Kitts and Nevis	8.19	88.64	3.17
Saint Lucia	5.66	91.19	3.15
Saint Vincent and the Grenadines	6.23	90.75	3.02
Suriname	6.44	88.77	4.79
Trinidad and Tobago	3.50	93.73	2.77
Uruguay	6.43	89.41	4.16
Venezuela (Bolivarian Republic of)	5.53	90.61	3.86

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019*, Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

Note: The age groups in this database do not include the group aged 60 and over, so the group aged 55 and over was selected.

Data from the Institute for Health Metrics and Evaluation (IHME, 2022) show that between 2015 and 2019, deaths from non-communicable diseases increased in all age subgroups among persons aged 60 and over, except the 95 plus age group. As for the gaps between men and women, the proportion of deaths from non-communicable diseases is higher among women aged between 60 and 79, although the gap narrows with age until the trend begins to reverse at the age of 85. At the oldest ages, the gap is to the detriment of men (see figure IV.1).

Figure IV.1
Latin America and the Caribbean (35 countries and territories):[a] deaths from non-communicable diseases among persons aged 60 and over, by sex and age group, 2015 and 2019
(Percentages)



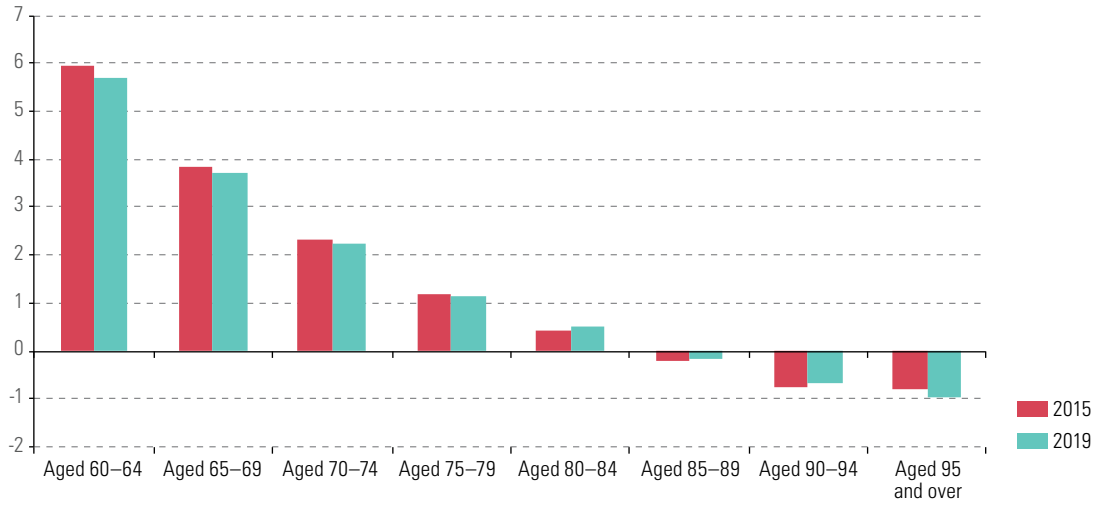
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019*, Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

[a] Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tabago, the United States Virgin Islands and Uruguay.

Differences in mortality from non-communicable diseases to the detriment of women are largest in the 60–64 age range, with a gap of 5.7 percentage points. Although the gap narrows with age, women are dying to a greater extent from these causes than men, and the differences decreased only very marginally between 2015 and 2019 (see figure IV.2).[1]

[1] Although the analysis focuses on non-communicable diseases because of their importance as a cause of death, it is important to remember that the rest of the older population dies from communicable diseases and accidents and that these could be prevented and premature deaths avoided, particularly in the group of men aged between 60 and 69.

Figure IV.2
Latin America and the Caribbean (35 countries and territories):[a] differences between women and men in the proportion of deaths due to non-communicable diseases, 2015 and 2019
(Percentage points)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019*, Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

[a] Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tabago, the United States Virgin Islands and Uruguay.

This points to the need to renew and strengthen health promotion and prevention programmes, as well as early detection, treatment and secondary care of non-communicable diseases throughout the life course, with a view to reducing premature mortality and maintaining autonomy and quality of life at older ages, in order to achieve healthy ageing. Deaths from non-communicable diseases are considered premature because they could have been avoided if those affected had had access to high-quality health care or if policies and actions that pursued social and economic development, especially policies focused on reducing inequality, had been adopted and implemented (PAHO, 2022a). Likewise, the prevalence of non-communicable diseases in older persons calls for a gender perspective in health promotion and disease prevention, given that there is a higher proportion of premature deaths among women than among men, especially before the age of 70.[2]

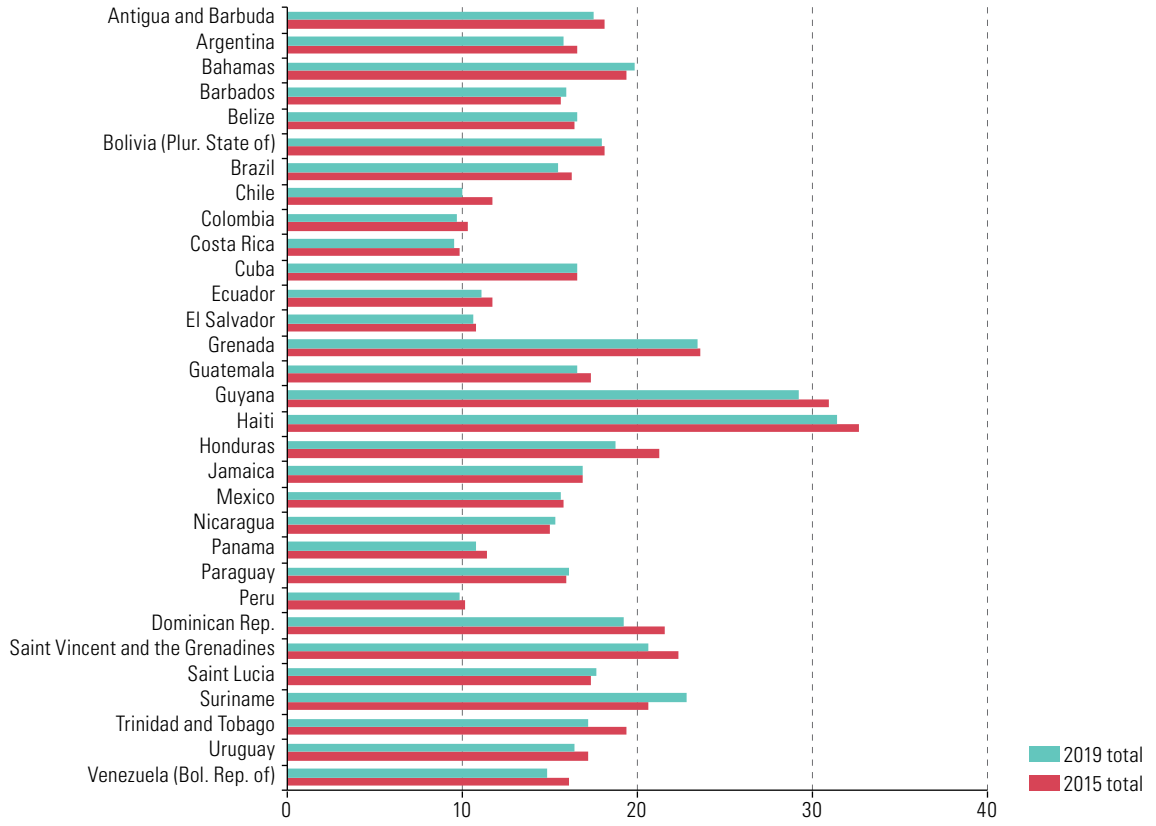
The WHO Global Health Observatory and the Pan American Health Organization's Strategic Plan 2020–2025 include an indicator that measures populations' risk of dying prematurely before the age of 70 from the four leading non-communicable diseases: cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases. This indicator is designed to measure the impact of strategies to reduce the burden of morbidity from non-communicable diseases in the adult population and to monitor progress (PAHO, 2019a). In 2019, results regarding premature death indicate that a person aged 30 living in the Americas region (including Canada and the United States) had a 14.0% chance of dying from non-communicable diseases before the age of 70, which was lower than in 2015 (15.3%). The risk of premature death was higher for men (16.4%) than for women (11.8%), and the contributions by cause show a probability of 5.9% for cancer (all malignant neoplasms), 5.8% for cardiovascular diseases, 1.7% for diabetes mellitus and 1.3% for chronic respiratory diseases (PAHO, 2021a).

In Latin America and the Caribbean, the probability of death from the four leading causes varies across countries (see figure IV.3) from a high of 31.3% in Haiti to a low of 9.5% in Costa Rica. There was an average decline of 0.6 percentage points between 2015 and 2019 in the 31 countries of the region with data available. Countries in the region that showed favourable changes over the period include Honduras, the Dominican Republic

[2] Similarly, since men have higher mortality from communicable diseases and accidents before the age of 70, preventive and care strategies must take these differences into account in the delivery of both public health and medical services.

and Trinidad and Tobago, with declines of more than two percentage points, followed by Saint Vincent and the Grenadines, Guyana and Haiti, with declines of more than one percentage point. However, the latter two countries continue to have the highest likelihood of death from these causes in the region. The following countries can also show favourable changes, despite having the lowest probabilities already: the Bolivarian Republic of Venezuela, Chile, Colombia, Costa Rica, Ecuador and Peru. The probability of premature death from all four causes increased in seven countries (Bahamas, Barbados, Belize, Nicaragua, Jamaica, Saint Lucia and Suriname). The largest increase was in Suriname, from 20.6% in 2015 to 22.7% in 2019, while in Cuba and Paraguay there was no change.

Figure IV.3
Latin America and the Caribbean (31 countries): probability of a person aged 30 dying before the age of 70 from cardiovascular disease, cancer, diabetes mellitus or chronic respiratory disease, 2015 and 2019
(Percentages)

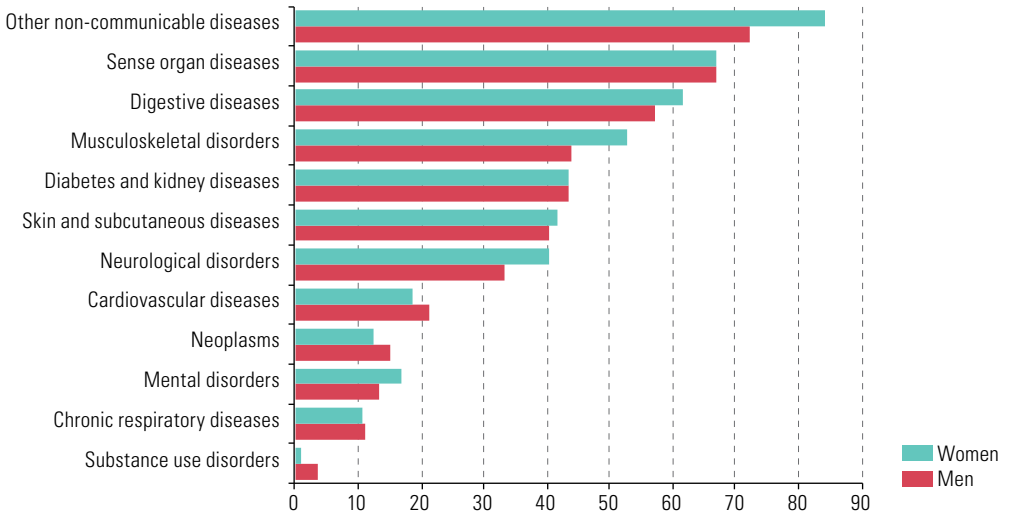


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019,* Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

Many non-communicable diseases, while not necessarily leading to death, have a major impact on quality of life, something that is affected by gender and disability. Data for 2019 show a higher prevalence of these diseases among women than among men at the ages of 55 and over, especially when it comes to digestive diseases, musculoskeletal, neurological and mental disorders and other non-communicable diseases (see figure IV.4) (IHME, 2022).

As of 2020, it is estimated that there were 85 million people with some form of disability in 21 countries of Latin America and the Caribbean, which means that the impact of disability on people's life course and on policies aimed at healthy ageing needs to be considered (García Mora, Schwartz Orellana and G. Freire, 2021). The burden of disability increases and the main causes leading to it change considerably with age.

Figure IV.4
Latin America and the Caribbean (33 countries and territories):[a] prevalence of non-communicable diseases among persons aged 55 and over, by disease and sex, 2019



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019*, Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

Note: The age groups in this database do not include the group aged 60 and over, so the group aged 55 and over was selected.

[a] Antigua and Barbuda, Argentina, Bahamas, Barbados, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, the United States Virgin Islands and Uruguay.

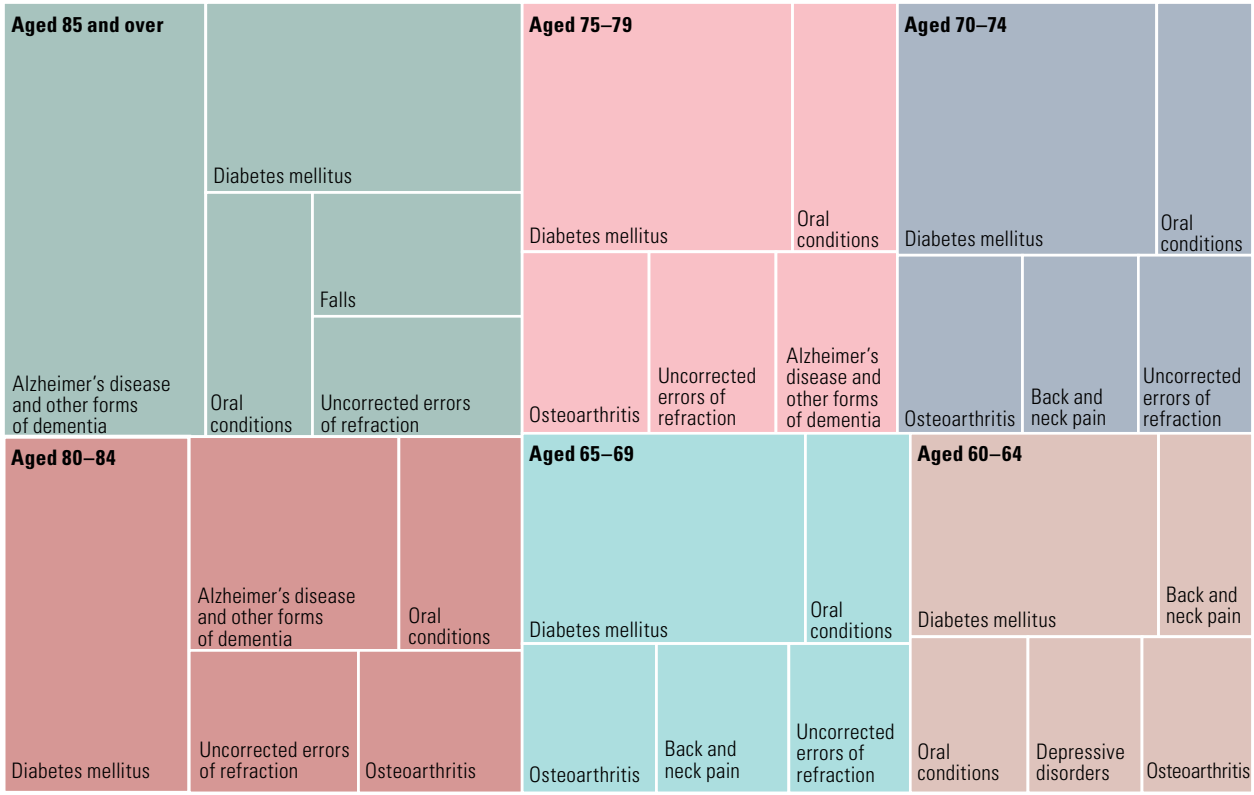
Non-communicable diseases dominate the top five causes of years lived with disability for both sexes, and diabetes mellitus (excluding chronic kidney disease due to diabetes) is the leading cause of disability.[3] The next most prevalent cause is Alzheimer's disease and other forms of dementia, followed by oral conditions, osteoarthritis and uncorrected refractive errors (see figure IV.5) (WHO, 2020b).

Figure IV.5 shows the following general results:

- Diabetes mellitus ranks first or second as a cause of disability in all age groups.
- Alzheimer's disease and other forms of dementia become more important from the age of 75 onward, being the second most prevalent cause of disability in the 80 to 84 age group and the leading cause of disability in the group aged 85 and over.
- Arthrosis is a cause that is present in all age groups, but it is displaced from the age of 85, when falls become a major cause of disability.
- Oral conditions that limit people's ability to eat and drink are the second or third most prevalent cause in all age groups.
- Uncorrected refractive errors, which prevent people from focusing properly and cause deterioration of near or far vision, rank as the fourth or fifth cause from the age of 65.
- Back and neck pain is among the top five causes of disability in the population aged 60 to 74.
- Depressive disorders are the fourth most prevalent cause of disability in the population aged between 60 and 64.

[3] The prevalence of diabetes and the associated kidney disease is above 43% among both men and women over 55 years of age (see figure IV.4).

Figure IV.5
Latin America and the Caribbean (31 countries):[a] top five causes of years lived with disability for the population aged 60 and over, by age group, 2019



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), "Leading causes of death, and disability", 2020 [online] https://www.paho.org/en/enlace/leading-causes-death-and-disability.

Note: The size of each rectangle reflects the magnitude of the burden for the five leading causes of years lived with disability in each age group. In the case of diabetes mellitus, chronic kidney disease is not included; oral conditions are those that make it difficult to perform actions such as eating and drinking; refractive errors are vision problems that arise when the shape of the eye prevents proper focusing, so that near or far vision is impaired.

[a] Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Uruguay.

The social inequality matrix (ECLAC, 2016) and the social determinants of health, namely the circumstances in which people are born, grow up, work, live and age, and which influence health status (WHO, 2008), largely explain the severity of the burden of disease and disability. For example, inequalities in access to water, sanitation and health services due to working conditions most affect rural populations, marginalized urban populations, Indigenous Peoples and Afrodescendants across all age groups (ECLAC, 2020a).

For example, older persons of African descent have a higher incidence of non-communicable diseases (such as diabetes and hypertension) than those who are not of African descent, which has to do with their more unfavourable living conditions and accumulated inequalities, since these types of pathologies are related to poor quality of life (PAHO, 2021b). Likewise, Indigenous Peoples are reported to have a greater burden of disease than non-Indigenous populations, as they present higher rates of infectious diseases, cardiovascular diseases (such as tuberculosis) and maternal and infant mortality (PAHO, 2020c and 2021d). Among Indigenous Peoples, working life tends to be longer and to centre on manual activities undertaken under poor conditions, with over-exertion entailing greater physical wear and tear. Members of these peoples have comorbidities associated with non-communicable diseases, such as high blood pressure and diabetes, in addition to a higher prevalence of disability (ECLAC and others, 2020). Box IV.1 deals with the issue of health among older migrants.

Box IV.1
Older persons, human mobility and health

As a follow-up on the social determinants of health and the inequalities that affect the health conditions of older persons, the report *A claim to dignity: ageing on the move. Regional assessment on the situation and needs of older persons on the move in the Americas* (Bustamante and others, 2021) conducted a first regional assessment on the intersection between old age and human mobility, whose objective was to present an overview of the situation and needs of older persons on the move (whether in or outside their own countries) in Latin America and the Caribbean. The analysis, which involved 865 older persons, caregivers and service providers, focused on five countries: Colombia, Ecuador, El Salvador, Honduras and Peru.

The study shows that older persons on the move face a number of constraints on access to social rights and services that exacerbate the health inequalities they experience at their place of arrival. It reveals a number of vulnerabilities specific to older persons on the move, most notably: difficulties in obtaining documentation; poor social protection and financial problems (more than half this older population on the move receives no income and others receive only an inadequate income); limited access to work, informality, substandard working conditions and labour exploitation; nutrition that is inadequate in quality and quantity, with one fifth of survey respondents being unable to eat three meals a day; and, in the cases of Colombia, Honduras and Peru, problems of overcrowding in the dwellings where they live.

Among the most important data on health conditions, care and access to health services, the older population surveyed reported suffering from hypertension (42%), mental illness (34%), gastrointestinal conditions (21%), heart disease (16%), diabetes (15%), respiratory diseases (14%) and cancer (4%). It was found that 42% of older persons had not received treatment for these conditions for a variety of reasons, including missed appointments, lack of documentation, lack of resources to pay for medicines, fear of going to health centres because of the risk of infection during the coronavirus disease (COVID-19) pandemic, mobility issues and long distances to health centres.

Around 30% of the older persons surveyed did not use health services when they needed them, even before the pandemic. This was due to a lack of financial resources to pay for consultations, treatment and medicines (more than a fifth of those who used health services had had to pay). Furthermore, 27% of those interviewed reported having no access to any health services, a situation that worsened during the pandemic, and 98% reported having at least one illness or disability.

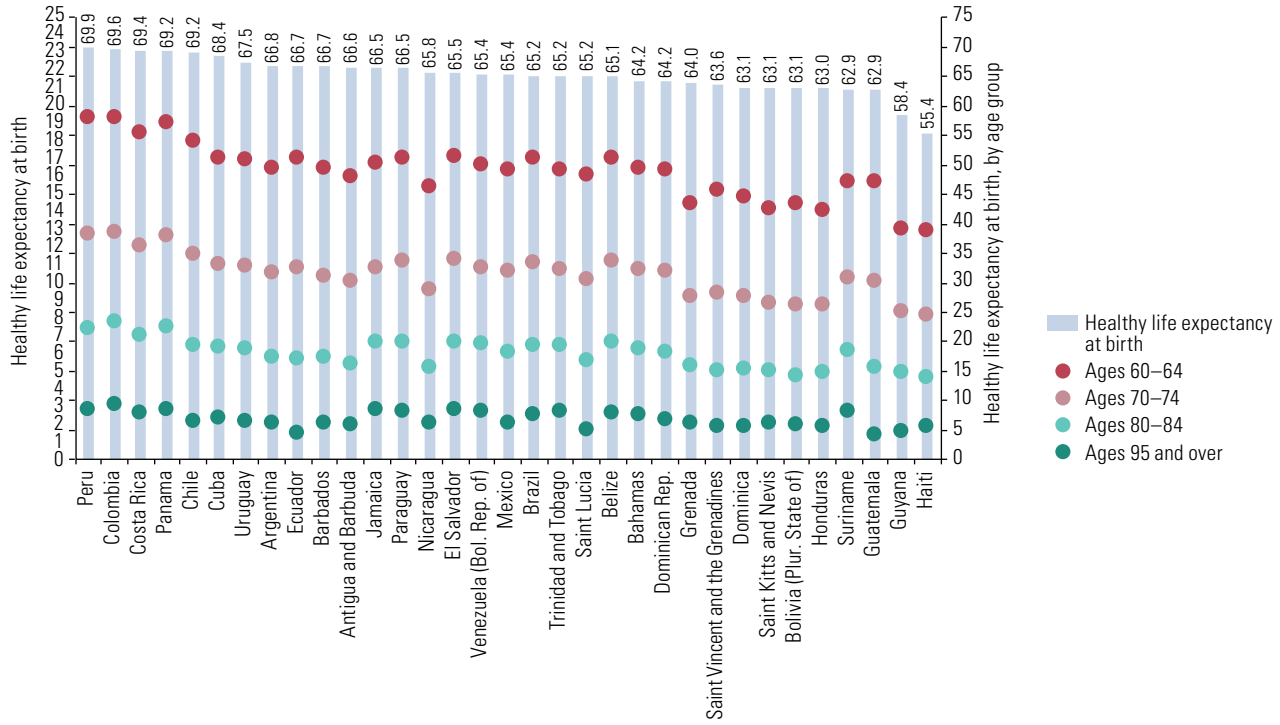
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of M. Bustamante and others, *A claim to dignity: ageing on the move. Regional assessment on the situation and needs of older persons on the move in the Americas,* Bogotá, HelpAge International, 2021; and M. Bustamante, "Un reclamo de dignidad: la vejez en situación de movilidad humana", *Boletín Envejecimiento y Desarrollo,* No. 19, Santiago, ECLAC, December 2021.

Inequalities in older persons' health accumulate over their lives because of exposure to risks and environmental and social barriers that result in differences in health conditions (PAHO, 2017a), in healthy life expectancy at birth and in healthy life expectancy at age 60 and beyond.

Estimates from *The Global Burden of Disease Study* (IHME, 2022), which considers the epidemiological profile of older persons and the different non-communicable disease burdens, show that healthy life expectancy at age 65 in the Americas (including Canada and the United States) increased by 1.4 years over the three decades from 1990 to 2019, from 12.2 years in 1990 to 13.6 years in 2019. By contrast, in the same population group, the percentage of years of life spent in poor health remained about the same, rising from 28.8% in 1990 to 29% in 2019. Life expectancy at age 65 in the Americas increased by 2.1 years to 19.2 years in 2019 (Martínez and others, 2021, p. 2).

Healthy life expectancy at birth in the countries of the region varies. While healthy life expectancy is above 60 years in most countries, the highest values are found in Peru and Colombia, with over 69 years, and the lowest in Haiti and Guyana, with 55.4 and 58.4 years, respectively. Healthy life expectancy decreases with age. In the 60 to 64 age group, the highest healthy life expectancy is found in Peru and Colombia (19.3 years) and the lowest in Guyana and Haiti. For the 70 to 74 and 80 to 85 age groups, the extremes are Colombia (15.9 and 7.7 years, respectively) and Haiti (10.4 and 4.6 years, respectively). At the oldest ages (95 and over), lastly, Colombia's value is highest at 3 years of healthy life expectancy and Guatemala's is lowest at 1.3 years. Although higher life expectancy at birth might be expected to correlate closely with higher life expectancy at older ages, countries do not always rank in the same positions on the two indicators (see figure IV.6).

Figure IV.6
Latin America and the Caribbean (33 countries): healthy life expectancy at birth from age 60 onward, by age group, 2019
(Years)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Institute for Health Metrics and Evaluation (IHME), "Results", *The Global Burden of Disease Study 2019*, Global Burden of Disease Collaborative Network [online] https://vizhub.healthdata.org/gbd-results/https://vizhub.healthdata.org/gbd-results/ [accessed in October 2022].

B. Challenges for health-care systems

The historical weaknesses of the region's health-care systems became manifest during the COVID-19 pandemic, which exposed chronic underfunding, involving very low public spending on health and high levels of private, mainly out-of-pocket spending. These systems are fragmented and segmented, which creates coordination difficulties and efficiency problems and thence inequalities that compromise universal access, quality and financing (ECLAC/PAHO, 2020; ECLAC, 2022a).[4]

Prior to the pandemic, health-care systems faced major challenges because of the need to adapt to demographic changes that are affecting the countries of the region to varying degrees and requiring them to recalibrate their responses to epidemiological changes manifested in the increase of non-communicable diseases (even while communicable diseases must continue to be tackled). In addition, constant technological advances in medicines, inputs and equipment require more and more human and financial resources.

In many countries of the region, health-care systems had to face the pandemic without adequate equipment (ECLAC/PAHO, 2020), relying heavily on imports of medicines and vaccines and experiencing shortages of supplies such as oxygen, something that was especially critical in the Caribbean.[5]

[4] A characteristic of health systems in the region is that they include three subsystems: "one with low standards for people of low socioeconomic status, a more responsive one for formal workers, who belong to the middle-income strata, and a third, usually private sector subsystem for those of higher socioeconomic status" (Cid and Marinho, 2022, p. 24).

[5] In the Caribbean, moreover, the economic cost of reduced tourism and inadequate levels of social protection resulted in many individuals and households experiencing financial hardship, which also impacts health (Quashie and Jones, 2022).

In a crisis situation, the rights-based approach to health (see box IV.2) is crucial to strengthening health-care systems and ensuring that they are equipped to address the needs of the general population and an ageing population in particular.

Box IV.2
The right to health

The right to health has been fully recognized as a human right in international instruments such as the Universal Declaration of Human Rights (1948), article 25 of which states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services" (United Nations, 1948). Subsequently, the Declaration of Alma-Ata (1978), a fundamental document for the consolidation of health as a right, stated that "governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life" (WHO/UNICEF, 1978).

The conceptualization of health as a human right underwent a major modification and expansion with the discussion and publication of general comment No. 14 (2000) of the Committee on Economic, Social and Cultural Rights of the United Nations on article 12 of the ICESCR (2000), interpreting the right to health:

> [...] as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels (United Nations, 2000).

It is on the basis of this definition that the right to health can be said to depend on the presence of other satisfiers that, in combination, determine health conditions. This is therefore a complex right, closely linked to the fulfilment of other human rights, which must be regarded as true social determinants of health (López Arellano, López Moreno and Moreno Altamirano, 2015).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, "Universal Declaration of Human Rights", 1948 [online] https://www.ohchr.org/en/human-rights/universal-declaration/translations/english; World Health Organization (WHO)/United Nations Children's Fund (UNICEF), *Alma-Ata 1978: Primary Health Care. Report of the International Conference on Primary Health Care*, Geneva, 1978; United Nations, "General comment No. 14 (2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)", *Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights* (E/C.12/2000/4), Committee on Economic, Social and Cultural Rights, 11 August 2000; O. López Arellano, S. López Moreno and A. Moreno Altamirano, "El derecho a la salud en *México*", *Derecho a la salud en México*, López Arellano and S. López Moreno (coords.), Mexico City, Metropolitan Autonomous University, 2015.

In the framework of the Madrid Plan of Action and the United Nations Decade of Healthy Ageing, public health policies should focus on guaranteeing access for older persons to accessible, affordable, high-quality health services with a life course approach. Universal health coverage is the goal, so that older persons can exercise their right to health under equitable conditions.

A necessary condition for progress towards universal health coverage is to increase and improve public financing for health, with equity and efficiency. Accordingly, the PAHO Strategic Plan 2020–2025 measures progress on the basis of: (i) countries and territories that have increased public spending on health by at least 6% of GDP and (ii) countries and territories that have allocated at least 30% of public health spending to the first level of care (PAHO, 2019a). A noteworthy case is the Plurinational State of Bolivia, which tripled public spending on health in the last decade with a focus on primary care, approaching the goal of allocating 6% of GDP to public health spending and thereby reducing catastrophic expenditures that impoverish and affect, in particular, the most vulnerable groups of the population (PAHO, 2021e).

As regards progress with health system coverage, in Argentina the National Institute of Social Services for Retirees and Pensioners (INSSJP-PAMI) is the health insurance scheme that provides health coverage for much of the older population: it currently covers almost 5 million people, of whom 4.5 million are aged 60 and over, representing 90% of the affiliated population and 62% of the older population in Argentina. Of the affiliated population, 63% are women and 37% men.[6]

Some countries have reported progress with the creation of health infrastructure meant especially for the older population, although with differences in scope. In the Plurinational State of Bolivia, there are three geriatric clinics whose work includes a gerontological perspective, and services for older persons have also been included in social security polyclinics. The Municipality of Montevideo in Uruguay, meanwhile, has created infrastructure to establish 23 polyclinics for the general population at the first level of care, with a territorial perspective, and is working to create day centres for the care of older persons who are homeless or living on the streets.

C. Progress with health policies for older persons

The Madrid International Plan of Action on Ageing states that health promotion activities and equal access of older persons to health care and services throughout life are the cornerstone of healthy ageing. Progress in the region with the promotion and protection of the right to health will now be presented, drawing on statistical data, information from various international agencies and data provided in the country reports as part of the fourth regional review and appraisal of the fifth Intergovernmental Regional Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

1. Ageing-related health policies and programmes

Priority direction II of the Madrid International Plan of Action on Ageing establishes that it is necessary to guarantee the full access of older persons to health care and services, including disease prevention and care, health promotion, and prevention and care of disabilities, all based on health services appropriate to the needs and characteristics of the ageing population. To this end, issue 2, "Universal and equal access to health-care services", proposes the elimination of age- and gender-based social and economic inequalities in order to ensure that older persons have equitable access to health care on equal terms.

The Madrid International Plan of Action on Ageing (2002) stated: "The ultimate goal is a continuum of care ranging from health promotion and disease prevention to the provision of primary health care, acute care treatment, rehabilitation, community care for chronic health problems, physical and mental rehabilitation for older persons including older persons with disabilities and palliative care for older persons suffering painful or incurable illness or disease" (United Nations, 2002). Similarly, for WHO (2021a), universal health coverage is achieved when all

[6] In urban areas of Argentina, 93.5% of older persons are affiliated to some health system, according to data from the Permanent Household Survey (INDEC, 2019).

individuals and communities receive the health services they need (health promotion, prevention, treatment, rehabilitation and palliative care); when these services are of good quality, i.e., provided by appropriate and competent health and care personnel, are close to people, and are delivered in a dignified manner; and, lastly, when people do not have to experience financial risks because payment is required for these services.

The Madrid International Plan of Action on Ageing also emphasized how important it was to "promote the establishment and coordination of a full range of services in the continuum of care, including prevention and promotion, primary care, acute care, rehabilitation, long-term and palliative care, so that resources can be deployed flexibly to meet the variable and changing health needs of older persons" (United Nations, 2002). The location, accessibility and relevance of the health infrastructure built or acquired (including health centres, clinics, hospitals and highly specialized hospitals, among other support services) are essential elements in the effort to universalize health care. It is important to pursue efficiency so as to provide continuity in the health services needed by the population, while avoiding overinvestment, which can result in infrastructure being underused.

It is also important in health promotion for older persons to be mainstreamed in environmental programmes and in programmes dealing with the quality of housing, education, drinking water and food security, among other issues, which can contribute to disease prevention and health promotion when appropriately coordinated with health plans (Coronel Carbo and Marzo Páez, 2017).

Despite the pressure on health-care systems due to the COVID-19 pandemic, the countries of the region report progress towards universal and equitable access to public health services for older persons in the five-year period 2017–2022. This has been grounded in actions to strengthen the institutional underpinnings of health systems, the creation, consolidation and integration of national health strategies, policies and programmes to ensure effective access to health services, the expansion of infrastructure and, in some cases, the enactment of health-care legislation to ensure that goals are met. Table IV.2 details the progress made by some of the region's countries in strengthening and consolidating sectoral laws, policies and programmes designed to ensure access to health care for older persons.

Table IV.2
Latin America and the Caribbean (8 countries): public policies aimed at universal health-care coverage for older persons

Country	Name	Objective
Argentina	National Institute of Social Services for Retirees and Pensioners (INSSJP-PAMI)	Provides medical care services for health protection, recovery and rehabilitation, coordinated with social development and social promotion services at the national level.
Bolivia (Plurinational State of)	Law No. 1152	Provides that persons aged 60 and over who are not protected by the short-term social security subsector have access to the Unified Health System (SUS) free of charge in the public health subsector.
Chile	Preferential Care for Older Persons, Persons with Disabilities and Caregivers Act (No. 21380)	Guarantees health care to everyone over 60 years of age as well as anyone with a disability and their carers.
Colombia	Healthy Cities, Environments and Rural Areas Strategy (CERS)	Mechanism to generate healthy lifestyle habits and mitigate the loss of healthy life years due to non-communicable diseases.
Cuba	Constitution of the Republic of Cuba of 2019 and Public Health Act (No. 41-83)	Guarantee health care and seek a better quality of life for the Cuban population.
Mexico	Sectoral Health Programme (PSS) 2020–2024	Ensures effective, universal and free access to health care.
Panama	Older Adult Health Programme	Guarantees that every older person attending a health-care facility will receive differentiated and comprehensive care based on the geriatric assessment applied by the multidisciplinary health-care team.
Uruguay	National Integrated Health System (SNIS)	The National Integrated Health System (SNIS) has changed the care model by strengthening the first level. In the case of older persons, this has meant the establishment of annual scheduled check-ups for persons aged from 65 to 74 and quarterly scheduled check-ups for persons aged 75 and over and for all older persons identified as vulnerable.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

PAHO (2019b) reports that, where legislation is concerned, 16 countries in the region have a long-term care policy and 18 countries have legislative mechanisms to protect older persons against discrimination. A noteworthy case is the Plurinational State of Bolivia, where Law No. 1152 established mechanisms for people without health-care protection to access the Unified Health System. Some countries have elevated the health of older persons to

the status of a national policy, plan or programme, such as the Plurinational State of Bolivia (Five-Year Action Plan for Active and Healthy Ageing), Brazil (National Health Policy for Older Persons), Chile (National Comprehensive Health Plan for Older Persons) and Cuba (National Programme of Comprehensive Care for Older Adults). Others have sought to strengthen older persons' access to health care by pursuing measures derived from sectoral health-care programmes. In 2019, 24 countries reported having some multisectoral working mechanism in the area of ageing that included health as an essential issue (PAHO, 2019b).

A very important advance that all the countries point to in their reports are programmes geared towards the promotion of healthy ageing which, while differing in orientation and scope, all make provision for training and guidance services and facilities and for activities and actions to improve access to health services and promote healthy lifestyles. Some programmes have an intersectoral basis, such as those of Argentina, Chile and Panama, others have various programmes operated by both health and social security institutions, such as Mexico's, and another group are circumscribed to the health-care sector.

In the last five years, particular efforts have been made to strengthen the institutional framework for health care and ageing with the aim of gradually incorporating services, infrastructure and care models that help to reduce disability and improve life expectancy and health and thence people's quality of life as they age. In the region, 20 countries reported having a policy, strategy or plan for ageing and the health of older persons, and at least 31 countries reported having a focal point on ageing in their health ministries (PAHO, 2019b).

However, most health-care policies, plans and programmes with a focus on ageing still lack inclusive, people-centred perspectives that recognize the diversity of old age. Few public policies consider gender, age and intercultural perspectives, and this is reflected in the paucity of specific actions for the Indigenous and Afrodescendent older population, women and persons with non-binary gender identities. In Costa Rica and Panama there are examples of policies with an intercultural perspective. The Costa Rican Social Security Fund, as a health service provider, has tried to facilitate care in Indigenous territories that are geographically and culturally difficult of access by employing 11 Indigenous community assistants at the first level of care to establish an intercultural link between Indigenous people and health-care personnel. In Panama, health-care regulations provide for an intercultural approach as a dimension of the practice of medicine requiring additional training so that practitioners become more adept at communicating with people from other cultures.

Another area of health in which the older population should be included is sexual health. An effort in this area is being made in Argentina, where the Department of Gender Policies, Sexual Diversity and Dissidences of the General Secretariat of Human Rights, Community Gerontology, Gender and Care Policies of INSSJP-PAMI is responsible for formulating, designing and implementing policies and programmes to combat discrimination based on gender, sexual diversity or sexual identity and for implementing relevant promotion, prevention and assistance projects, benefits and services with a human rights approach and a gender perspective. In addition, this government body is working on the creation of specific lines of action for the promotion of sexual health among older persons.

It has been reported that out-of-pocket spending tends to increase when certain health conditions arise and during old age (Salinas-Escudero and others, 2019). Major programmes have been put in place to avert financial risks for older persons deriving largely from the cost of medicines, which are sometimes not provided to them, or are only partially provided, by public health services. In Argentina, the vademecum of free essential medicines, which covers 100% of medicines used by older persons, came into force in 2020 and includes 170 active ingredients and 3,600 branded presentations. The Argentine government estimates that older persons saved 4,200 Argentine pesos per month in 2020 thanks to this initiative and that 4 out of every 10 affiliates receive medicines under the system of free provision. Similarly, Brazil implemented the National Policy on Pharmaceutical Assistance and the National Medicines Distribution Policy, the Plurinational State of Bolivia began distributing medicines free of charge, and Chile, which already had universal access to medicines, introduced home delivery for older persons during the pandemic.

Dealing with non-communicable diseases through prevention, care and rehabilitation has also been a priority. Self-care programmes for older persons with multiple chronic diseases have been implemented in 35% of the region's countries (PAHO, 2019b). The following initiatives may be noted: Brazil's Strategic Action Plan for Managing Non-communicable Chronic Diseases in Brazil 2011–2022, which includes older persons;

Uruguay's Geriatric Assessment Units programme; Chile's National Dementia Plan and Cardiovascular Health Programme; and Panama's National Strategic Plan for the Comprehensive Prevention and Management of Non-communicable Diseases and their Risk Factors 2014–2025.

Programmes focused on providing rehabilitation services and access to orthoses and prostheses are still very limited, resulting in out-of-pocket expenses and treatment delays because of the expense involved. In Cuba, Ministry of Public Health resolution No. 149 of 18 April 2016 regulates the procedure for the leasing or sale of technical aids for vulnerable groups.

2. The training of specialized human resources

Something that is indispensable when it comes to achieving universal health care is for States to have the right health and care personnel available to meet the needs of the population. Accordingly, the twenty-ninth Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (PAHO, 2017b), and in 2018 the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023 was produced (PAHO, 2018a). Both initiatives aim to guide countries in the development of their human resources training policies and plans. An implementation and monitoring process was initiated on the basis of the Plan of Action with the participation of 24 countries, of which 20 reported progress.

Analysis of the national reports shows that seven countries in the region have a formalized human resources policy and are in the process of implementing it; nine have an institutionalized multidisciplinary team with the capability to plan human resources for health care; seven have produced projections of human resources needs for health care; seven have a functioning national human resources information system; eight have increased the proportion of the public budget allocated to human resources in the health sector; four have an incentive policy for staff retention in underserved areas; and nine have a plan for training specialists (PAHO, 2021e).

The Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing (2003) established the need to promote human resource training through gerontology and geriatrics training programmes at all levels of care. Training and developing health workers as agents of change to transform health-care systems with a view to delivering universal health care is undoubtedly a major challenge (Artaza and others, 2020).

According to the country reports, the training of specialized personnel in the region, geriatricians for example, is a major challenge. In 2021, in fact, the Chilean Ministry of Health published Exempt Resolution No. 67 classifying geriatrics (among others) as a medical speciality affected by shortages. This measure "grants an increase of 50% over the equivalent monthly base salary for a 44 hour working week to medical professionals who undertake advanced training in a speciality", including geriatrics.

Another major challenge is the training of human resources for the primary health care of older persons. Although the need for human resources to care for the health of older persons is increasingly recognized, the gap is still considerable, since in the Americas fewer than 15% of degree courses in the health sciences and fewer than 10% of medical specialties that are critical to the care of older persons include ageing and geriatric health in their undergraduate or postgraduate curricula, an issue that needs to be assessed by educational institutions (PAHO, 2019b).

In 2018, 58% of countries in the Americas (including Canada and the United States) reported having implemented at least one training programme related to older persons' health for primary health-care workers. While it is recognized that many countries support human resources training programmes at the national and subnational levels, need outstrips supply (PAHO, 2019b).

Nonetheless, some countries report major advances:

- Argentina has trained around 700 people in three cohorts through the Specialization in Community and Institutional Gerontology programme and 600 people through the Diploma Course in Comprehensive Gerontological Care. It also has undergraduate programmes in gerontology.

- The case of Brazil is very significant, as it has invested in training personnel at the first level of care by offering 10 self-directed courses from which 80,972 health professionals have graduated. The subspeciality in palliative and pain medicine, from which 30 specialists have graduated so far, was created in 2018, as were the speciality in gerontology and undergraduate and postgraduate programmes in public and private universities.
- Costa Rica reports that 2,044 people have been trained on 104 virtual courses as part of the Care for Institutionalized Older Adults Programme and 109 people have graduated from the speciality in geriatrics and gerontology at the University of Costa Rica.

Considering how challenging it is for countries to train human resources in this area, it is worth continuing to explore comprehensive and innovative strategies to provide more health-care professionals in multidisciplinary areas with training that will equip them with the skills needed to care for the older population.

D. Protecting the right to health in the face of COVID-19

As of 23 November 2022, COVID-19 is estimated to have caused the deaths of 1,742,280 people in Latin America and the Caribbean, and the cumulative number of confirmed cases was 78,189,189 (see table IV.3). The region's multiple economic and social inequalities, together with the structural weaknesses of health-care systems, meant that the health effects of the pandemic were further-reaching than in other regions of the world, especially among population groups that were already poor, sick or socially excluded in some way before the health crisis. Evidence of the inequities are the higher levels of mortality recorded in the region. While the region's population as of 1 July 2022 represented 8.3% of the world total (United Nations, 2022a), cumulative cases as of 23 November 2022 represented 12.3% of the global total and cumulative deaths 26.4% of global deaths. By subregion, South America accounts for 8 out of 10 cases and a similar proportion of cumulative deaths.

Table IV.3
Latin America and the Caribbean (35 countries): confirmed COVID-19 cases and deaths as of 23 November 2022

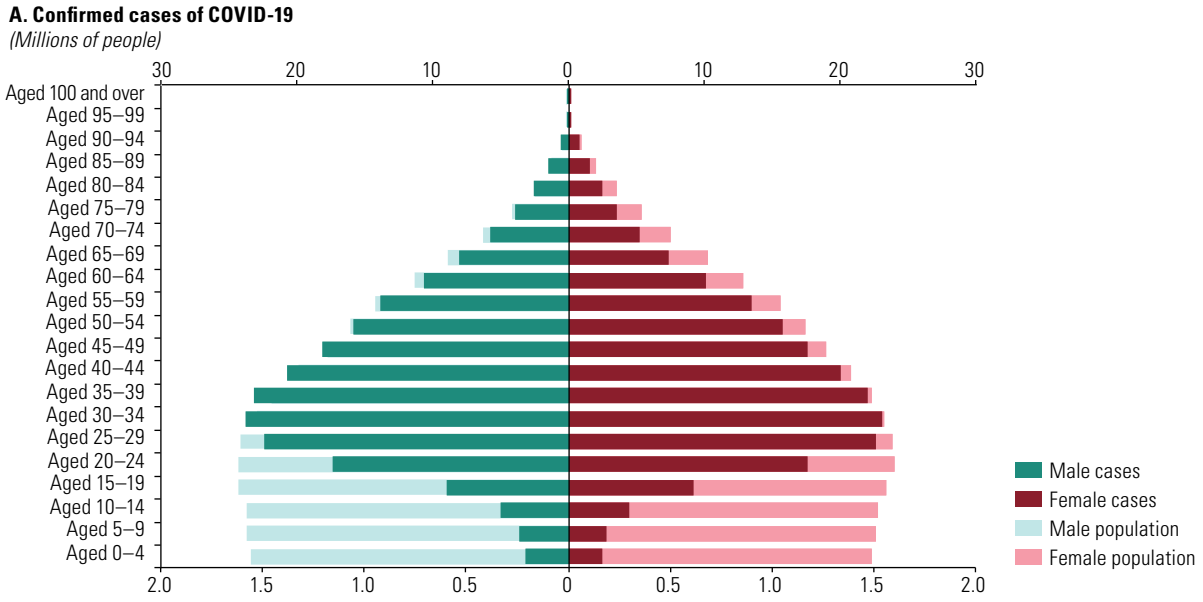
Subregion	Country	Cumulative confirmed cases	Proportion of total confirmed cases in the region *(Percentages)*	Cumulative confirmed deaths	Proportion of total cumulative deaths in the region *(Percentages)*
Central America and Mexico	Belize	68 972	0.1	687	0.0
	Costa Rica	1 140 864	1.5	9 019	0.5
	El Salvador	201 785	0.3	4 230	0.2
	Guatemala	1 144 771	1.5	19 916	1.1
	Honduras	457 406	0.6	11 041	0.6
	Mexico	7 118 795	9.1	330 443	19.0
	Nicaragua	15 203	0.0	245	0.0
	Panama	992 623	1.3	8 515	0.5
	Subtotal	**11 140 419**	**14.2**	**384 096**	**22.0**
South America	Argentina	9 721 718	12.4	130 011	7.5
	Bolivia (Plurinational State of)	1 109 763	1.4	22 243	1.3
	Brazil	34 908 198	44.6	688 656	39.5
	Chile	4 832 838	6.2	61 983	3.6
	Colombia	6 311 359	8.1	141 862	8.1
	Ecuador	1 009 705	1.3	35 938	2.1
	Paraguay	718 049	0.9	19 608	1.1
	Peru	4 169 751	5.3	217 172	12.5
	Uruguay	992 035	1.3	7 529	0.4
	Venezuela (Bolivarian Republic of)	546 262	0.7	5 824	0.3
	Subtotal	**64 319 678**	**82.3**	**1 330 826**	**76.4**

Subregion	Country	Cumulative confirmed cases	Proportion of total confirmed cases in the region *(Percentages)*	Cumulative confirmed deaths	Proportion of total cumulative deaths in the region *(Percentages)*
The Caribbean	Anguilla	3 866	0.0	12	0.0
	Antigua and Barbuda	9 106	0.0	146	0.0
	Aruba	43 423	0.1	234	0.0
	Bahamas	37 435	0.0	833	0.0
	Barbados	103 545	0.1	564	0.0
	Cuba	1 111 317	1.4	8 530	0.5
	Dominica	15 760	0.0	74	0.0
	Dominican Republic	647 916	0.8	4 384	0.3
	Grenada	19 613	0.0	237	0.0
	Guadalupe	197 105	0.3	993	0.1
	Guyana	71 461	0.1	1 281	0.1
	Haiti	33 837	0.0	860	0.0
	Jamaica	152 517	0.2	3 399	0.2
	Saint Kitts and Nevis	6 552	0.0	46	0.0
	Saint Vincent and the Grenadines	9 462	0.0	116	0.0
	Suriname	81 228	0.1	1 392	0.1
	Trinidad and Tobago	184 949	0.2	4 257	0.2
	Subtotal	**2 729 092**	**3.5**	**27 358**	**1.6**
	Total	**78 189 189**	**100**	**1 742 280**	**100**

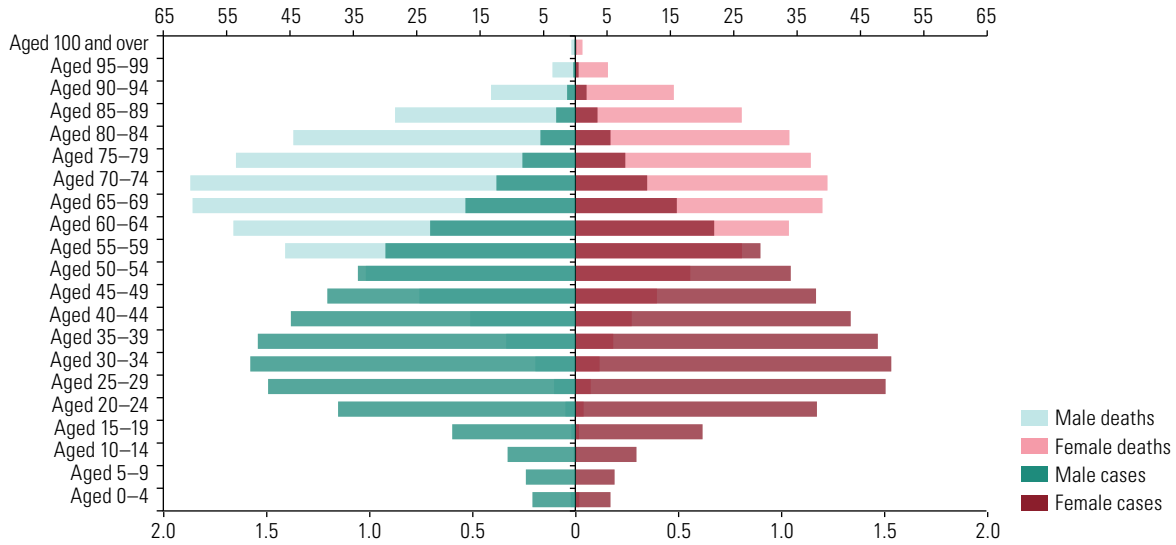
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Pan American Health Organization, "Cumulative confirmed and probable COVID-19 cases reported by countries and territories in the region of the Americas", 24 November 2022.

Although the entire population, regardless of age, is at risk of contracting COVID-19, older persons and those with pre-existing chronic diseases are at greater risk of becoming seriously ill and dying (United Nations, 2020). This is confirmed by the Pan American Health Organization (PAHO) data presented in figure IV.7, which shows that the majority of deaths from COVID-19 in the countries with data available in the region occurred in people aged 60 years and older, and the majority of deaths were of older men.

Figure IV.7
Latin America and the Caribbean (19 countries):[a] confirmed COVID-19 cases and deaths, by sex and age group, 2021



B. Deaths from COVID-19
(Thousands of people)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), *Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021. Interim report*, Geneva, 22 April 2021; ECLAC/Pan American Health Organization (PAHO), "The prolongation of the health crisis and its impact on health, the economy and social development", *COVID-19 Report*, Santiago, October 2021.
Note: The dark red and green horizontal bars represent confirmed cases and the light red and green bars reported COVID-19 deaths.
[a] Argentina, Barbados, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Curaçao, the Dominican Republic, Ecuador, Guatemala, Jamaica, Mexico, Panama, Peru, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago.

Figure IV.7 shows the age and sex structures of the total population of Latin America and the Caribbean and of COVID-19 sufferers and fatalities, revealing that COVID-19 cases are not similarly distributed between men and women. Analysis by age shows a significant increase from the age of 15, which maintains a similar pattern for the adult population up to advanced ages, so that 15.7% of cases for both sexes in 2021 were in the population aged 60 and over. The dramatic change in the sex and age distribution is for deaths, since the highest concentration of mortality is in the population aged 60 and over, with 71% of total deaths, with men at a disadvantage in that they accounted for 59% of deaths in this age group.

The pandemic's greater impact on older persons' health, as well as on their economic and social conditions, is connected to the multiple dimensions of inequality, such as gender, ethnicity, race, territory, disability status, migration status and sexual orientation, among others (see table IV.4) (Abramo, Cecchini and Ullmann, 2020).

Table IV.4
Inequalities affecting older persons in relation to COVID-19

Intersectionality	Risk	Context
Institutionalized older women	Isolation	Situations of cohabitation. Care responsibilities.
Indigenous older persons	Working life is longer among Indigenous Peoples	High prevalence of informal working. Very limited access to social protection systems.
	They are less able to access basic subsistence inputs	Informality, low wages.
	Greater difficulty obtaining medical care	Limited accessibility of services. Language barriers.
Afrodescendent older persons	Overcrowding	No less than a third live with children aged 0 to 14.
Older persons with disabilities	Access to essential goods and services (lockdown)	– Health, rehabilitation and care services. – Medicines, nappies, assistance devices and special foods.
	Domestic violence	– Especially against women with disabilities.
Older persons in a situation of human mobility	Compromised physical health	– 50% suffered discrimination. – 40% did not receive treatment for previous illnesses. – 6% of persons infected with COVID-19 reported that they had not received adequate medical care.

Intersectionality	Risk	Context
Lesbian, gay, bisexual, transgender and intersex (LGBTI) older persons and those living with compromised immune systems, including some people with HIV or AIDS	Isolation	– Lead solitary lives. – Have limited or no family and community support networks. – Only leave their homes to purchase essential goods.
Older persons with critical care needs because of COVID-19	Ageism in health service provision	– Age discrimination in health services when resources are scarce. – Limited use of critical care and life support.

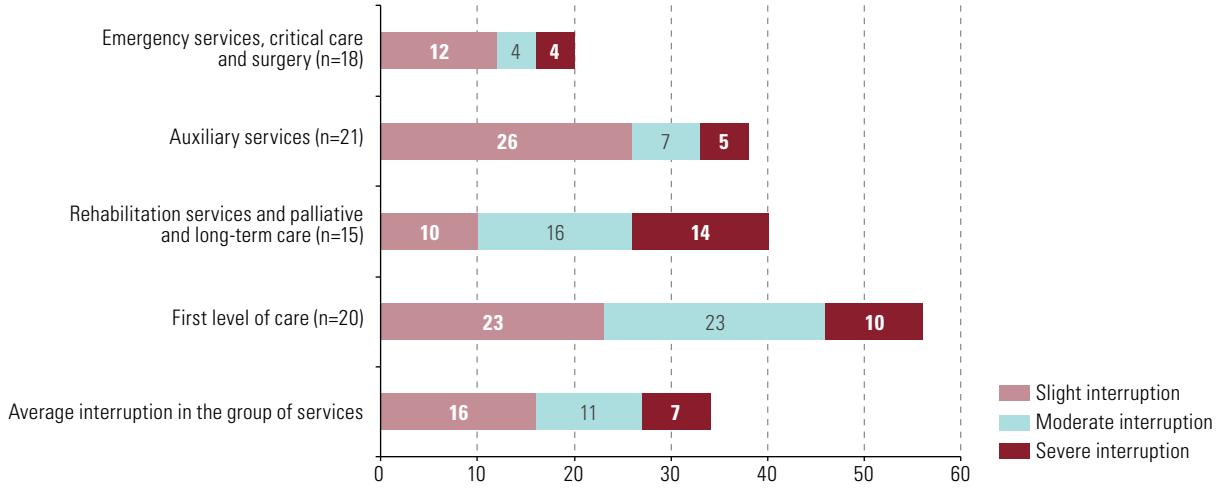
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of L. Abramo, S. Cecchini and H. Ullmann, "Enfrentar las desigualdades en salud en América Latina: el rol de la protección social", *Ciência e Saúde Coletiva*, vol. 25, No. 5, Rio de Janeiro, Brazilian Association of Collective Health (ABRASCO), 2020; M. Bustamante and others, *A claim to dignity: ageing on the move. Regional assessment on the situation and needs of older persons on the move in the Americas*, Bogotá, HelpAge International, 2021; S. K. Inouye, "Creating an anti-ageist healthcare system to improve care for our current and future selves", *Nature Aging*, vol. 1, February 2021; Joint United Nations Programme on HIV/AIDS (UNAIDS), "The COVID19 response in Latin America and the Caribbean must respect human rights and not increase the stigma and discrimination based on sexual orientation or gender identity", 2020 [online] http://onusidalac.org/1/images/COVID19-DDHH-LGBTI-ONUSIDA-UNFPA-PNUD-PMA-OPS-UNICEF-TRADUCCION-INGLES.pdf.

Excess mortality has also been documented, including deaths associated with COVID-19 directly (due to the disease) or indirectly (due to the impact of the pandemic on health-care systems and society). Deaths indirectly linked to COVID-19 are attributable to other health conditions for which people were unable to access preventive care and treatment because health-care systems were overloaded by the pandemic or because they were afraid to go to health centres and become infected (ECLAC, 2022a; ECLAC/PAHO, 2021; PAHO, 2022a). Estimates confirm that the overall number of excess deaths was higher for men (57%) than for women (43%), and was also higher among older persons (United Nations, 2022a; PAHO, 2022a).

In Latin America and the Caribbean, because of the pressure of caring for severe and critical COVID-19 cases, historically low investment in health and the fragmentation and weakness of health-care systems, the pandemic had a displacement effect on care for non-coronavirus-related health issues. During the pandemic, interaction and contact with primary care facilities, hospitals and long-term care facilities was limited or interrupted for many older persons all over the world, making it difficult to access treatment for other diseases (Huenchuan, 2020).

Figure IV.8 shows that 35% of the countries in the region recorded some kind of interruption in the provision of integrated health services in 2021, rising to 55% for countries reporting interruptions in services provided at the first level of care (with a moderate or severe level of interruption in 33% of cases). Next worst affected were rehabilitation and palliative and long-term care services, which were disrupted in 40% of countries (at a moderate or severe level in 30%). Owing to their higher rates of disability, most of these services are used by older persons (WHO, 2021b, cited in ECLAC/PAHO, 2021).

Figure IV.8
Latin America and the Caribbean (25 countries and territories):[a] average interruption in provision of essential health services, by type, 2021
(Percentages)



Source: Pan American Health Organization (PAHO), on the basis of World Health Organization (WHO), *Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021. Interim report*, Geneva, 22 April 2021.

[a] Bahamas, Belize, Bermudas, Brazil, Cayman Islands, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Saint Vincent and the Grenadines, Suriname and Uruguay.

The interruption in the first level of care is especially worrying, as these services are the first point of contact with the population and are where older persons in particular go to have their chronic conditions managed and, in many cases, to obtain the medicines needed for this. The first level of care is the gateway to preventive actions, screening, disease detection and referral to other levels of care in cases requiring more complex and specialized treatment. The interruption of these services especially affected the most vulnerable population, of which older persons form part (WHO, 2021b).

With regard to the various strategies for dealing with the pandemic, according to the COVID-19 Observatory in Latin America and the Caribbean, the countries of the region implemented a total of 809 measures aimed at preserving health, including 215 lockdown and mandatory general quarantine measures (ECLAC, 2022b). With respect to government measures restricting movement and promoting physical distancing during the pandemic, situations varied, as there were "countries with greater and lesser strictness in the policies adopted, others that adopted more stringent policies when case rates were at a peak, during the winter or when waves of infection emerged; some in which policies remained unchanged or were even relaxed, and others that maintained relatively strict policies even when cases remained relatively low" (ECLAC, 2022c, p. 101). This reflects a diversity of reactions to an unknown disease and uncertainty about new variants and possible reactions to it, all of which was coupled with varying degrees of institutional attrition, fatigue among health professionals and mortality among frontline workers.

While these measures were intended to control and mitigate the pandemic, extended periods of lockdown and quarantine, coupled with the loss of loved ones, job instability, difficulty in meeting basic needs and fear of contagion, among other factors, have led to a marked deterioration in people's mental health, with increased anxiety, stress and depression (see box IV.3) (PAHO, 2021f).

Box IV.3
The mental health of older persons during the coronavirus disease (COVID-19) pandemic

According to the World Health Organization (WHO), mental health is "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022a). The *World mental health report: transforming mental health for all* published by WHO (2022b) also notes that mental disorders are the leading cause of years lived with disability, have devastating economic consequences for individuals, families, communities and society as a whole, and are severely neglected by health-care systems.

The risk of being infected and infecting others, or mistaking symptoms of other health problems for those of COVID-19 because the pandemic makes it impossible to attend regular medical check-ups, are factors that also influence the risk of deterioration in the physical and mental health of older persons. Another factor is the implementation of quarantine measures in almost all the region's countries, which were particularly restrictive for older persons, especially those aged 75 and over (ECLAC, 2020).

The Pan American Health Organization (PAHO) has noted that the pandemic has disproportionately affected the mental health of older persons, especially if they are isolated and have some form of cognitive impairment or dementia. Uncertainty and isolation can trigger anxiety, confusion, anger, stress and agitation, as well as resistance to engaging in activities. They can even trigger post-traumatic stress disorders and depression. It is therefore necessary to design and implement actions so that both caregivers and health professionals can provide older persons with practical and emotional support at the family and community levels (PAHO, 2020; ECLAC, 2022a). In particular, special support should be provided so that these workers can alleviate the stress of older persons who are being looked after in long-term care facilities, those living alone or without close relatives, and those with low socioeconomic status or health conditions with comorbidities (Inter-Agency Standing Committee, 2020).

WHO recommends that countries implement an approach that promotes, protects and cares for the mental health of the entire population, that mental health services and psychological support be made available during and after the COVID-19 emergency, that current mental health policies be rethought and that new ones be built for the future (WHO, 2021). Prejudices and stereotypes about mental illness need to be challenged, since they lead to exclusion from community life, rejection and denial of fundamental rights all over the world. Older persons with mental illnesses are particularly vulnerable, so it is essential to redouble efforts to ensure their access to mental health support, treatment and medication, and long-term care services with a human rights perspective.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), "Mental health: strengthening our response", 17 June 2022 [online] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response; WHO, *World mental health report: transforming mental health for all. Executive summary,* Geneva, 2022; ECLAC, "Challenges for the protection of older persons and their rights during the COVID-19 pandemic", *COVID-19 Report,* Santiago, December 2020; Pan American Health Organization (PAHO), "Mental health and psychosocial considerations during the COVID-19 outbreak", 18 March 2020 [online] https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf; ECLAC, "It is time to transform health systems in Latin America and the Caribbean and make progress on universality, comprehensiveness, sustainability and resilience", *Press Release,* 10 August 2022 [online] https://www.cepal.org/en/pressreleases/it-time-transform-health-systems-latin-america-and-caribbean-and-make-progress; Inter-Agency Standing Committee (IASC), "Addressing mental health and psychosocial aspects of COVID-19 outbreak", *Interim Briefing Note,* 24 April 2020; WHO, *Mental health preparedness and response for the COVID-19 pandemic: report by the Director-General* (EB148/20), 8 January 2021.

According to the country reports, Argentina, the Bolivarian Republic of Venezuela, Chile, Costa Rica, Cuba, Guatemala and Panama have implemented strategies to prioritize medical care for older persons during the pandemic. Nevertheless, a major human rights challenge relates to the oversight of medical protocols and decisions about medical resources and treatment related to COVID-19 for older persons. Argentina, Chile and the Plurinational State of Bolivia have accordingly deployed simultaneous measures to prevent ageism,[7] while Brazil, Chile, Colombia, Cuba, Panama, the Plurinational State of Bolivia and Uruguay have implemented measures to provide care for older persons with disabilities or chronic illnesses.

1. COVID-19 vaccination and older persons

Procurement of COVID-19 vaccines has been a major challenge in Latin America and the Caribbean, owing to the fact that, although there are countries with the capacity to manufacture vaccines (Argentina, Brazil, Cuba and Mexico), production took place elsewhere in the world. This led to huge inequalities in the procurement of batches, which in the first stage were purchased by high-income countries. Strategies to obtain vaccines centred on bilateral negotiations with pharmaceutical companies, advance purchases, management of donations or participation in the COVID-19 Vaccine Global Access (COVAX) Facility (ECLAC/PAHO, 2021).

Once the vaccination process began, the region's countries, like most other countries in the world, prioritized the population to be vaccinated according to the risk of infection, transmission, and severe illness or death. Following this health criterion, people at higher risk of infection and transmission such as frontline health workers and persons aged 55 years and older and those with comorbidities, who are at higher risk of complications and death, were vaccinated first. In Argentina, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Jamaica, Paraguay, Trinidad and Tobago and Uruguay, older persons were prioritized in the early phase of vaccination (UNESCO, 2021). To encourage older persons to be vaccinated against COVID-19, the Government of Jamaica created a vaccination incentive programme that offered a one-time payment of 10,000 Jamaican dollars (US$ 66) to all Jamaican citizens aged 60 years and older who were fully vaccinated (Quashie and Jones, 2022). On the other hand, of all the countries in the region, only Aruba, Barbados, Chile, Dominica, El Salvador, Panama and Uruguay reported no delays in implementing their vaccination plans and schedules (UNESCO, 2021).

Despite initial difficulties in obtaining vaccines, great progress has been made. As of 13 October 2022, countries that have fully immunized at least 70% of their population include Chile with more than 90% and Cuba, Nicaragua and Peru with more than 85%.[8] The country lagging furthest behind in the region, with less than 2% of the population fully immunized, is Haiti, followed by Jamaica with 24.7% and Guatemala, Grenada and Saint Lucia with less than 40% (see table IV.5).

Table IV.5
Latin America and the Caribbean (33 countries and territories): cumulative vaccines applied, number of persons vaccinated against COVID-19 with a first, second and booster dose, and persons fully immunized as of 13 October 2022

Country	Total vaccines applied *(Cumulative doses)*	People vaccinated with one dose	People fully immunized	People fully immunized *(Percentages)*	People who had received a booster dose
Anguilla	24 102	10 846	10 314	68.95	2 942
Antigua and Barbuda	136 512	64 290	62 384	63.7	9 838
Argentina	109 277 682	41 285 663	37 803 566	83.72	30 509 440
Bahamas	359 002	172 859	164 305	41.9	31 626
Barbados	374 195	163 445	154 502	53.83	56 248
Belize	499 320	250 546	219 901	55.5	50 682
Bolivia (Plurinational State of)	15 218 408	7 384 270	6 180 182	53.18	2 201 921
Brazil	479 103 959	183 587 361	165 192 077	78.31	102 902 557
Chile	62 229 394	18 065 602	17 672 392	92.5	15 623 225
Colombia	87 566 541	42 633 866	36 479 814	72.07	13 662 929

7 In some countries, advanced age was established as a criterion for limiting critical care and ventilator use.
8 WHO (2021d) set the target of vaccinating 70% of the population against COVID-19 by June 2022.

Country	Total vaccines applied *(Cumulative doses)*	People vaccinated with one dose	People fully immunized	People fully immunized *(Percentages)*	People who had received a booster dose
Costa Rica	11 913 344	4 471 009	4 203 167	82.65	2 549 028
Cuba	37 691 939	10 701 830	9 990 274	88.24	8 429 760
Dominica	67 431	32 872	30 566	42.59	3 993
Dominican Republic	15 774 482	7 277 678	6 040 747	55.76	2 456 057
Ecuador	37 723 769	15 258 768	14 119 814	80.19	7 092 179
El Salvador	11 090 515	4 612 795	4 316 275	66.75	1 781 722
Grenada	90 138	44 050	38 836	34.55	7 252
Guatemala	19 553 871	8 758 252	6 870 081	38.63	3 495 539
Guyana	939 589	490 230	376 266	48.06	73 093
Haiti	470 964	361 212	222 303	1.95	
Honduras	15 527 895	6 325 371	5 599 626	57.34	3 603 273
Jamaica	1 487 460	831 009	729 853	24.75	44 458
Mexico	209 673 612	97 018 292	79 947 470	63.48	57 014 052
Nicaragua	11 780 033	6 060 697	5 719 336	86.99	
Panama	8 596 144	3 500 120	3 147 019	73.09	1 718 245
Paraguay	9 364 504	3 960 665	3 508 475	49.27	1 599 164
Peru	83 792 729	29 852 057	28 181 183	85.69	20 930 871
Saint Kitts and Nevis	64 225	33 794	26 944	50.65	3 465
Saint Lucia	122 552	59 973	54 780	32.74	7 799
Suriname	554 588	267 820	237 879	40.55	48 889
Trinidad and Tobago	1 580 605	753 467	716 762	51.25	168 540
Uruguay	8 734 752	3 001 089	2 892 853	83.3	2 062 808
Venezuela (Bolivarian Republic of)	37 860 994	22 157 232	14 287 370	50.24	651 502

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO), "Vaccination data", WHO Coronavirus (COVID-19) Dashboard" [online] https://covid19.who.int/data [accessed on 14 October 2022].

E. Reflections and lessons for the effort to attain universal health care

Ageing is characterized by differences between the sexes. In Latin America and the Caribbean, men have lower life expectancy and a higher probability of premature death from cancer, cardiovascular diseases, diabetes mellitus and chronic respiratory diseases. Women have a higher prevalence of non-communicable diseases, which are the main causes of disability in the older population.[9] With advancing age, such disabilities lead to dependency and long-term care needs, posing a major challenge to health-care systems and society at large.

Disability detracts from quality of life and confronts the countries of the region with the challenge of designing and strengthening health-care systems with a long-term perspective, including the implementation of health promotion programmes aimed at encouraging healthy eating and physical activity. These are the practices most conducive to the prevention of non-communicable diseases and are essential to the control and secondary prevention of complications caused by such conditions, especially diabetes and cardiovascular diseases, which are the most prevalent and often occur in comorbidity.

Disability and premature death due to non-communicable diseases are largely explained by the social determinants of health. It is therefore necessary to mainstream health as far as possible in all public policies and to seek spaces for intersectoral coordination with a view to raising awareness and establishing agreements designed to protect the right to health.

[9] Diabetes is the main cause of years lived with disability among the older population in the region.

A further-reaching challenge, given the limited resources available in these areas, is the implementation of healthy ageing policies focused on maintaining the mental health of older persons and preventing depressive and anxiety disorders, as these illnesses contribute significantly to disability at older ages. Faced with the challenges of mental health care, various authors (PAHO, 2017a and 2018b; Tausch and others, 2022; Quintanar, 2021) agree on the need to consider the following points in strategies to improve mental health services:

- Give priority to integrating mental health into primary and secondary health-care systems, especially at the first level of care, where the health units that are the first point of contact with the population are found.
- Develop and strengthen training, mentoring and supervision programmes for health professionals.
- Treat all actors in the community as agents who can be trained through professionalization programmes that allow community support and protection links to be activated.
- Reorganize mental health services to move from the traditional psychiatric model to a care model based on the community and intersectoral collaboration.
- Increase and reallocate long-term funding to reduce the mental health care gap and consider allocating resources to community services.

In this context, and in the framework of the Madrid Plan of Action, health policies should focus on improving older persons' access to accessible, affordable and high-quality health services with a gender and life course approach.

The first level of care is identified as the main challenge in the short term. The countries of the region need to increase resources to strengthen primary health care, which includes community care, a fundamental pillar in the implementation of healthy ageing and mental health-care strategies, which in the case of older persons was particularly affected by the pandemic. In addition to increased funding, other priorities are the implementation of innovative strategies that draw on the lessons learned from successful experiences during the pandemic, such as remote care through various devices (smartphones, laptops or desktop computers, or other devices with Internet access), and the creation of integrated health service networks that provide continuity of care for people in need of more complex or specialized care.

Given the shortage of human resources specializing in geriatrics and gerontology to care for older persons in the region and the time it takes to train them, the countries of the region can develop comprehensive and innovative strategies to train more and more health-care professionals in multidisciplinary areas, with priority given to the first level of care. This would equip these professionals with the skills they need to care for the older population, something they currently achieve through training they pay for themselves. Argentina, Brazil and Costa Rica are good examples of innovative strategies in this area.

Analysis of the evolution of the pandemic in the region during these first two years in terms of both infections and deaths, most of which occurred among older persons, and of the responses of health-care systems and the impact of the public health measures implemented, yields a set of lessons that can serve to strengthen health systems in the region so that they are better equipped to face future crises and move towards universality, comprehensiveness, sustainability and resilience, putting people and their health and well-being at the centre.

To guarantee that the right to health of older persons in the region is protected during emergencies such as COVID-19, it is necessary to: (i) prioritize care models based on primary health care that enable cases to be identified and anyone requiring care to be isolated and promptly treated (especially people living in rural areas, Indigenous people and those who are isolated or in long-term care institutions) in an efficient manner which ensures timely, high-quality transfers and care, and that also operate in networks allowing response times and resources to be optimized; (ii) break down barriers to the universalization of health-care systems; (iii) combat ageism and any form of age discrimination in decision-making about the allocation of health-care resources; (iv) strengthen telemedicine as an option to ensure access to treatment and follow-up for both COVID-19 and non-communicable diseases; and (v) include intersectional analysis in the design of different actions so that no one is left behind (ECLAC/PAHO, 2020).

Lastly, the health crisis has highlighted the need to strengthen the resilience of health-care systems and to step up efforts to bring services closer to people. It is essential for inertial trends to be reversed, not only to restore health care to pre-pandemic levels in the countries, but also to accelerate progress towards universal,

comprehensive and sustainable health care, with resilient systems that are better equipped to cope with the threats of extreme weather events due to climate change and outbreaks of COVID-19 or other epidemics that may emerge. This also means applying lessons learned during the pandemic, such as the need to develop greater autonomy in the production of medicines, vaccines and medical supplies and devices, and to position health care as a catalyst for sustainable development that drives progress towards a transformative recovery with equality and sustainability (ECLAC, 2020a).

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CHAPTER

V

Creation of enabling and supportive environments in ageing

Introduction

The Madrid International Plan of Action on Ageing (2002) adopts a new approach to policies on old age and ageing, by addressing the relevance of physical, social and cultural environments for older persons' development. To this end, it establishes that, whatever their circumstances, all older persons have the right to live in environments that enhance their capabilities and promote their participation and autonomy. It is therefore important to propose urban, housing and social development policies that foster the creation of enabling and supportive environments, associated with the improvement of public spaces, access to basic services, the establishment of collaborative and inclusive social relations, and access to justice for older persons in the region (United Nations, 2003).

In both the Madrid Plan of Action and the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, the concept of enabling and supportive environments refers to the environmental conditions (both physical and sociocultural) that enable dignified and safe ageing in the community of origin. While the physical environment includes aspects related to housing, and access to and use of public spaces and basic services, the social environment includes living arrangements, support networks, participation by older persons, the social image of old age, and the identification of situations of violence or abuse against older persons (ECLAC, 2006).

According to the World Health Organization (WHO), physical and social environments can affect health either directly, or else indirectly by creating barriers or incentives that affect opportunities, decisions and habits related to health behaviour. Thus, these environments make it either difficult or easy for individuals to undertake certain activities even despite the loss of capacity. Therefore, it is important to consider individual and environmental approaches that that ameliorate the losses associated with older age and also those that may reinforce recovery, adaptation and psychosocial growth (WHO, 2022a).

The World Health Organization (WHO, 2015) has stressed the need to move towards the creation of suitable environments for older persons —inclusive and accessible community environments that optimize opportunities for health, participation, safety and education throughout life, so that quality of life and dignity are ensured as people age. This requires a web of policies and services that recognize the diversity of older persons' characteristics and resources, their autonomy in decision-making and their preferences, as well as the need to protect vulnerable people, and the pursuit of their full integration into community life.

The targets of Goal 11 of the 2030 Agenda for Sustainable Development include ensuring access for all people to adequate, safe and affordable housing and basic services; access to safe, affordable, accessible and sustainable transport systems for all, paying special attention to the needs of older persons; enhance inclusive and sustainable urbanization; significantly reduce the number of deaths caused by disasters; reduce the environmental impact of cities; and provide universal access to safe, inclusive and accessible green and public spaces, in particular for older persons (United Nations, 2015). In addition, work on age-friendly communities and cities is one of the priority themes of the United Nations Decade of Healthy Ageing (2021–2030) (WHO, 2020).

However, the COVID-19 pandemic has hindered progress in creating enabling and supportive environments both nationally and across the region. The spread of the disease has diminished possibilities for older persons to make optimal use of their social support networks, impaired the mobility and social representations of older persons, and highlighted the need to build accessible physical environments in which older men and women can exercise their rights and participate in family and community life.

To address these issues, this chapter focuses on the most important changes, progress and achievements of the last five years, in terms of policies, programmes and actions. These are described in detail in the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002, to promote the creation of accessible physical environments and inclusive social environments, guarantee access to justice, and promote the full development of and respect for older persons in the region, without discrimination or violence.

A. Accessible physical environments: policies, programmes and actions

Latin America and the Caribbean is one of the planet's most urbanized regions, with 81.2% of the population currently living in urban areas —a figure that is expected to rise to 89% by 2050. It is also the region with the highest concentration of population in megacities (ECLAC, 2021a). This reality was taken into account in the creation of the New Urban Agenda, within the framework of the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), held in Quito in 2016. This agenda recognized the importance of age-friendly planning, in order to promote "equitable and affordable access to sustainable basic physical and social infrastructure for all, without discrimination, including affordable serviced land, housing, modern and renewable energy, safe drinking water and sanitation, safe, nutritious and adequate food, waste disposal, sustainable mobility, health care and family planning, education, culture, and information and communications technologies", particularly for marginalized groups, whose environmental rights need to be prioritized. Such groups include older adults, persons with disabilities, Indigenous Peoples, people living with the human immunodeficiency virus (HIV) and local communities that have traditionally suffered from poverty and social exclusion (UN-Habitat, 2020, p. 12).

In the case of ageing, States should consider the opportunities associated with modifying and promoting public policies which lead to universal designs for urban infrastructure, increase accessibility for all people; draw on geo-referenced data that consider the actual and potential mobility of the population in its ageing process; promote independence and autonomy through an adequate environment; include the gradual adaptation of existing infrastructure; and contain mechanisms to promote the comprehensive development of people as they age.

In this regard, some countries in the region have adopted concrete measures based on their incorporation into the WHO Global Network of Age-Friendly Cities and Communities, which seeks to work progressively "to improve the fit between people's needs and the environments in which they live" (WHO, 2018, p. 1). In some countries, such measures have resulted in cities or communities being registered in the network; and, in other cases, national programmes on age-friendly environments have been promoted (see table V.1).

Table V.1
Latin America and the Caribbean (10 countries): progress in building age-friendly environments for older persons, 2022
(Number of measures)

	Approved communities	Communities awaiting approval	Informed good practices									
			Education	Housing	Health	Information and communication	Employment	Long-term care	Social protection	Transportation	Urban development, public space, buildings	Other
Argentina	17	0	0	1		2	0	0	0	0	0	0
Bolivia (Plurinational State of)	1	0	0	0	0	0	0	0	0	0	0	0
Brazil	18	6	2	1	1	3	1	5	11	1	2	5
Chile	203	8	1	1	3	3	0	2	3	1	0	0
Colombia	2	2	0	0	0	0	0	0	0	0	0	0
Costa Rica	20	1	1	0	0	2	1	0	1	1	1	0
Cuba	3	0	0	0	0	0	0	0	0	0	0	0
Mexico	34	0	7	1	6	2	0	4	0	0	1	1
Peru	11	0	0	0	0	0	0	0	0	0	0	0
Uruguay	1	0	0	0	0	0	0	0	0	0	0	0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Pan American Health Organization (PAHO), "Interactive map of the Region of the Americas", 2022 [online] https://www.paho.org/en/topics/age-friendly-cities-and-communities.

The countries have also developed policies, programmes and actions to strengthen accessible and age-friendly environments in different areas. The progress highlighted in the country reports is presented below.

1. Housing and living conditions

According to the Madrid Plan of Action, older persons' housing and the environment in which they live are particularly important, both for the accessibility and emotional and psychological security they provide, as well as for the financial burden of maintaining them. For this reason, the objectives of the Madrid Plan of Action include promoting "ageing in place" in the community in which a person has lived, with due regard for individual preferences and access to affordable housing options; and "improvement in housing and environmental design" to promote mobility and accessibility for older persons, taking into account the needs of older persons, in particular those with disabilities (United Nations, 2003). However, achieving these objectives in a region characterized by large unsatisfied demand for housing is a complex task. For example, an estimated one in every five inhabitants of Latin America and the Caribbean live in informal settlements (ECLAC, 2021a) and about 25% of households lack access to adequate housing in the region (Adler and Vera, 2018).[1]

The authorities in the region's countries recognize housing as a vitally important space in which various processes of production, reproduction and sustainability of life unfold. For this reason, they seek to establish policies and programmes to afford people —especially older persons— access to adequate housing, where they can remain, attending to their needs, with minimum risks and with comfort to maintain their independence and autonomy.

The country reports indicated a number of initiatives to improve the housing conditions of older persons.[2] First, reference is made to the resources or subsidies granted to the population, for both home improvement and housebuilding (see table V.2), as exemplified by Costa Rica, the Dominican Republic and Mexico. Second, there are examples of housing provided for older persons under commodatum (loan) arrangements. Argentina and Chile report major investments in this type of initiative, in the latter case through a programme of condominiums with supervised housing. Third, measures have been adopted that focus on construction regulations, including specific signage to enhance accessibility and provide preferential attention for older persons such as in Argentina, which reports the construction of housing complexes based on criteria of comfort, safety and elimination of architectural barriers; and Paraguay, which mentions the installation of signage in public spaces. Fourth, reference is made to the creation of new government processes to help the older adult population obtain affordable housing. The Plurinational State of Bolivia includes an age-related parameter among the eligibility criteria for older adults to receive housing loans; and the Dominican Republic has created a programme to restore housing for older persons living in extreme poverty.

Table V.2
Latin America and the Caribbean (8 countries): housing programmes and actions identified in the country reports on implementation of the Madrid International Plan of Action on Ageing, 2002

Country	Programme	Scope	Description
Argentina	Federal Programme *Casa Propia-Casa Activa.*	Construction, in 2021–2022, of 3,200 housing units distributed in 100 housing complexes, to be assigned on loan (commodatum) to persons aged 60 years or over.	Construction of housing complexes that are comfortable, safe, and free from architectural barriers, with equipment in common areas where educational, sports, and recreational activities can be carried out. The homes will be provided on loan to persons aged 60 and over who cannot obtain a permanent housing solution or are unable to obtain a mortgage loan due to their age.
Bolivia (Plurinational State of)	Supreme Decree No. 986, September 21, 2011.	Loans and subsidies granted to 11,436 older persons and their families between 2017 and 2021.	Creation of the State Housing Agency (AEVIVIENDA), which includes the prioritization of older persons among the eligibility requirements, indispensable for obtaining the benefit of credits and subsidies for social housing.
Brazil	Older adult statute.	At least 3% of residential housing reserved to serve older persons.	Prioritization of older persons in the acquisition of real estate for home ownership, installation of urban and community equipment intended for older persons, and elimination of architectural and urban barriers to ensure accessibility.
Chile	Sheltered housing condominium.	Housing assigned on loan (commodatum) to about 1,061 older persons. Between 2018 and 2021, 140 older persons benefited.	Psychosocial and community support to promote older persons' engagement with the social and community network and foster their integration and autonomy.
Costa Rica	Family housing voucher.	Delivery of 21,702 vouchers in 2019.	Provision of family housing vouchers for families living with older persons, or older persons without a nuclear family.
	Housing credit.	Allocation of 1,178 social housing units for older persons in 2020.	Allocation of 1,178 social housing units to older persons in 2020, equivalent to 9.2% of homes allocated by Banco Hipotecario de la Vivienda in that year.

[1] The situation may be even more complex for certain particularly vulnerable population groups. In Central America and the Andean countries, only 20% of older persons in a situation of human mobility have a house or apartment of their own and only 36% have their own room (Bustamante, 2021).

[2] The habitability of a dwelling is defined not only in terms of the quality of construction materials, living area or the availability of water and sanitation services, but also in relation to its proximity to, or remoteness from, sources of employment, schools, health and recreational centres and public spaces for meeting and coexistence, among other elements (Ziccardi and González, 2015).

Country	Programme	Scope	Description
Mexico	National Reconstruction Programme of the National Housing Commission (CONAVI).	Care for 43,464 older persons.	Protection and guarantee of the right to adequate housing for persons and communities affected by the 2017 and 2018 earthquakes, which have not yet been addressed or were only partially addressed, through home reconstruction, refurbishment and relocation actions.
	Urban Improvement Programme of the National Housing Commission (CONAVI).	21,566 subsidies granted to older persons.	Improvement of housing conditions in terms of quality and space.
Peru	*Techo Propio* programme.	290 older persons (153 men and 137 women).	Delivery of the family housing voucher (BFH) - new home purchase modality (AVN), within the programme.
	Regulation to Act No. 30490.	8,534 older persons (4,996 men and 3,538 women).	Delivery of the family housing voucher (BFH) - construction on own site modality (CSP).
Dominican Republic	Housing repair management programme.	Management of the repair of 28 senior housing units in 2020.	Planning, organization, management, control and evaluation of all requests for assistance to improve housing in various vulnerable areas of the country.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

Lastly, an issue that arises in relation to housing and environments is the support provided in emergency situations. Examples include Cuba, where assistance is provided to cope with extreme weather events and precarious conditions; and Mexico, where support is provided for the reconstruction of homes damaged by earthquakes.

2. Public space

The Madrid Plan of Action refers to public space as a fundamental component of the physical environments that facilitate mobility and accessibility for older persons. The country reports provide details of specific actions aimed at improving the public space, framed by the objective of promoting active and healthy ageing, since they foster the participation, health and safety of older persons. Of particular note are the friendly communities programme implemented in Chile and the older adults and community development programme promoted by the Government of Paraguay. Improvement of the public environment includes the creation of spaces for care and participation, but also the adaptation of signage and street furniture and the creation of community service networks (see table V.3).

Table V.3
Latin America and the Caribbean (8 countries): programmes, actions and legislation to improve the public space identified in the country reports on implementation of the Madrid International Plan of Action on Ageing (2002)

Country	Programme	Description
Argentina	Accessibility to the physical environment for older persons	Analysis of topics such as habitat and housing for older persons, accessibility to the physical environment, architectural and urban barriers and universal design, among others.
Chile	Friendly communities	Initiative to make cities and communities in Chile more accessible to older persons, encouraging active ageing.
	Decree No. 50 of the Ministry of Housing and Urban Development	Decree that updates the norms of the General Ordinance of Urban Development and Construction, considering the provisions of Act No. 20422 which establishes Rules on Equal Opportunities and Social Inclusion of Persons with Disabilities.
Colombia	Accessibility plan	Regulations to ensure the right to free mobility and accessibility to urban public spaces, public facilities, housing, transportation systems, and information and communications systems developed by the Ministries of Transportation, Environment and Sustainable Development, Information and Communications Technologies, and Health and Social Protection.
	Upgrading and improvement plans with reasonable adjustments	Joint actions of the Superintendency of Transportation, the Ministry of Transportation and Civil Aeronautics of Colombia to promote accessibility and mobility for persons with special accessibility, reduced mobility and priority attention needs, including persons with disabilities.
	Policy on inclusive and accessible culture	Work of the Presidential Council for Participation by Persons with Disabilities (CPPPD) for the construction of an inclusive and accessible culture policy and its guidelines, in order to promote, protect and ensure full enjoyment of rights by all people; and generate spaces for awareness, training and construction of citizenship to enable full coexistence with older persons and persons with disabilities, pursuant to the mandates established in the National Development Plan (PND) 2018–2022.
	Social interest tourism	Initiative of the Ministry of Commerce, Industry and Tourism to guarantee access for older persons and persons with disabilities through the Tourism Sector Plan 2018–2022, the Social Tourism Policy, Decree No. 468 of May 12, 2021 regulating the Universal Accessibility and Inclusion Seal.
Costa Rica	Act No. 7600 on equal opportunities for persons with disabilities	Establishment of equal opportunities for persons with disabilities, in order to ensure accessibility in the built space through regulations governing access to physical space, public spaces and social housing.

Country	Programme	Description
Paraguay	Older Adults and Community Development Programme	Creation of old persons' care offices in municipalities and health regions. The creation of favourable environments for older persons is promoted by means of preferential service signs in supermarkets, hospitals, offices, banks and public transportation; and public squares adapted with physical exercise training equipment. Also, the creation of social service networks and promotion of healthy ageing.
Peru	Public Sector Budget Law for FY 2022	Prioritization, under the auspices of the National Multiyear Programming and Investment Management System, of expenditure on works and maintenance, repair or adaptation tasks aimed at enabling or improving the accessibility of urban infrastructure in cities, including access to palaces and other regional and municipal buildings that are at the service of all citizens, particularly persons with disabilities.
Dominican Republic	Act No. 352-98 on the protection of the ageing person	Legal obligation on all construction plans for public and private service, commercial or entertainment establishments to make special provision for the needs of older persons.
Uruguay	Montevideo First Accessibility Plan "Promovemos una ciudad sin barreras", 2017	Evaluation, by the Municipality of Montevideo, of the condition of sidewalks and bus stops, in order to improve accessibility for all people, especially older persons and persons with disabilities.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

3. Public transport

The Madrid Plan of Action also identifies public transport and urban infrastructure as crucial dimensions of universally designed urban policies that include older persons. To achieve Sustainable Development Goal (SDG) 11 in the region, it is necessary to increase investment in public transport systems and urban infrastructure, considering the needs of persons who require affordable, accessible, safe and sustainable transport, including older persons, and especially women and persons with disabilities or functional deficits.

Data published by ECLAC (2019), reveal that 60% of the population of metropolitan areas in Latin America and the Caribbean travel by foot, bicycle or public transport. Although public passenger transport infrastructure investment and diversification have increased regionwide, the supply of public transport and high quality road infrastructure is still insufficient to meet transport demand; and the largest investments continue to be concentrated in private transport. According to Estupiñan and others (2018, cited in Yañez-Pagans and others, 2019), on average, 68% of trips in the region are made using collective or public transport.

The country reports reveal that the measures adopted in the countries to guarantee access to public transportation for older persons and persons with disabilities prioritize affordability (see table V.4). However, progress is also needed in the design of new infrastructure, the direct regulation and supervision of the service providers, while also taking account of the needs of different user groups.

Table V.4
Latin America and the Caribbean (5 countries): programmes, actions and legislation to improve public transportation identified in the country reports on implementation of the Madrid International Plan of Action on Ageing (2002)

Country	Programme	Description
Argentina	Social tariff.	55% discount on fares for retirees and pensioners, domestic workers, veterans of the Falkand Islands (Malvinas) War, taxpayers in the simplified (*monotributario*) regime, and participants in social transfer programmes.
Brazil	Decree No. 3691. Programme: *Passe Livre*.	Interstate transportation: two seats reserved for persons with disabilities or with family incomes below minimum wage in each vehicle up to three hours before the start of the journey. Urban public transport: guaranteed free of charge and preferential seating for persons over 65 years of age.
Colombia	CONPES No. 3991 of 2020.	National Urban and Regional Mobility Policy, which envisages measures to include women and persons with disabilities in active mobility.
Panama	Act No. 36, establishing regulations for the comprehensive protection of the rights of children and adolescents. Older adults.	50% reduction on individual public transportation fares throughout the country for older persons.
Peru	National Urban Transportation Policy.	Initiative to develop efficient, effective, safe, reliable, inclusive, accessible and quality urban public transportation services.
	National Sustainable Urban Transportation Programme (PROMOVILIDAD).	Adoption of a sustainable urban mobility and gender approach, in accordance with standards of quality, efficiency, reliability, accessibility, financial sustainability, vertical and horizontal equity, promotion of the use of clean energy and priority treatment for people in vulnerable situations or belonging to groups subject to special protection, including older persons. The programme guarantees that transportation systems to be implemented in the country's cities in the future will prioritize accessibility.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

4. Access to basic services

Basic services have been identified in the Madrid Plan on Action on Ageing as elements that ensure a good quality of life in old age. While significant progress has been made in ensuring access to basic services at the regional level, the accessibility and availability of safe drinking water for older persons varies from country to country. According to the Economic Commission for Latin America and the Caribbean (ECLAC), the most recent census and intercensal data for five countries show that the proportion of older persons living in households without adequate access to water ranges from 5% in Chile to 15% in Guatemala (see figure V.1).

Access to basic drinking water, sanitation and electricity services is essential for societies; and, in emergency situations, such as the COVID-19 pandemic, it is necessary, to avoid adverse consequences for persons, especially for those in vulnerable situations (ECLAC, 2022b).

During the pandemic or in crisis situations related to natural disasters, older persons —especially those living in informal settlements and rural areas, or belong to Indigenous or Afrodescendent groups, or have insufficient or no income of their own— have experienced difficulties in paying for drinking water and electricity services. In many cases it has also been impossible for them to afford access to technologies such as telephone or Internet. This increases their risk of contracting COVID-19, developing other diseases, reducing their social interactions and even finding themselves in isolation.

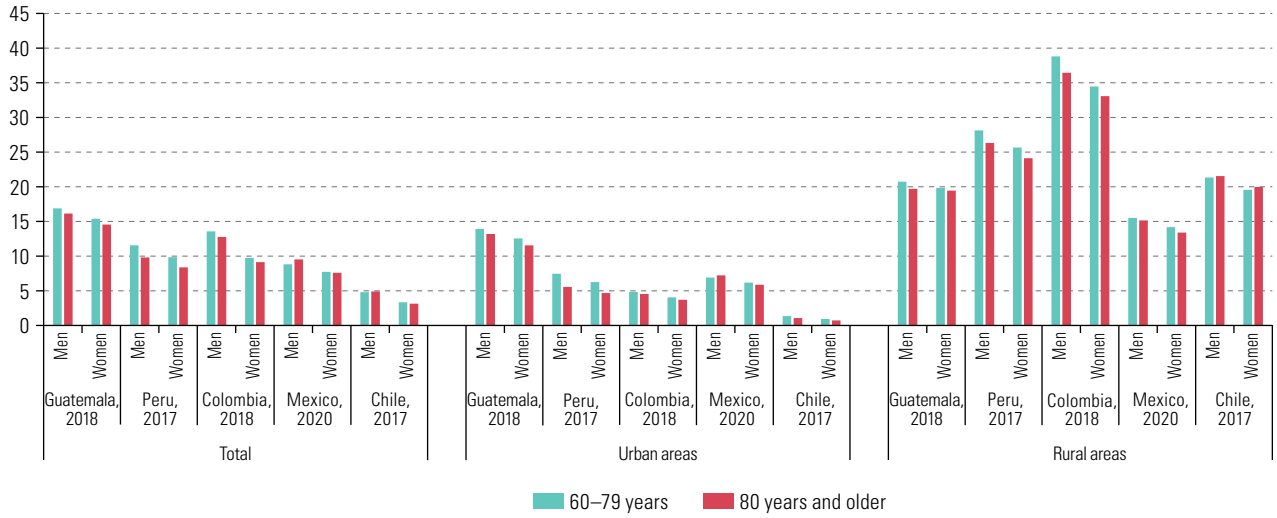
During the pandemic, the region's countries took specific steps to guarantee access to basic services. Seventeen countries adopted measures to ensure and facilitate access to drinking water, sanitation, energy, telephone and Internet services for the most vulnerable households during lockdown. For example, Guatemala, Honduras and Panama announced measures to maintain electricity supply to households by reconnecting services or granting subsidies and payment facilities. Countries such as Argentina, Chile, Ecuador and El Salvador, among others, took steps to prevent interruption of all basic household services, including water, telephone and Internet, owing to non-payment (ECLAC, 2022c). As of January 2021, 45 measures of this type had been proposed, corresponding mainly to the reconnection of drinking water and electricity services (Robles and Rossel, 2021).

(a) Drinking water and sanitation

The Madrid Plan of Action also highlights the importance of promoting equality in terms of sufficient access to safe drinking water. Although the level of access to water has greatly improved, there are still disparities between countries, and particularly between urban and rural dwellers. Lack of access to safe drinking water at the household level diminishes the quality of life and exposes older persons to heightened risks of developing acute illnesses or complications arising from non-communicable diseases. According to recent data for Chile (2017), Colombia (2018), Guatemala (2018), Mexico (2020) and Peru (2017), the proportion of older persons without access to safe drinking water is much higher in rural areas than in urban zones. In rural Colombia, nearly half of older persons lack drinking water inside the home, as do almost a third in Peru and a fifth in Guatemala and Chile. This means that they have to travel to obtain the amount needed to meet their daily needs, which is very complex, especially for persons aged 80 and over and for those living alone (see figure V.1).

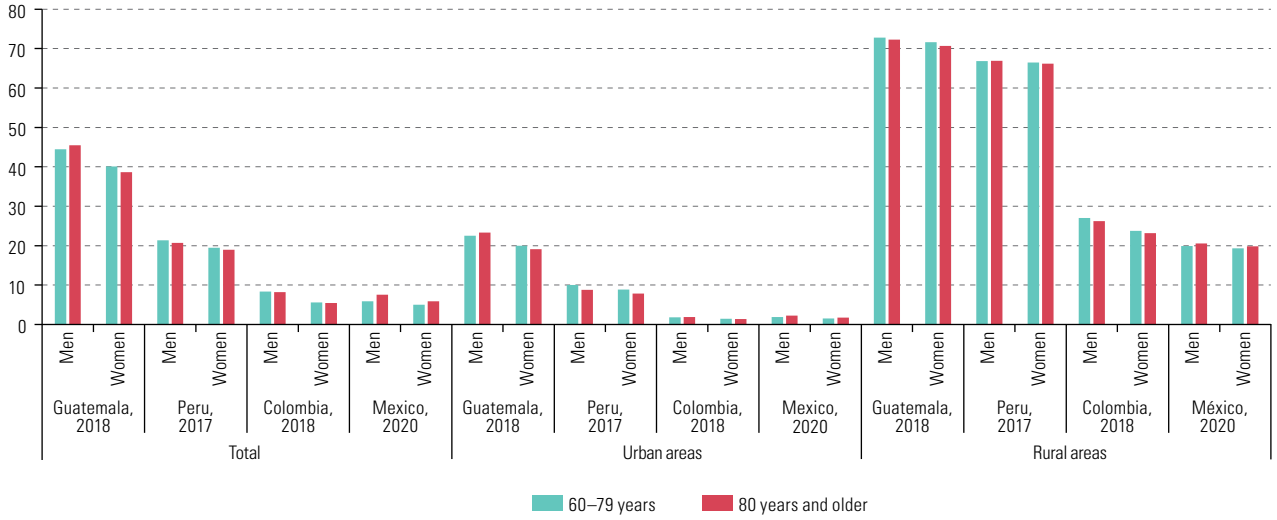
In addition, proper management and final disposal of wastewater and excreta are extremely important to prevent the spread of disease. In four countries of the region, the main disparity is again between urban and rural areas (see figure V.2). For example, while 20% of older persons in urban areas of Guatemala have no sanitation service in the home, the proportion exceeds 70% in rural areas. Peru also has a significant gap in older persons' access to sanitation, with 10% of those living in urban areas and more than 60% in rural areas lacking this service. Although Mexico and Colombia have higher levels of access, about 20% of older persons living in rural areas lack sanitation services in the home.

Figure V.1
Latin America and the Caribbean (5 countries): older persons without piped drinking water in the home, by age group, sex and area of residence
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the demographic censuses of Guatemala (2018), Peru (2017), Colombia (2018), Mexico (2020) and Chile (2017), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

Figure V.2
Latin America and the Caribbean (4 countries): older persons without sanitation in the home, by age group, sex and area of residence
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the demographic censuses of Guatemala (2018), Peru (2017), Colombia (2018) and Mexico (2020), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

(b) Electric power

Goal 7 is to ensure access to affordable, reliable, sustainable and modern energy for all. However, energy poverty continues to be a major challenge for many countries in the world, including those in Latin America and the Caribbean. The low quality or absence of electricity services affects the most vulnerable sectors. At the regional level, 17 million people do not have access to electricity services and another 75 million lack access to clean cooking fuels and technologies (ECLAC, 2022b).

In the case of older persons, energy poverty undermines their physical and mental health, especially when: (i) there are variations in ambient temperature, which expose this population group to respiratory diseases or heat stroke; (ii) polluting energy sources are used for cooking or heating, which cause respiratory and cardiovascular diseases; (iii) there is a lack of refrigeration facilities, so that food consumption and preservation are affected; (iv) lighting is not adequate and affects vision and mood and; (v) employment opportunities, access to education and information and communication technologies (ICTs) are affected.

The measures adopted to reduce energy poverty in the region's countries are focused on establishing residential tariffs and subsidies. In some cases, general consumption subsidies are granted to cover electricity generation costs, such as the social tariff in Argentina or the dignity tariff in Ecuador. In Mexico, residential tariffs have historically been subsidized and an estimated 40% of residential users receive subsidies. In contrast, in countries such as Chile and Uruguay, subsidies are more specific: in the first case, the subsidy temporarily benefits low-income persons residing in urban and rural areas; in the second, the social inclusion plan seeks to provide the service to households that use it irregularly (Contreras, 2020).

During the pandemic, measures were adopted to prevent disconnection from the electricity grid as a result of non-payment; and consumption subsidies and temporary waiver of service payments were introduced for the most vulnerable population. The Government of Jamaica established a measure tailored for older persons living alone and persons with disabilities registered with the Jamaica Council for Persons with Disabilities, in which service payments for both groups were waived for a period of two months. The Government of Panama guaranteed a 30% fare reduction for retirees and pensioners (ECLAC, 2022c).

(c) Internet

Although increasing numbers of older persons in the region live in households with Internet access, and Internet use has increased in this population group, the disparities with respect to younger age groups remain very wide. Older persons —especially women, Indigenous Peoples, Afrodescendants and those living in rural areas— face major challenges in accessing information and communication technologies (ICTs), owing both to the lack of infrastructure and connectivity and to the cost of devices and Internet connection services.

While access to the Internet is important, there are other determinants that foster or restrict the appropriation of such technology. According to Sunkel and Ullman (2019), "For older adults, a lack of awareness of how these tools can address everyday needs may be an important barrier to ICT use. It is therefore important to raise awareness about the potential benefits of using ICT and develop ICT skills among older adults and those close to them" (Sunkel and Ullmann, 2019, p. 233)".

Unfortunately, opportunities for learning how to use ICTs are limited. In the case of older women, domestic and care work reduce the time they can spend learning new activities. Compounding this are the biases and stereotypes that older persons are subject to, and the possibility that certain health conditions could affect their use and appropriation of devices (McCabe and others, 2022). This has resulted in a deep digital divide, which reflects the difficulty a segment of the population has in accessing information, knowledge or education through ICTs (Valdés, 2021).

Some countries have put specific measures in place to reduce the age digital divide. Costa Rica, Guatemala, Honduras, Mexico and Peru all have national digital agendas that include older persons; as do Argentina, Brazil, Colombia, Costa Rica and the Plurinational State of Bolivia, where legislation has also been passed recognizing the right of older persons to have access to ICTs.

The country reports highlight the importance of technological inclusion in times of pandemic, and the major challenge for the region in reducing the digital divide and preparing for new crises. During the pandemic, countries took extraordinary measures to prevent people who already had Internet access from losing it owing to an inability to pay. According to ECLAC (2022c), the measures in question focused on freezing tariffs, providing payment facilities, prohibiting the suspension of services and, in the Plurinational State of Bolivia alone, providing the Internet connection service free of charge.

The measures mentioned in the country reports include the creation in Argentina of the PAMI Community platform, a solidarity support network of volunteers of different ages, assisted and trained by the National Institute of Social Services for Retirees and Pensioners (INSSJP), which aims to prevent loneliness among socially isolated affiliates . The platform was set up to provide care and support over the telephone and through online interaction to simplify the completion of administrative procedures, and promote tele-activities and digital inclusion.[3] Some 15,000 volunteers from across the country participated, providing company for affiliated persons, and had received training in carrying out intergenerational work via telephone calls and through online materials. The website receives some 5,000 visits per day. In addition, the Argentine government created the National Digital Training Programme for Older Adults, to promote digital inclusion among affiliated older persons. The programme specifically targets persons living in long-stay residences or who attend day centres, retirement centres or other organizations that work with or for affiliated older adults, to enable them to participate on an equal footing with other age groups in virtual scenarios through new technologies. Given the need to strengthen financial inclusion, it also created the *Mayores Activos* programme to provide tools to facilitate access to banking products and services, and instruction on how to use them, as well as a web platform that provides financial education.

In Brazil, the *Viver: Envelhecimento Ativo e Saudável* programme donates equipment to participating municipalities, such as computers, webcams, printers and televisions for educational activities. It aims to increase the digital and social inclusion of older persons, help reduce digital divides and promote their social participation.

In Uruguay, the fundamental objective of the *Ibirapitá* programme is the digital inclusion of older persons for social integration and strengthening of their citizenship, by expanding their possibilities in digital environments. The objectives of this plan can be classified into three major stages: accessibility (2015–2017), use and appropriation (2018–2019) and community-building (2020–2021). From its inception until mid–2019, 227,000 tablets were distributed, and 3,227 workshops were held for recipients. The territorial approach is an important component of the programme, as workshops and activities have been held in 204 locations across the country.

Chile's technological inclusion programmes include the training schools for older leaders programme, in which 320 councillors and representatives of the Community Unions of Older Adults (UCAM) from around the country participated, continuing the work of social leaders through virtual spaces. The programme included the distribution of tablets, provision of mobile Internet access (for those who did not have Internet at home) and training in Internet use through digital literacy workshops.

In Costa Rica, through the National Telecommunications Development Plan 2015–2021, 30 smart community centres were set up in 60 older adult care centres, the *Póngale Vida a los Años* Programme was created as a strategy to address physical distance; and a total of 32 virtual educational activities were carried out between June 2020 and November 2021, connecting 1,918 people.

5. Natural disasters, climate change and older persons

According to the report of the World Meteorological Organization (WMO) and the United Nations Office for Disaster Risk Reduction (UNDRR), climate and weather-related disasters have increased fivefold in the last 50 years (United Nations, 2021a). Likewise, according to ECLAC (2021b, p. 9):

> In recent decades, the frequency and destructive capacity of disasters have increased, irrespective of their origin or the speed at which they unfold. Latin America and the Caribbean is a highly exposed region. Devastating hurricanes buffet the Caribbean islands and the coasts of Central and North America.

[3] See [online] https://comunidad.pami.org.ar/.

At the same time, prolonged droughts, affecting vast geographic areas of the Central America Dry Corridor and the Southern Cone, threaten food systems and the safe provision of drinking water for communities, generating new conflicts over the control of this vital resource and access to it. Paradoxically, out-of-season torrential rainfall increasingly catches areas unprepared, causing significant losses and damage. Such phenomena are becoming a structural element that increasingly requires public policies for risk management in general and social protection in particular.

In 2021, the Office of the United Nations High Commissioner for Human Rights (OHCHR) presented the *Analytical study on the promotion and protection of the rights of older persons in the context of climate change* (United Nations, 2021b), which highlights the following:

- Rising temperatures and sea levels, destruction of coastline, forest fires, and extreme temperatures and weather, including heatwaves, cold snaps, floods, droughts and hurricanes. These events pose significant and often devastating human rights risks for all those affected, but older persons may face worse effects than others.
- Age in itself does not make people vulnerable to climate risks, but brings with it a number of physical, political, economic and social factors that may do so. Older persons face a number of challenges to exercising their human rights, as seen during the COVID-19 pandemic. Older persons are often excluded, overlooked and neglected in research and data collection; and the diversity of needs, problems, interests, and potential of this population are often not recognized.
- Older persons are excluded from policies and programmes designed to address the effects of climate change and manage climate emergencies. This can manifest itself in discrimination in access to services and result in unequal or inadequate treatment. The problems are compounded by the intersection of age with other characteristics, such as gender, socioeconomic status and disability, migratory and ethnic-racial status, among many others.
- Climate change affects the physical health of older persons in various ways, and particularly in cases of comorbidity. Air pollution is recognized as a risk factor for the development of dementia; and climate change is known to be related to outbreaks of infectious diseases that can affect older persons, such as the COVID-19 pandemic. Moreover, weather-related emergencies often involve disruptions in access to health services and complicate their delivery.
- Climate change also affects the mental health of older persons. Some older persons who survive disasters experience high rates of survivor's guilt, especially when they lose children or grandchildren; and older persons have been found to have high rates of post-traumatic stress and depression following floods. In addition, in the face of disasters, they may experience increased perceptions of loneliness and isolation, or else develop mental trauma and feelings of guilt. Emergencies exacerbate the pre-existing health conditions of some older persons and have negative effects on cognitive faculties and memory. Older persons often require more time to recover from the physical effects of disasters.
- It needs to be recognized that older persons are the most likely to die from heat exposure or during heat waves, in severe cold or in winter storms, hurricanes and other natural hazards.[4]
- Older persons show a particular commitment to cultural traditions and customs; and, among Indigenous Peoples, they have a role in safeguarding cultural and traditional knowledge and practices. As such, they play a critical role in mitigating climate change and adapting to its effects, as their knowledge may include an understanding of weather patterns, signs of disaster, methods for reducing risks and surviving disasters, as well as environmentally friendly farming and herding techniques. On the other hand, the threat that climate change poses to cultural practices, ways of life and food, may cause Indigenous older persons to experience a heightened sense of loss when these disappear.

Many older persons, especially among Indigenous communities, have accumulated years of knowledge on how to practice sustainable lifestyles that they can share with the community. This is why countries should intensify endeavours to include older persons in the design and implementation of disaster management policies at all

[4] For example, 70% of the deaths caused by the floods that occurred in La Plata (Argentina) in 2013 were older persons.

stages (mitigation, recovery, risk assessments, reconstruction, repair), especially in high-risk geographic areas. National disaster management plans should also include measures to raise awareness of the vulnerability of older persons to abuse, and include psychosocial support and prevention services. In view of the climate change challenges that the region faces and will continue to face, it is important to promote an inclusive community organization, to enable older persons to play a leading role in developing strategies to counteract the effects of this phenomenon.

The region's socioenvironmental disaster risk atlases and national and local civil protection systems should also recognize the needs and potentials of older persons, in order to provide inclusive humanitarian responses in the event of disasters, crises and humanitarian conflicts. Priority should be given to the prevention of abuse and mistreatment, which tend to become more prevalent in disaster settings.

In some Caribbean countries, major steps have been taken to include older persons in national disaster preparedness and response systems. For example, Anguilla and Barbados have created registers of vulnerable older persons (for example, covering those living alone or in poor health), who are likely to be more at-risk during a disaster. Barbados developed the Comprehensive Disaster Management (CDM) Country Work Programme (CWP) 2019–2023, which aims to integrate disaster management more effectively into key sectors and strengthen community resilience to disasters. The Government of Bermuda has launched an inter-ministerial Emergency Measures Organization that prioritizes the needs of older persons. In addition, some nongovernmental organizations (NGOs), such as the Bermuda Red Cross, have been involved in training older adults in disaster management skills, to enable them to help themselves and their peers or family members in the event of a disaster (Royal Gazette, 2017, cited in Quashie and Jones, 2022). The Cayman Islands National Hurricane Plan also prioritizes shelter and alternative accommodation for older persons, as part of disaster preparedness and response (Cayman Islands Government, 2019, cited in Quashie and Jones, 2022).

B. Social environments in ageing

The Madrid Plan of Action stresses the need for policies that support the lifelong development of older persons, including the creation of enabling and supportive social environments for ageing. Other aspects of these environments include living arrangements, social support networks, community participation and the social image of old age, as well as the prevention and management of situations of discrimination, violence and abuse (ECLAC, 2006). The living arrangements of older persons are of particular importance because the possibility of having support networks available at home, and the frequency and intensity of intergenerational ties, are associated with health status, economic situation and well-being.

1. Marital status and living arrangements

One aspect of living arrangements is the marital status of older persons. Evidence shows that people experience changes in their marital status as they age, owing to the death of a spouse or partner, or else as a result of separation or divorce. While not all people marry or live with a partner, most find themselves in this situation at some point in their lives; and, in general, only a small percentage of men and women remain single into old age.

While separation or divorce are typical transitions over the course of life, the death of a spouse or partner is a frequent occurrence among older persons; and it has important implications for social support networks and living arrangements. This is because the partner, followed by children, may be the primary caregiver in old age (ECLAC, 2011 and 2018a; Huenchuan, 2012). Widowhood affects adult women of all ages living in urban and rural areas to a greater extent, but is more prevalent among persons aged 80 years and older.

There is a gender differential in the loss of a spouse or partner owing to the gender difference in mortality, the age gap at marriage, and also differences in life expectancy, which is longer for women, who are therefore less likely to reach old age still living with a partner (Huenchuan, 2018, ECLAC, 2018a). Given that more older women are widowed than older men, old age for women is often characterized by widowhood, loneliness, and a change in living arrangements and social support networks.

Separation or divorce often involves negotiations, losses and episodes of violence. In addition to loss of contact with the person, there is also the deprivation of material and economic resources with which to meet the challenges of ageing.

Being single in old age has significant repercussions for the configuration of living arrangements and social support networks. Although being single is rare at this stage of life, it is more common among women in urban areas (ECLAC, 2018a). The proportion of single women aged 60–79 living in urban areas varies between 8% and 20% in different countries across the region. This reflects the different social and religious norms prevailing in the countries and, to some aspects, is related to marriage practices. Among octogenarian women, being single is less common than widowhood. Far fewer older men are single than women in the same age group, partly because they are more likely to have second and third marriages.

While spousal status differs between heterosexual men and women, the differences are much more marked among lesbian, gay, bisexual, transgender and intersex (LGBTI) couples, since gender status and sex-gender identity affects the chances of having a partner in old age and, therefore, influences living arrangements.

Although living without a partner at an advanced age does not necessarily mean being alone, a person without a partner is more likely to live in a single-person household. As Huenchuan (2018) notes, in recent years the percentage of older persons living in single-person households has increased in all countries. While this may reflect greater autonomy and independence in old age, it may also be due to personal preference or living arrangements established when family members migrate or have other responsibilities.

Based on the latest censuses conducted in the countries of the region, ECLAC notes that the number of single-person households consisting of older adults is increasing, and that most countries in Latin America and the Caribbean are at intermediate stages of the demographic transition. Exceptions to this are Argentina and Uruguay, where 21.2% and 26.7% of the older-adult population, respectively, were living in this type of household (ECLAC, 2020c).

Evidence shows that older persons establish different living arrangements according to their spousal, sociodemographic and territorial characteristics. For example, cohabitation of older persons with children occurs in countries where demographic ageing is still incipient and fertility rates are high, especially in rural areas. As access to public services, drinking water and the Internet is lower in these environments and there are fewer programmes for older persons than in urban areas, living arrangements are the most important strategy for maintaining a good quality of life in old age and support networks that foster active and healthy ageing (see box V.1).

Box V.1
Social support in old age and civil society organizations

The Economic Commission for Latin America and the Caribbean (ECLAC) has documented the role of social support networks for older persons extensively (Guzmán, Huenchuan and Montes de Oca, 2003; ECLAC, 2022). It has been noted that, although living arrangements are an important part of social support networks, there are community strategies external to families and households that provide support in terms of information, care or in-kind support that contribute to the well-being of older persons.

Social support networks mediate between the population and government policies; and the success of many government actions lies in strengthening the partnership with community organizations. Some studies show that organizations of older persons, professionals, unions and volunteers carry out solidarity actions and provide informal support in local contexts that governments do not reach. In many cases, these actions are potential forms of social support, the frequency of which depends on the strength of the group in question (Angel and Montes de Oca Zavala, 2021).

The country reports highlight the contribution made by older persons' civil society organizations, which, based on their experience, have drawn attention to the needs and demands existing in different countries and subregions of Latin America and the Caribbean. This makes it possible to visualize not only the multiple situations of inequality, but also the differences and similarities between the various sociocultural and linguistic approaches applied in the region. These civil society organizations shine a light on old age among Indigenous Peoples and Afrodescendent populations, old age from a gender perspective, old age in rural and urban, central and peripheral areas, and old age among persons of diverse sex-gender identities in the region, who must not be left behind (Montes de Oca Zavala and others, 2021).

National and regional civil society organizations formed by older persons can provide social support networks that construct mechanisms for participation, interaction, information, communication and representation of unorganized older persons in Latin America and the Caribbean. Those who make up such organizations are witnesses to the different effects of government policies, programmes and actions (Courtis, 2017).

Older persons' civil society organizations promote diverse visions of ageing and old age; and they preserve the generational memory of how the processes of strengthening the rights of older persons in the region have evolved since the Madrid Plan of Action was adopted. Although, historically, the activity of civil society organizations has focused on gerontological and intergenerational issues, in recent years it has branched out from issues centred on the health of older persons to embrace the human rights perspective. Civil society organizations have also helped to disseminate information on government support measures to meet the needs of older persons.

As there is no complete and up-to-date register of civil society organizations serving the needs of older persons, old age and ageing in Latin America and the Caribbean, one is being developed in the framework of the United Nations Decade of Healthy Ageing (2021–2030). Regional non-profit, solidarity-based associations are working under the leadership of older men and women to bring civil society projects together. The critical approach of their participation and their advocacy have been fundamental in highlighting certain issues and revealing the different realities of older persons in the region.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of J. M. Guzmán, S. Huenchuan and V.Montes de Oca, "Redes de apoyo social de las personas mayores: marco conceptual", *Notas de Población*, vol. 30, No. 77 (LC/G.2213-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2003; Economic Commission for Latin America and the Caribbean (ECLAC), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago, 2022; R. Angel and V.Montes de Oca Zavala, *When Strangers Become Family: The Role of Civil Society in Addressing the Needs of Ageing Populations*, Routledge, 2021; V.Montes de Oca Zavala and others, "Género, envejecimiento activo, organizaciones de la sociedad civil y otras agrupaciones en México", *Envejecimiento activo, calidad de vida y género: las miradas académica, institucional y social*, G. Fernández-Mayoralas and F. Rojo-Pérez (eds.), Valencia, Tirant Humanidades, 2021, and C. Courtis, "Las personas mayores y la Agenda 2030 para el Desarrollo Sostenible: oportunidades y desafíos", *Boletín de Envejecimiento y Derechos de las Personas Mayores en América Latina y el Caribe*, No. 14-15, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), November 2017.

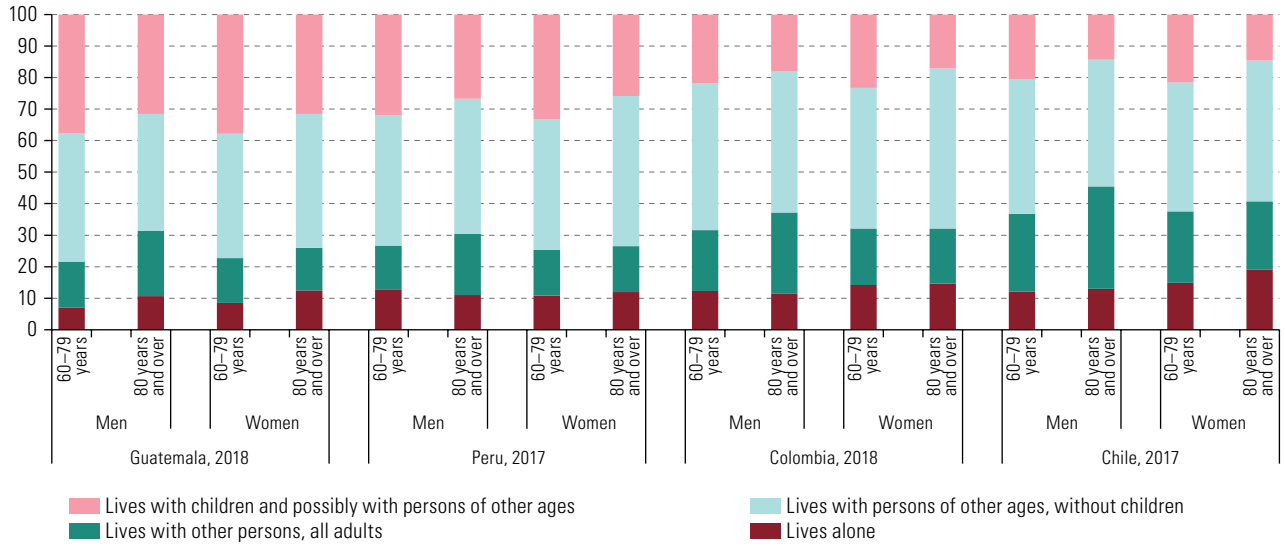
Another characteristic of living arrangements is the existence of two types of household headed by older persons: nuclear, when they live with unpartnered sons or daughters; and extended, when they live with their partnered offspring and grandchildren. Both are important arrangements in which multiple generations can live together (Guzmán and Huenchuan, 2005; Huenchuan, 2012).

In Latin American and Caribbean countries that have held censuses recently, such as Chile, Colombia, Guatemala and Peru, the most frequent living arrangements in urban areas are those in which older persons live with individuals of other age groups without children (see figure V.3). In countries such as Guatemala and Peru, where demographic ageing is incipient and fertility rates are still high, the second most frequent living arrangement consists of older persons living with children; and the third involves living with other older persons. In Colombia and Chile, where the population ageing process is further advanced, the second most frequent arrangement consists of households in which older persons live with other older persons (especially men aged 80 years and older living in urban areas); and the third most common is households comprising children and other generations. Single-person households are the fourth most common living arrangement. Although relatively more common among octogenarian women in Chile, this type of arrangement is frequent among both sexes in all age groups.

The percentage distribution of older persons' living arrangements changes considerably in the rural areas of these countries (see figure V.4). In Guatemala, the existence of households with both older persons and children reflects the higher fertility rate prevailing in rural areas and the migration of the middle generation. The second most common living arrangement is that of older persons living with persons of other generations without children, followed by households formed by older persons exclusively. The least common living arrangement consists of older persons in single-person households. In rural Peru, the most frequent arrangements are those in which older persons live with other older persons, followed by households in which they live with persons of other age groups, but without children. The third most frequent arrangement is the single-person household. Nonetheless, a very large proportion of octogenarian women in rural areas live alone. This arrangement is the most common among the four countries for women and men aged over 80. The fourth arrangement corresponds to households with children and possibly with other generations. Lastly, the living arrangements of older persons in rural areas

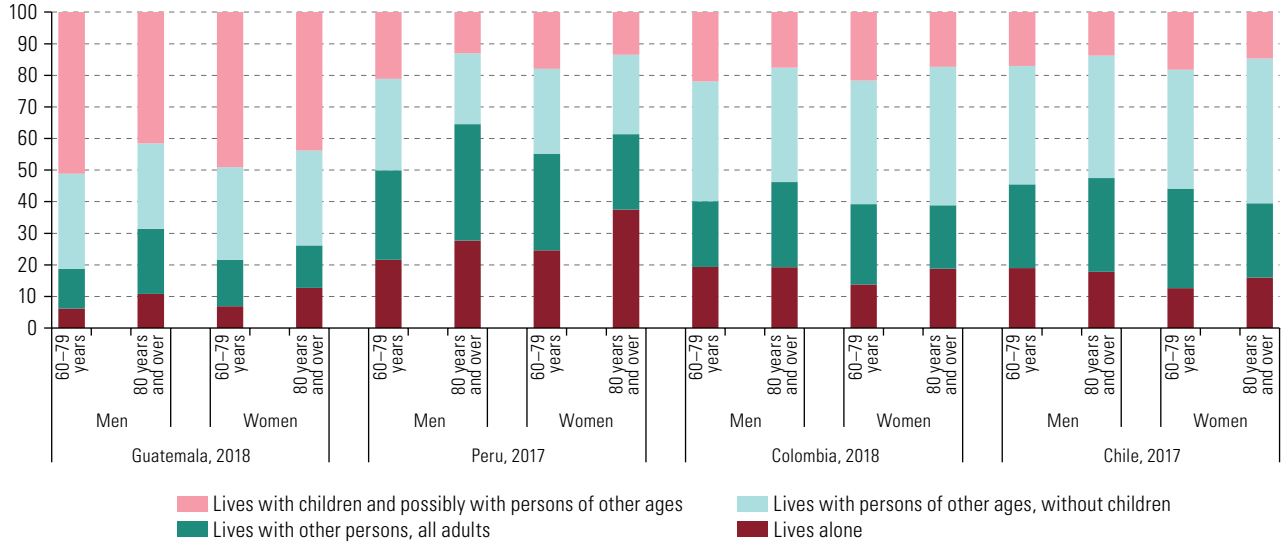
in Colombia and Chile share certain similarities. In both countries the most frequent arrangements are those in which older adults live with people of other ages without children, followed by arrangements in which older persons live with their contemporaries. These are followed in similar percentages by single-person households and households formed with children and people of other age groups.

Figure V.3
Latin America and the Caribbean (4 countries): distribution of the older adult population in urban areas, by age group, sex and living arrangement
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the population and housing censuses of Guatemala (2018), Peru (2017), Colombia (2018) and Chile (2017), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

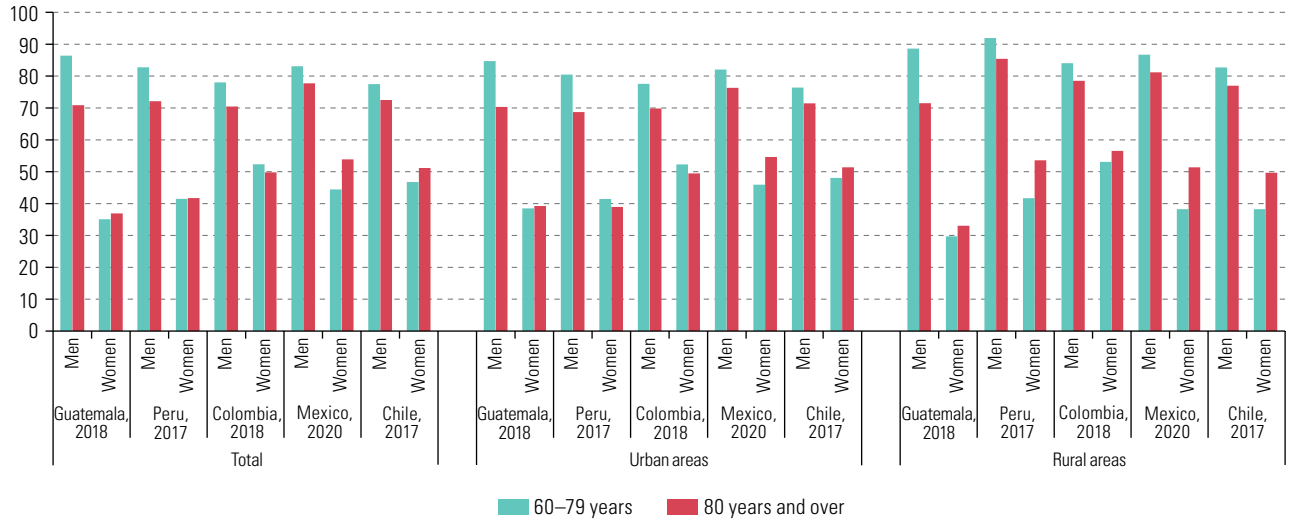
Figure V.4
Latin America and the Caribbean (4 countries): distribution of the rural older adult population, by age group, sex and living arrangement
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the population and housing censuses of Guatemala (2018), Peru (2017), Colombia (2018) and Chile (2017), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

Demographic changes and greater economic and social development have given rise to changes in living arrangements. One of these concerns the head of older-person households (see figure V.5). As the population ages, there is a sustained increase in the prevalence of female headed household at all ages (Huenchuan, 2018). This may occur as a result of widowhood; but it also reflects better conditions for women, more consolidated rights and a recognition of their contributions in the household (ECLAC, 2018a).

Figure V.5
Latin America and the Caribbean (5 countries): older adult heads of household, by age group, sex and area of residence
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the population and housing censuses of Guatemala (2018), Peru (2017), Colombia (2018), Mexico (2020) and Chile (2017), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

The data on heads of household show very pronounced gender differences and significant contrasts in the rural areas of the countries reviewed. In three of the five countries analysed in figure V.5, nearly half of all older women are heads of household. In Colombia, the figure exceeds 50% in urban and rural areas alike. At the national level, the proportion of octogenarian female heads of household also exceeds 50% in Mexico and Peru. On the other hand, 80% of men aged 60 or older consider themselves heads of household, with figures exceeding 90% among those aged 60–79 years. In Guatemala, the most rural of the countries analysed, less than 30% of older women living in rural areas are heads of household. However, the percentage of heads of household is higher among older women than among women in other age groups, which shows that both widowhood and living arrangements at this stage of life increase the number of female-headed households (Huenchuan, 2018, ECLAC, 2018a and 2021c).

The dynamic of living arrangements among older Indigenous persons also needs to be taken into account. ECLAC and others (2020) note that the proportion of Indigenous older persons living in single-person households or with other older adults is lower than among the rest of the population. This suggests that the uses and customs of Indigenous populations have a normative force that favours living arrangements involving a larger number of people and generations. However, different contexts, especially those involving high levels of migration, give rise to different arrangements, which can affect the health, income and well-being of older persons.

Lastly, the processes of demographic change, combined with the sociodemographic characteristics of older persons and the dynamics of each place of residence, among other factors, make multigenerational living arrangements a fundamental characteristic of support networks in old age. This is particularly important in the rural areas of many countries in the region. In many cases, older persons contribute to care and household tasks with their own income and both paid and unpaid work, thus collaborating with the social development of their countries.

2. Changes and adaptations in older-adult households during the COVID-19 pandemic

COVID-19 mortality caused changes that have a direct impact on living arrangements and household dynamics, particularly among older persons; and these pose challenges for the social organization of care, paid and unpaid work, and material resources.

Montes de Oca Zavala and others (2021a) note that the reorganization of household dynamics following the death of one of its members could trigger an intensification of women's head-of-household activities, the redistribution of care work and a modification of intergenerational relationships, among many other changes.

In this context, the increase in the proportion of children and adolescents orphaned by the loss of their father or mother, or both, or of grandparents who were their guardians or caregivers, creates a complex situation that requires the countries of the region to adopt measures to guarantee access to care.

According to Hillis and others (2021), an estimated 1,134,000 children and adolescents worldwide were orphaned between March 2020 and April 2021. In the case of Latin America and the Caribbean, table V.5 presents data for Argentina, Brazil, Colombia, Mexico and Peru. Significantly, even when the parents have survived, the death of grandparents represents a major generational loss, which has repercussions on identity and on caregiving tasks. Moreover, older persons played a key caregiving role during the pandemic, thereby enabling fathers and mothers to remain in the labour market. Hillis and others (2021) also mention that orphaned children and adolescents who were in the care and custody of their grandparents after the loss of their parents could face secondary trauma by losing them to COVID-19 as well.

Table V.5
Latin America and the Caribbean (5 countries): estimated number of children and adolescents who lost caregivers to COVID-19, 1 March 2020–30 April 2021

Country	Loss of parents			Loss of grandparents (responsible for guardianship and custody)			Loss of primary caregiver	Households that experienced loss of a grandfather or grandmother			Loss of primary and secondary caregiver
	Woman	Man	Both	Woman	Man	Both		Woman only	Man only	Both	
Argentina	2 658	10 341	4	533	577	4	14 117	1 898	3 474	15	19 504
Brazil	25 608	87 529	13	8 567	8 577	69	130 363	22 639	36 714	183	189 899
Colombia	5 270	24 576	5	1 413	2 018	11	33 293	5 919	10 824	47	50 083
Mexico	33 342	97 951	32	4 429	5 342	36	141 132	23 544	38 682	191	203 549
Peru	19 568	73 119	15	2 501	3 754	18	98 975	11 670	25 831	96	136 575

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of S. Hillis and others, "Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study. Supplementary appendix", *The Lancet*, vol. 398, No. 10298, 2021.

In many of the region's countries, family law provides that the guardianship and custody of children and adolescents who have been orphaned passes to their grandparents. Accordingly, economic support and care needs will require attention from the region's governments to prevent adverse economic, psychological, social and health effects for the different generations.

Older women who have lost their partners as a result of COVID-19 also suffer significant repercussions, since widowhood means facing situations of economic and legal vulnerability and difficulties in accessing social protection. Women whose partners worked in the informal labour market do not have access to widows pensions and are at risk of being disinherited or losing their property; so governments will need to pay special attention to this specific group (De Paz and others, 2020). Some countries in the region have seen an increase in applications for widows pensions and inheritances. Owing to the digitalization of services, many older persons had difficulties in completing procedures and accessing bank accounts during lockdown periods.

In view of this situation, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) notes that it is very important not to ignore widows in reconstruction plans following the COVID-19 pandemic, and to ensure that governments prioritize their needs by amending laws to protect their right to inheritance, property and social protection (Mlambo-Ngcuka, 2020).

The pandemic also posed additional difficulties for older persons in households, as in the case of LGBTI older persons. According to OHCHR, "These experiences of inequality and discrimination are compounded by disability, age, ethnicity/race, sex, Indigenous or minority status, socioeconomic status and/or caste, language, religion or belief, political opinion, national origin, migration or situation of displacement, marital and/or maternal status, urban/rural location, health status, and property ownership" (United Nations, 2020). LGBTI persons are disproportionately represented among people who are homeless, live in poverty, have compromised immune systems (HIV/AIDS) or work in informal employment. This undoubtedly has a negative impact on their access to health and education services and determines that they are subject to stigma, discrimination and different forms of violence (United Nations/Council of Europe/IACHR, 2020).

Although there are no specific studies at the regional level on the situation of older persons belonging to these groups in the context of the pandemic, some research results reveal a number of critical situations that they may be experiencing during this period. According to the statement by human rights experts on the International Day against Homophobia, Transphobia and Biphobia, "While contributing to the fight against the pandemic by staying at home, LGBT children, youths and elders are forced to endure prolonged exposure to unaccepting family members, which exacerbates rates of domestic violence and physical and emotional abuse, as well as damage to mental health" (United Nations/Council of Europe/IACHR, 2020). Data from a survey of transmasculine persons in 14 of the region's countries in 2020 reveal an increase in family violence, fuelled by a lack of respect for gender identity, routine violence and, in some cases, corrective violence in homes (especially during periods of mandatory confinement), which put persons who are not economically autonomous at greater risk (Radi and Losada Castilla, 2020).

C. Access to justice

The right of access to justice falls under the branch of civil and political rights and is regulated in both the universal and inter-American human rights systems. The International Covenant on Civil and Political Rights (1966) clearly establishes the obligation of States to respect and guarantee this right, providing the possibility of accessible and effective remedies (article 2.3) and complying with the principles of legality, equality before courts and tribunals, guarantee of a hearing, presumption of innocence, issuance of a sentence and guarantee of not being tried or convicted twice for the same offence (article 14). To these are added the international principles of effectiveness, publicity and transparency, guaranteeing clear, equitable, timely and independent procedures and respecting the right to a defence and access to review by a higher tribunal.

Article 31 of the Inter-American Convention on the Protection of the Human Rights of Older Persons establishes the obligation of the States Parties to ensure effective access to justice for older persons on an equal basis with others, including through the provision of procedural accommodations in all legal and administrative proceedings at any stage, guaranteeing that they are heard by a competent, independent and impartial authority regulated by law, within a reasonable time and with all existing guarantees. The requirement of prompt judicial action in cases of risk to the health or life of older persons, the creation of alternative dispute resolution mechanisms and the training of personnel involved in the administration of justice on the rights of older persons are also highlighted.

One of the barriers faced by the region's older persons in gaining access to justice is often the fact that they are not recognized as persons with legal rights and obligations. Ageism casts doubt on the capacity of older persons to make decisions freely; restricts them when they express the desire to carry out legal acts; makes them victims of impositions; and denies them the right to carry out or not carry out legal acts according to their will. Progress made in this area includes the case of Brazil, which has established the legal status of guardian to ensure effective respect for the rights and legal guarantees for older persons, promoting appropriate judicial and extrajudicial measures. Similarly, in Uruguay, Act No. 19580 on gender-based violence against women, of 2018 recognizes the rights of women of all ages, trans women, diverse sexual orientations, socioeconomic status, territorial belonging, beliefs, cultural and ethnic-racial origin or disability status, without any distinction or discrimination, which has a positive impact on access to justice for these groups.

In addition to all of this, the intersectionality and gender perspective needs to be recognized and applied, as has been done in Argentina, Chile, Costa Rica and Panama, where access to justice for older women has been improved. These countries have started to officially record the number of femicides or feminicides[5] of persons aged 60 years and over, which means taking clear steps to develop and protect the right of access to justice. Lastly, with respect to legislative harmonization in the region, table V.6 shows the progress made by the countries in the provision and development of mechanisms for recognizing and protecting the right of access to justice for older persons (see also box V.2).

Table V.6
Latin America and the Caribbean (12 countries): mechanisms of access to justice for older persons

	Legal assistance	Human rights ombudsperson office
Argentina	No	Yes
Bolivia (Plurinational State of)	Yes	Yes
Brazil	Yes	Yes
Chile	Yes	No
Colombia	...	Yes
Costa Rica	Yes	Yes
Cuba	In process	In process
Dominican Republic	Yes	Yes
Guatemala	Yes	Yes
Mexico	Yes	No
Peru	Yes	No
Uruguay	Yes	No

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

Box V.2
The right of access to justice

At the International Forum on the Rights of Older Persons, held in Mexico City in 2012, the right of access to justice was defined as an essential and instrumental human right, with three dimensions: (i) access itself; (ii) the judgment well-founded in law; and (iii) the resolution accomplished and executed. It was also recognized that ageing hinders the exercise of rights in justice administration systems, because older persons face both physical barriers, owing to their difficulty in moving around, and communication barriers caused by the use of excessively technical language. The disregard and abuse to which they are subjected also prevents them from fully exercising their rights. For this reason, the State institutions responsible for justice administration must prepare for the impact of ageing and uphold the constitutional provisions, since it is through these institutions that all of the rights of individuals are legally defended (Huenchuan, 2012).

The factors that threaten the right of access to justice for older persons include formalisms, violations of due process, procedural delays, dehumanization, inaccessible jurisdiction and the cost of justice. Accordingly, a multidimensional access to justice was proposed considering the following elements: support services and technical assistance, public policies and affirmative actions, administrative organization, physical spaces, sensitized and trained human resources, information and communication, and in particular, preferential treatment and procedures, as well as timely sentencing (Huenchuan, 2012).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of S. Huenchuan (ed.), Los derechos de las personas mayores en el siglo XXI: situación, experiencias y desafíos, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2012.

[5] In Latin America, the terms "femicide" and "feminicide" have been codified in the criminal law of 17 countries, with no substantive difference in meaning. In effect, they both refer to the gender-based killing of women, giving political weight to a social phenomenon with its own characteristics that distinguish it from the generic term "homicide"; it is a category deriving from feminist theory that emerged amid the lack of gender perspective in the treatment of specific criminal acts. (Deus and González, 2018). In the countries of the Caribbean, owing to the lack of classification of the crime, the expression "gender-related killings of women" is preferred (ECLAC, 2022e).

D. Promoting cultural change: progress in preventing discrimination and violence against older persons

The *Global Report on Ageism* published jointly by WHO, OHCHR, the United Nations Department of Economic and Social Affairs (DESA) and the United Nations Population Fund (UNFPA), states that one in every two people in the world have ageist attitudes, feelings or practices against older persons (PAHO, 2021).

The COVID-19 pandemic represented a critical moment for older persons, not only because it revealed the overwhelming prevalence of social inequalities, but also because it clearly demonstrated that ageism is the main obstacle to recognizing the dignity and rights of this population group. In some cases, ageism compromised the personal safety, health, food, mobility and lives of many older persons. In particular, lockdown measures had adverse effects on their physical, mental and social interaction, their physical and mental health, and their social support networks.

According to the Independent Expert on the enjoyment of all human rights by older persons, "Despite increased policy attention on ageing and older persons and growing recognition of older persons as rights holders, deeply rooted negative perceptions continue to underpin policy and practice, which create distinct barriers in the equal enjoyment of human rights by older persons. Ageism has been exacerbated during the COVID-19 pandemic" (United Nations, 2021c, p. 7).

The country reports suggest actions to eliminate all forms of discrimination and abuse of older persons, based on five pillars: (i) statistical information on discrimination and the abuse of older persons; (ii) legal assistance programmes to denounce and punish abuse of older persons; (iii) statistical reports on feminicides of persons aged 60 years or over; (iv) campaigns to raise public awareness of discrimination against older persons; and (v) institutions for the defence of the rights of older persons. The last of these topics is analysed in chapter II of this regional report.

1. Statistical information on discrimination and the abuse of older persons

According to WHO (2022a), the abuse of older persons is a major public health problem worldwide. A 2017 review of 52 studies in 28 countries from various regions estimated that over the past year one in six people (15.7%) aged 60 years or older were subjected to some form of abuse. However, rigorous data are limited, and information on the problem in institutions such as hospitals, nursing homes and other long-term care facilities, is scarce (WHO, 2022b).

In Latin America and the Caribbean, gathering data on discrimination and abuse remains a challenge. However, countries and civil society organizations are increasingly including the issue of discrimination and abuse in their surveys, which makes it possible to obtain a more realistic picture of the problem (see table V.7).

Table V.7
Latin America (6 countries): instruments to assess discrimination and abuse of older persons

Country	Instrument	Years	Data provided
Argentina	National Survey on the Quality of Life of Older Adults (ENCaViAM)	2012	- Almost 9% of persons interviewed know an older person who has been beaten or assaulted by family members. - Respondents consider that banks and public offices are the places where the worst treatment occurs (39%). - About one in every five respondents aged 60 years and older report situations of abuse in doctors' offices, in the family or in their close environment. - In each of these settings, the proportion of women who report perceiving situations of abuse is always higher than that of men. - 22% of persons aged 60 to 74 years think that family or persons close to them make use of their valuables without their permission. This proportion drops to 15% among persons aged 75 and over.
Bolivia (Plurinational State of)	Household Survey conducted by the National Institute of Statistics (INE)	2019	- 15% of people surveyed reported having suffered discrimination.
Chile	Good treatment of older persons programme	2020	- Of the 5,064 cases and 707 consultations recorded, 1,718 were related to abuse or age discrimination.
		2021	- Of the 4,462 cases and consultations recorded, 1,399 have been classified as abuse or age discrimination.
Mexico	National Survey on Discrimination (ENADIS)	2017	- 25.9% of women and 29.9% of men aged 18 and over reported having been discriminated against on the basis of age. - 57% of older persons stated that their rights are either partially or wholly disrespected in the country. - 10.2% of the population aged 18 and over totally or partially justifies the denial of employment to an older person. - 16.1% of older persons reported having been discriminated against in the last year in at least one social setting (street or public transportation, work or school, and family). - 24.8% of older persons reported at least one incident of denial of rights in the last five years. - 61.1% of older persons reported having experienced at least one situation of discrimination in the last five years.
Panama	Statistics system of the Public Prosecutor's Office	Between 2020 and 2021	- Reports of violence are recorded and, for the first time, data are available for older persons, which are updated monthly and published on the institution's platform. Although a total of 429 complaints have been recorded, disaggregating the data by sex, age, origin, disability status and ethnicity remains a challenge.
Uruguay	Second National Survey on the Prevalence of Gender- and Generational-based Violence and Generations (SENPVBGG)	2020	- 9.8% of women aged 65 years and older (approximately 30,000 persons) report situations of gender-based violence by the family. - Psychological violence was more prevalent (8.5%) among women aged 65 years or older who experienced gender-based violence in their families.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

As the Independent Expert on the enjoyment of all human rights by older persons notes, "Equality data are crucial for monitoring trends in the effective implementation of non-discrimination laws and for identifying needs for future action. As explained by the Independent Expert in her report on data, older persons are still largely invisible in terms of data and statistics and the lack of disaggregated data. Based on international human rights law, States have the obligation to collect and analyse disaggregated data and information in order to identify and render visible inequalities and patterns of discrimination, including structural aspects of discrimination, and to analyse the effectiveness of measures promoting equality" (United Nations, 2021c, p. 18).

2. Legal assistance to report and punish abuse of older persons

Many countries have strengthened existing institutions, or created new ones, to provide specific legal protection and assistance to older persons. The country reports describe important experiences in this area.

Institutions providing legal assistance for denouncing and punishing abuse, violence and discrimination against older persons have proven effective in providing information for the design of programmes and actions to promote human rights, response to violence and legal advice. For example, in the Plurinational State of Bolivia, the most commonly violated right reported in the register of complaints from older persons between 2017 and 2021 (3,046 complaints) is

the right to a dignified old age and preferential treatment. The perpetrators most frequently denounced for violations are private individuals (2,427 complaints), autonomous municipal governments (1,209 complaints), indigenous native peasant organizations (548 complaints) the Judiciary (548) and the Plurinational Electoral Body (517 complaints), among other entities. October 2019 data from the Ombudsperson's Office, show that 130 of the country's 339 municipalities have offices to serve the needs of older persons.

In Uruguay, the Consultation and Intervention Service for Older Persons in Vulnerable Situations serves the vast majority of women between the ages of 65 and 79 (almost 50%) and those aged 80 years or older (48.1%). The types of abuse or mistreatment most commonly experienced by the people served by the programme are psychological mistreatment, financial exploitation, physical abuse and neglect. In the Dominican Republic, the National Council for the Ageing Person (CONAPE) reports a total of 2,483 cases of discrimination, abuse and mistreatment of older persons between 1 January 2017 and 11 November 2021. In Costa Rica, the National Council for Older Adults (CONAPAM) has set up a coordination mechanism with the Emergency System, the Ministry of Public Security, the General Directorate of the Transit Police of the Ministry of Public Works and Transportation, and the Public Transportation Council. This system made it possible to respond to 582 complaints from older persons in the first half of 2020. Of these, 44.7% were made by men and 55.3% by women.

3. Campaigns to raise public awareness of discrimination against older persons

The Office of the High Commissioner for Human Rights has urged States to develop mechanisms to combat ageism and other forms of discrimination that affect all age groups, impede access to basic services, hinder participation in decision-making, and constitute a violation of human rights (United Nations, 2021d).

Similarly, one of the objectives of the United Nations Decade of Healthy Ageing (2021–2030) is to "change how we think, feel and act towards age and ageing" (WHO, 2020, p. 6), recognizing the multiple negative impacts of prejudices and stereotypes about old age, as well how this form of discrimination intersects with other categories and aggravates conditions of vulnerability. The intersectionality perspective implies taking into account multiple forms of discrimination based on other categories of inequality, such as age, gender, ethno-racial status, disability and migratory condition, among others. Accordingly, one of the actions proposed in the framework of the United Nations Decade of Healthy Ageing (2021–2030) consists of a global campaign to combat age discrimination, aimed at increasing public knowledge and understanding of healthy ageing, the roles and social capital of older persons and the implications of ageism (WHO, 2020).

In Latin America and the Caribbean, campaigns have been promoted by civil society organizations, such as the Older Adults Demand Action (ADA) campaign promoted by HelpAge International, which has been running for more than 10 years and aims to make sure the voices of older persons are heard.

The region's countries have also deployed major strategies and campaigns to promote human rights, highlight the importance of eradicating discrimination, advocate for the recognition and appreciation of older persons, and promote images of ageing and old age that are free from prejudice and stereotyping (see table V.8). In some cases, campaigns have focused on combating discrimination and the stigmatization of older persons during the COVID-19 pandemic.

Table V.8
Latin America and the Caribbean (11 countries): campaigns to promote a culture of inclusion and non-discrimination of older persons

	Recognition and valuation measures	Inclusive media	Non-discrimination on the grounds of COVID-19
Argentina	X	X	X
Bolivia (Plurinational State of)	X	-	-
Brazil	-	X	X
Chile	X	X	-
Colombia	X	X	-
Cuba	X	-	X
Dominican Republic	X	-	-
Guatemala	X	-	-
Mexico	X	-	-
Panama	X	-	-
Peru	-	X	-

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

4. Feminicide or femicide

Although there are more than 380 legal instruments in Latin America and the Caribbean that include laws on domestic or intra-family violence, comprehensive protection against gender-based violence perpetrated against women, laws on sexual crimes and workplace harassment, specific laws on street harassment and on the dissemination of intimate images through electronic media, as well as against harassment and political violence against women, feminicide or femicide is a specific crime in only 18 countries in the region (ECLAC, 2020a).

In order to gauge the problem of gender-based violence against women and to analyse the causes and consequences faced by older women and their families specifically, progress must be made in institutionalizing the production of statistics and analysis of administrative records in this area. This would make it possible, among other things, to improve the information and evidence available, both on violence and abuse, as well as on feminicides.

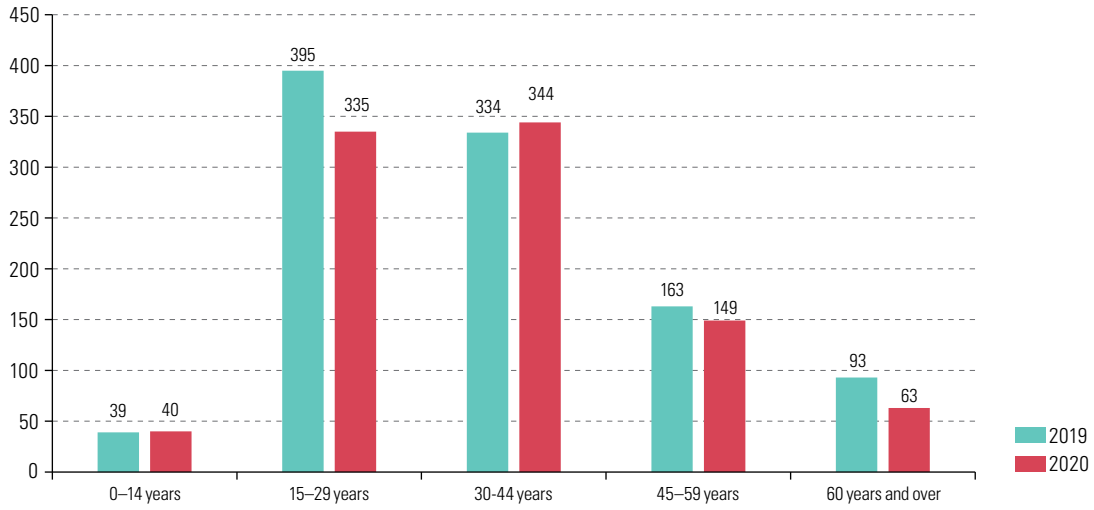
In 2020, at least 4,091 women were victims of feminicide in 26 countries (17 in Latin America and nine in the Caribbean) (ECLAC, 2021d). The Gender Equality Observatory for Latin America and the Caribbean notes that, according to information provided by 18 countries and territories in the region, feminicidal violence also affects older women, older transsexual women and transgender women, with 156 cases of feminicide of women aged 60 years or older being reported between 2019 and 2020 (see figure V.6) (ECLAC, 2021c).

The country reports recognize the need to promote improvements in national registry systems to make it possible to recover data on feminicide by age group, so that appropriate steps can be taken to eradicate the phenomenon (see box V.3). Some countries report progress in this regard, including Argentina, where detailed case statistics show that the greatest risks occur in the home, since 40% of the perpetrators of feminicide were the victims' partners or former partners, 19% were their children, 15% were other family members, and 16% of the cases involved other types of relationship. Only 3% of perpetrators were unknown to the victims, while in the remaining 7% there are no data on the subject. In Brazil, the Office of the National Human Rights Ombudsperson has developed an interactive panel where more precise data can be obtained on complaints of human rights violations and violence against women filed through institutional registration channels.[6] In Chile, the National Service for Older Adults (SENAMA) and the National Service for Women and Gender Equity (SernamEG) have signed an agreement on the prevention of violence against older adults that makes it easier for older persons to access the programmes of both institutions. In Costa Rica, statistics on feminicides are recorded by the Observatory on Gender Violence against Women and Access to Justice of the Judiciary; and data with an age breakdown are available. In the case of Panama, the Statistics System of the Public Prosecutor's Office has recently included data on older persons, which is updated every month. However, it is recognized that obtaining data breakdowns by

[6] See [online] https://www.gov.br/mdh/pt-br/ondh/paineldedadosdaondh.

sex, age, origin, disability status and ethnicity remains a challenge. Ensuring good quality information will make it possible to define and adopt more precise measures to identify risk factors, and to address and stop other forms of violence that are the precursors of feminicide in old age (see table V.9).

Figure V.6
Latin America and the Caribbean (18 countries and territories):[a] feminicides by victim age group, 2019–2020
(Number)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean [online] https://oig.cepal.org/en.
[a] Anguilla, Antigua and Barbuda, Belize, British Virgin Islands, Chile, Costa Rica, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Puerto Rico, Trinidad and Tobago, and Uruguay.

Box V.3
Feminicide in old age requires immediate action

Feminicide or feminicide is the most extreme form of violence against women; and the evidence shows that the characteristics and circumstances of feminicide among older women differ from those involving younger women. While partners continue to be the most common perpetrators, some data suggest that widowhood and not having children or grandchildren increase the risk of older women becoming victims of violence, torture and murder.

Older women's access to justice also has major limitations associated with sexism, misogyny and ageism. According to the *Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler*, on many occasions older women's credibility is questioned because they are considered to be cognitively impaired or to have memory problems; so, when they report violence or abuse, they are asked for additional evidence and witnesses during the process, thus hindering their chances of obtaining justice. The same report notes that lighter sentences are handed down for feminicides of older women, "with a number of cases being labelled as 'mercy killings' by the media, police and defence teams. While this reflects the perpetrator's narrative that the killing was motivated by relieving suffering, it can obscure the reality lived by the woman, including potential long-standing abuse" (United Nations, 2021, p. 18). In the region, age (older than 60-65 years) is considered an aggravating factor only in the laws of Brazil, Colombia, Costa Rica and Peru (Deus and González, 2018).

In the case of trans people, the criminalization of transfeminicide is still incipient in the region. According to the Latin American and Caribbean Network of Trans People (RedLacTrans), since the gender identity of murdered trans women is often denied or not recorded as such, there is a lack of information that would reveal the reality of transfeminicides (Lancioni, 2019), let alone the reality of transfeminicides in old age.

According to the Gender Equality Observatory for Latin America and the Caribbean (ECLAC, 2018), the main challenges for the region in the face of extreme violence against women are the need to:

- Understand that all forms of violence against women are determined, beyond their sexual and gender condition, by economic, age, racial, cultural, religious and other differences. This would facilitate progress in formulating public policies to eradicate such violence, which take into account women's diversity and the multiple forms in which violence against them is expressed.
- Establish inter-agency agreements to strengthen the analysis of feminicide at the regional and national levels.
- Work on awareness-raising and capacity-building for public officials, especially justice operators, to improve the recording of feminicides and provide responses in keeping with a human rights approach and a culture of equality.
- Develop public policies on reparations for the children of women victims of feminicide, with the provision of cash transfers to cover the children's daily expenses.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, *Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler* (A/76/157), 2021; A. Deus and D. González, *Analysis of Feminicide/Feminicide Legislation in Latin America and the Caribbean and a Proposal for a Model Law*, City of Knowledge, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2018; L. Lancioni, *Basta de genocidio trans: informe regional 2018*, Red Latinoamericana y del Caribe de Personas Trans (RedLacTrans), 2019, and Economic Commission for Latin America and the Caribbean (ECLAC), "ECLAC: At least 2,795 women were victims of feminicide in 23 countries of Latin America and the Caribbean in 2017", 15 November [online] https://www.cepal.org/en/pressreleases/eclac-least-2795-women-were-victims-feminicide-23-countries-latin-america-and-caribbean.

Table V.9
Latin America and the Caribbean (7 countries): feminicides of persons aged 60 years or over, as disclosed in the country reports on the implementation of the Madrid International Plan of Action on Ageing (2002)
(Numbers)

Country	Period	Number of cases	Categorization
Argentina	2017–2019	94	Victims of femicide, both direct (86) and related (8).
Bolivia (Plurinational State of)	2017–2021	37 (5 in 2021)	-
Brazil	2020–2021 (January– September)	144	-
Chile	2019	3	Femicides perpetrated.
Costa Rica	2018–2021	6	Women murdered in crimes classified as feminicides.
Panama	2017–2021	8 cases (5 of women aged 60–64; 1 of women aged 65–69; 1 of women aged 70–74; and 2 of women aged 80 and over).	-
Paraguay	2018–2020	11	-

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002.

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CHAPTER

VI

Older persons' right to care

Introduction

Since the approval of the Madrid International Plan of Action on Ageing 20 years ago in 2002, care —which permeates all of the Plan's priority directions— has been one of the issues receiving most attention in the region's countries, both conceptually and policy terms. The "governments of the region have agreed that it is urgent to shift the development pattern and develop welfare states in order to move towards a care society that recognizes interdependence between people, as well as between productive processes and society: a care society that places the sustainability of life and the planet at the heart of development" (ECLAC, 2022a, p.12).

Although not all older persons require care, the increase in the number of people aged 60 years or over and, specifically, the rapid rise the proportion of the population aged 80 or more, poses a care challenge, since the demand for support services, accompaniment and specialized care is increasing and will continue to do so.[1] To meet this growing demand, "health services must be adapted to the needs of older adults, who require a much more effective management of their care. This will not only improve their survival, but also maximize their functional ability and reduce the number of years in which they are dependent on others" (PAHO, 2019). This will pose significant public policy challenges, because most care services are currently delegated to the family domain, and to women in particular. In addition, the labour market will require more personnel trained to provide specialized care for older persons. To this end, the States will need to design incentives and issue regulations to expand the supply of care for this population group.

According to ECLAC (2022a), care includes all activities that ensure human reproduction and the sustaining of life in an adequate environment. This includes safeguarding the dignity of persons and the integrity of their bodies, education and upbringing, the maintenance of social ties, psychological assistance and emotional support. It also implies the upkeep of domestic spaces and goods, as well as care of the planet. Care has a material dimension, involving a job, an economic activity, which entails a cost and requires a psychological disposition that is conducive to developing or maintaining an affective bond (Batthyány, 2015; ECLAC, 2022a).

Gender equality is a priority for achieving a transformative recovery in the midst of the care crisis and cannot be postponed. The Regional Gender Agenda has made it possible to construct a robust framework of agreements to guarantee respect for women's human rights and overcome the sexual division of labour and the unjust social organization of care work (ECLAC, 2021a). Based on the commitment of the region's countries, steps have been taken to make care a central issue for life and for the development of the region (Batthyány, 2015). Accordingly, the goal has been proposed of moving "towards a care society in which people, and those who care for them, are cared for, and which also considers inter-care, self-care and care for the planet" (ECLAC, 2022f).

In order to achieve a care society, it must first be recognized that care needs are universal and continue throughout the life course —from gestation to death. However, the possibility of meeting these needs is mediated by the intersection of inequalities associated with gender, age, socioeconomic status, ethnicity and race, territory, health conditions, disability and migration, among others. Secondly, care work must be redistributed equitably between men and women, so that women's economic autonomy is not impaired. For that reason, it is necessary to create comprehensive care policies with an approach that takes into account issues of rights, gender, interculturality, intersectionality and territory (Pautassi, 2018; Rico and Segovia, 2017; ECLAC, 2022e). In particular, "the care society aims to achieve social co-responsibility, both between men and women and between the State, markets, communities and families. Care policies and ensuring the right to care require a profound social and political reorganization of care, with active participation by the State, the community and public and private institutions in the provision of services, in order to overcome socioeconomic inequalities and the structural challenges of gender inequality" (ECLAC, 2022a, p. 28).

Comprehensive care systems have a positive impact on women's lives as they establish indispensable conditions for their autonomy, and form part of the policies for advancing towards gender equality. They also contribute to reducing the burden of unpaid care work, avoiding precarious working conditions and promoting labour market participation. They can also enhance economic growth, by increasing the supply of services, boosting decent

[1] PAHO (2019) expects the number of persons aged 60 years and older in the Americas requiring long-term care to triple in the next three decades, from about 8 million today to 30 million in 2050.

employment and promoting investment in social infrastructure. In addition, the population at large also benefits, since a comprehensive care system enables people to improve their educational, employment and health paths (UN-Women/ECLAC, 2020).

The design and implementation of comprehensive care policies and systems requires a process to strengthen the role, resources and capacity of the State to build an institutional framework and achieve intersectoral harmonization. This process must involve wide-ranging participation by the actors that comprise the "care diamond": the State, the market, the community (especially women's and older persons' organizations) and families. It is also necessary to develop communication strategies to promote a cultural change that transforms traditional gender roles and the sexual division of labour, promotes co-responsibility in care, and fosters regulatory change that recognizes care as a right and guarantees the financing, monitoring and evaluation of the corresponding activities.

A. Care and the human rights perspective

According to ECLAC (2022a, p. 24), care should be understood as "the right to provide care, the right to receive care, and the right to care for oneself, form part of the human rights now recognized in international covenants and treaties, which every human being enjoys, irrespective of his or her vulnerability or dependency status. [...] The right to care implies guaranteeing the right of each person in the three dimensions of the concept (providing care, being cared for and caring for oneself); recognizing the value of care work and guaranteeing the rights of the persons who provide care, beyond the stereotyped assignment of this function as women's responsibility and promoting institutional co-responsibility among its providers".

Care is a right that is regulated in various binding and non-binding international instruments, which are the outcome of social struggles to guarantee the protection of the human rights of women, persons with disabilities, children and adolescents, and older persons. These instruments can be categorized into: (i) those related to protecting the rights of caregivers, such as the Workers with Family Responsibilities Convention, 1981 (No. 156) of the International Labour Organization (ILO), which recognizes the need to protect women workers, with an emphasis on women who have family responsibilities;[2] (ii) those focused on the progressiveness of the right to social protection contained in relevant treaties, conventions and agreements, which provide an international legal framework to protect, respect and guarantee human rights (as expressed in regional agreements, such as the Montevideo Consensus on Population and Development (2013), which suggests including care in social protection systems, through benefits, socio-health services and economic transfers that maximize autonomy and guarantee the rights, dignity and well-being of families and of older persons in particular; or in the commitments assumed by the member States of the Regional Conference on Women in Latin America and the Caribbean, which form the Regional Gender Agenda); and (iii) those related to priority groups that may be in a situation of dependency, such as the Inter-American Convention on Protecting the Human Rights of Older Persons (2015), which establishes, for the first time in a binding agreement, the right of older persons to receive care, specifically long-term care.[3]

Understanding care as a right implies conceiving "all policy targets as active subjects of rights and not as passive beneficiaries of a policy" (UN-Women/ECLAC, 2022, p. 25). Achieving this requires incorporating the following legal principles into legislation, policies and programmes on care: (i) universality, which means that all persons have access to care of equal quality; (ii) co-responsibility (both social, by favouring equal participation by all care actors), and gender (to overcome the unfair sexual division of labour); (iii) promotion of autonomy, both for individual decision-making by life paths, and for the development of individual and collective capacities that enable people to fulfil their role as protagonists of change and social transformation; (iv) solidarity in financing, from a socioeconomic and intergenerational point of view (UN-Women/ECLAC, 2022); and (v) interdependence, which means that the right to care cannot be decoupled from the fulfilment of human rights.

[2] Other relevant ILO conventions in this area are the Equal Remuneration Convention, 1951 (No. 100), Social Security (Minimum Standards) Convention, 1952 (No. 102), Discrimination (Employment and Occupation) Convention, 1958 (No. 111), Indigenous and Tribal Peoples Convention, 1989 (No. 169), Maternity Protection Convention, 2000 (No. 183), Domestic Workers Convention, 2011 (No. 189) and the Violence and Harassment Convention, 2019 (No. 190).

[3] Article 12 refers specifically to the right to a comprehensive system of care; the design of assistance measures and services for caregivers; respect for the autonomy of older persons in making their decisions; and the regulation by States Parties of the operations of long-term care services. It also calls for the adoption of measures to ensure that palliative care is available to those who need it.

Lastly, it should be noted that the 2030 Agenda for Sustainable Development explicitly recognizes care in target 5.4 of the Sustainable Development Goals: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate" (United Nations, 2015).

1. A conceptual approach to care

Care is an analytical tool that has gained a central role in the discussion of human rights and social protection and welfare policies, because it enables understanding, discussion and analysis of economic and social inequalities, which affect women in particular, as well as injustices in real and effective access to decent work, health, social protection and the environment.

ECLAC (2022a) notes that, in the evolution of the theoretical discussion on care, it has been possible to consolidate ideas that afford an understanding of the multidimensional nature and complexity of the concept.[4] Each form of social organization of care points to different conceptions about what the human person is and should be, and what a valuable human life is and should be (Anderson, 2020). Thus, care is a dynamic, heterogeneous and historically situated process that is experienced throughout the life course of individuals and collective entities, and enables them to live with well-being, make use of the human capacities and abilities they possess, and enjoy nature (Vivaldo-Martínez and Martínez, 2022).

Feminist economics has shown that, in capitalist societies, the provision of welfare, including care (see box VI.1), is part of the social reproduction sector, which has been relegated largely to the household domain —and, within households, to women in particular, owing to the persistent unfair sexual division of labour (Carrasco, Borderías and Torns, 2011; Pérez Orozco, 2019). From this standpoint, care work is a central activity for the reproduction of the labour force and life in general. However, it lacks social and economic recognition and has been delegated to women as a social mandate and moral obligation, without pay. It therefore represents a subsidy to production and capital accumulation (ECLAC, 2010; Fraser, 2016). Moreover, the social assignment of care work to women imposes a high cost on their lives, as it restricts their participation in the labour market, impairs their economic and personal autonomy, limits their personal development and self-care, and contributes to the feminization of poverty. Care work involves attitudes, feelings and practices that entail a physical, emotional and economic cost, both for those who provide it and for those who receive it. Conceptualizing care as work shows clearly that it is a fundamental element of development and well-being, and crucial for the sustainability of life.

Box VI.1
Care work and care providers

The traditional stereotypes related to the sexual division of labour, and the formal and informal norms by which the labour market operates, are at the root of the unequal participation of men and women, both in the labour market and in care work (ECLAC, 2022).

The following paragraphs discuss how market rules affect the economic structuring of unpaid care work within households and paid care work in two areas: households and health.

Unpaid care work. Historically, unpaid care work performed within households has been delegated to women as a moral obligation. It is calculated that women in the region spend an average of between 22 and 42 hours per week on unpaid care work, while men spend only one third of this time (ECLAC, 2022). At the root of this unequal distribution of unpaid care work in households is the institutional and regulatory framework under which the labour market operates, based on a set of assumptions that include the following: the natural separation of the spheres of production and social reproduction; the idea that all of workers' time is available without considering their self-care needs or their care responsibilities, often without respecting the working hours established by law; and that the patriarchal family is centrally responsible for social reproduction; and, within it, women are the caregivers by nature (ECLAC, 2022).

Furthermore, the region's labour market is highly exclusive, which has resulted in a high prevalence of informal and precarious work. This requires longer working hours to sustain the family unit, which means that less time is available for

[4] Durán Heras (2000) notes that care aims to guarantee well-being and development and not only survival. Tronto and Fisher (1990, cited in Tronto, 2006, p. 5) define this concept, emphasizing that care maintains, continues and "repairs" the world, that the construction of networks for sustaining life is necessary, and that care includes our bodies, our being and our environment, so that we can live in the world as well as possible.

care work. Furthermore, restrictions on access to social protection, health or care services in the market add to the care burden in these households.

In terms of regulations, maternity leave is intended to guarantee women's employment rights; and 17 of the region's countries have established the right to postnatal leave for men or paid paternity leave. However, the period they allow is very short, ranging from two to 14 days. Parental leave extended to mothers or fathers after maternity leave only exists in four countries in the region (Chile, Colombia, Cuba and Uruguay). These rights are only guaranteed to formal workers and do not include leave for care due to illness or for elderly dependants; in addition, utilization rates for parental leave are generally very low owing to cultural resistance (ECLAC, 2022).

Paid care work. The different areas of paid care work are highly feminized and require skills and knowledge that are not always valued, either economically or socially. It is calculated that "women represent 72.6%, 69.6% and 90.7% of the employed population in the health, education and paid domestic work sectors respectively" (ECLAC, 2022, p. 105). Consequently, one way to close gender gaps in the labour market is to promote better working conditions in these sectors and to recognize them as key drivers of the economy.

Paid care work in the home. Paid care work performed within the home falls almost entirely on women and continues to be economically and socially devalued. It is estimated that 9.8% of employed women in the region are paid domestic workers, including a large proportion of poor, indigenous, Afrodescendent and migrant women (ECLAC, 2022). This type of employment tends to be informal and earns the lowest wages on the pay scale. It is estimated that 76% of these women workers do not have social security coverage. State intervention is therefore necessary to improve legislation in this area and to monitor compliance.

In this context, the Domestic Workers Convention, 2011 (No. 189) of the International Labour Organization (ILO), signed by 18 of the region's countries, has promoted legislation at the state level to protect the rights of female domestic workers. These rights include: having a written employment contract that specifies working conditions; access to social protection; a working day equal to that stipulated for other jobs in general, and the right to a decent minimum wage.

Health-care work. In the region, a significant part of health-related care is provided by households themselves, either through private services that higher-income households can afford, or through unpaid family and community arrangements, mainly involving women, to which lower-income households resort. It is calculated that the health care work performed by women worldwide is equivalent to 5% of GDP. However, half of this work goes unpaid and unrecognized (ECLAC, 2022).

In paid health-related care, the sector is also feminized, with women accounting for 72.6% of women workers in this domain. However, a wage gap of 39.2% persists relative to men (ECLAC, 2022). In addition, men tend to occupy management and higher-level professional positions, while women are concentrated in the middle or low-level groups, and there are still women who work at home, in an informal and precarious manner (ECLAC, 2022).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of ECLAC, *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3), Santiago, 2022; and International Labour Organization (ILO), "Domestic Workers Convention, 2011 (No. 189)", 2011 [online] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.

2. Legislative progress on care

Care policies encompass public actions related to the social and economic organization of work aimed at guaranteeing the daily physical and emotional wellbeing of persons who are subject to some level of dependency. There are major legislative challenges in closing the gaps that prevent progress towards an equitable social organization of care in the region: lack of legislation on equal pay; the existence of laws, regulations and norms that restrict women's freedom of choice of employment and promote occupational segregation; lack of legislation on the recognition and need for redistribution of unpaid domestic and care work; and lack of regulation and protection of domestic work and legislation to prevent sex discrimination in pension coverage (UN-Women/SEGIB, 2020).

Care has been enshrined as a right in the constitutions of the Bolivarian Republic of Venezuela, the Dominican Republic, Ecuador and the Plurinational State of Bolivia, with both domestic and care work being recognized. Major legislative progress on care has also been made in the region in recent years. For example, a 2015 law in Uruguay has made it possible to create the National Integrated Care System (Güezmes García and Vaeza, 2022; Scuro, Alemany and R. Coello Cremades, 2022).

The data contained in the country reports show that the governments of the region have made progress in enacting laws and decrees that provide legal underpinning for the creation of integrated care systems. These legislate for substantive equality between men and women; guarantee or expand the rights of persons engaged

in domestic and care work; explicitly seek a change in the social organization of care; regulate the strengthening of sources of statistical information on care and on the use of time; and recognize and protect female domestic and care workers (see table VI.1).

Table VI.1
Latin America and the Caribbean (13 countries): legislative progress on older person care and the regulation of care work, 2017–2022

Country	Legislation	Year	Description
Argentina	Resolution No. 309/2020	2020	Creates the drafting commission for a bill to create a comprehensive care system with a gender perspective.
	Administrative Decision No. 1745/2020	2020	Creates the Inter-ministerial Board of Care Policies within the Ministry of Women, Gender and Diversity, with a view to designing a comprehensive strategy to promote a fairer and gender-balanced social organization of care.
	Law No. 27555, Legal Regime on Telework Contracts	2020	Provides, in Article 6, that persons working in this modality and who prove that they are solely or jointly responsible for the care of persons under 13 years of age, persons with disabilities or older persons who require specific assistance, shall be entitled to schedules compatible with the care tasks they are responsible for, or to interrupt their working day.
	Law No. 27532	2019	Includes the National Survey on the Use of Time in the National Statistical System. Article 2 (a) defines the concept of unpaid domestic and care work.
Bolivia (Plurinational State of)	Supreme Decree No. 4589	2021	Regulates paid household work, in terms of the affiliation of paid household workers (male and female) to the National Health Fund.
	Law No. 977	2017	Establishes the obligation for public and private institutions to employ persons with disabilities, as well as the mother or father, spouse or guardian in charge of one or more persons with disabilities under 18 years of age or with severe and very severe disabilities.
Brazil	Law No. 13982	2020	Establishes additional parameters to characterize the social vulnerability situation and provides exceptional social protection measures in the case of persons in a situation of dependency while infected by coronavirus.
	Constitutional Amendment No. 103	2019	Establishes a special social security regime for workers engaged exclusively in domestic work in their homes, provided that they are members of low-income families, guaranteeing them access to benefits equal to the minimum wage.
	Legislative Decree No. 172	2017	Approves the texts of the Domestic Workers Convention, 2011 (No. 189) and the Domestic Workers Recommendation, 2011 (No. 201) of the International Labour Organization (ILO).
Chile	Law No. 21380	2021	Entitles caregivers to preferential and timely care by any health care provider.
	Law No. 21375	2021	Entitles persons suffering from terminal or serious illnesses to adequate health care, including palliative care.
	Resolution of 8 March 2021	2021	The Chilean Electoral Service (SERVEL) provides that candidates may claim, as reimbursable campaign expenses, amounts that they spend for the care of their children, dependants and older persons in their care, while they are campaigning.
	Law No. 21269	2020	Incorporates domestic workers into unemployment insurance under Law No. 19728, financing 3.0% of the remuneration payable by the employer, irrespective of the duration of the contract.
Colombia	Law No. 1788	2016	Guarantees universal entitlement to payment of the "service premium" for male and female domestic workers.
Costa Rica	Decree No. 42878-MP-MDHIS	2021	Makes the National Care Policy 2021–2031 and its Plan of Action 2021–2023 official, and declares them to be of public interest, for the progressive implementation of a system to enhance the autonomy of persons in situations of dependency, and support their care and assistance.
Cuba	Law 156/2022 Family Code	2021	Regulates the right to full equality between women and men, and to equal distribution of the time allocated to domestic and care work among all family members, without overburdening any of them. Recognizes the economic value of domestic and care work. Recognizes the value of indirect contributions, including non-financial ones, in the acquisition of assets accumulated during marriage, so that domestic and care work is computable as a contribution to the burdens. Article 8 of the Code explicitly recognizes the importance of grandparents in caregiving. Article 8 establishes that both spouses have co-responsibility in the duty to care for the family they have created, and to contribute to the satisfaction of its affective and spiritual needs. Moreover, the spouse who has dedicated himself/herself to domestic and care work has the right to an economic compensation for the disadvantageous asset situation in which he/she is left after a divorce for not having undertaken a paid or profitable activity during the marriage (article 276). Article 418 establishes the rights of the family caregiver to carry out his/her work in a way that allows pursuit of a personal, family and social life project.
	Decree Law No. 56/21 on the maternity of working women and family responsibility	2021	Establishes regulations on maternity and grants a cash benefit to a mother or father with sick children, or to a grandmother or grandfather who is entrusted with their care; grants social benefit entitlement to grandparents caring for a minor whose mother is a student.
Honduras	Executive Decree No. PCM-005–2021	2021	Approves the National Policy on Ageing and Older Adults 2021–2050, which establishes the concurrent and shared responsibility of the public and social sectors, the State, the family and older persons themselves, for development of the policy on ageing. Also proposes fostering the care of older persons in the family environment, which is considered the institution naturally responsible for the comprehensive care of all of its members.
Mexico	Agreement amending the guidelines for the operation of the Family Microenterprise Financial Support Programme	2020	Included women domestic workers as beneficiaries of the *Apoyo Solidario a la Palabra* modality of the Family Microenterprise Financial Support Programme and which grants a financial support of 25,000 pesos.
	Federal Labour Law	2019	Includes reforms to the regulations on domestic work and provides a legal definition of domestic workers, which includes those who perform care tasks. Regulates the employer's obligations, including the obligation to register the female worker with the Mexican Social Security Institute and pay the corresponding contributions in accordance with the applicable regulations.

Country	Legislation	Year	Description
Panama	Executive Decree No. 424	2019	Sets the minimum monthly wage for domestic work applicable in the country's districts.
Peru	Ministerial Resolution No. 170–2021-MIMP	2021	Approves the technical document "Conceptual Framework on Care" which defines the main elements for decision making in the implementation of a national care system with a gender, human rights, intercultural, intersectional, intergenerational, life course, disability and gerontological approach for persons who require care and those who provide it. Includes overcoming the current sexual division of labour, in a context in which the State, market, community and family contribute actively, under a co-responsibility rationale.
	Supreme Decree No. 007–2021-MIMP	2021	Approves the National Multisectoral Policy on Disability for Development to 2030, which seeks to implement the comprehensive life course health care model for persons with disabilities, by ensuring access to and coverage of comprehensive health services for persons with disabilities.
	Supreme Decree No. 006–2021-MIMP	2021	Approves the National Multisectoral Policy for Older Adults to 2030, which seeks to guarantee the right to care and good treatment of older persons for coexistence without discrimination.
	Supreme Decree approving the Regulation to Law No. 31.047	2021	Regulates paid household work in the framework of the provisions of the Law on Household Workers (Law No. 31047). Also creates the Household Work Registry.
	Supreme Decree No. 008–2019-MIMP	2019	Approves the National Policy on Gender Equality, which establishes implementation of the National Care System with a gender approach for people in situations of dependency as a target to be attained by 2030.
	Legislative Decree No. 1408	2018	Strengthens the State's obligations towards families. Article 8 promotes the sharing of family responsibilities among family members, in terms of gender equality and respect for human rights. Promotes care, especially targeting children, adolescents, pregnant women, older persons with chronic or terminal diseases, or both, and persons with disabilities in a situation of dependency. Coordinates with the Ministry of Labour and Employment Promotion and the three levels of government to promote norms, strategies, services (day, evening and community care, breastfeeding and others) and actions aimed at reconciling family life and work (article 10).
Uruguay	Law No. 19.978	2021	Law on Telework. Recognizes teleworking as a necessary modality of job creation and, in particular, a way to enable persons with family responsibilities, persons with disabilities, or those who depend on them or are cared for by them, to obtain employment.
	Resolution No. 134/021	2021	Resolution creating a special unemployment subsidy regime, which will include domestic service workers encompassed by the subjective scope of Decree Law No. 15180.
Venezuela (Bolivarian Republic of)	Law of the Care for Life System	2021	Recognizes life care activities as indispensable for human development, since they create value-added, and generate quality of life and social welfare. Pursues the implementation of policies, plans, programmes and measures that provide assistance and comprehensive support to caregivers and care recipients, to enable them to attain higher levels of autonomy, wellbeing and social integration.
	Organic Law on the Comprehensive Care and Development of Older Persons	2021	This law seeks to guarantee respect for the human dignity of older persons and the full exercise of their rights and guarantees, as well as the fulfilment of their duties and responsibilities. It provides that the State will provide training for the carers of older persons in the home, through educational programmes in which families and communities participate. Also seeks to promote the formation of networks of caregivers with the participation of duly specialized professionals, together with the staff of the corresponding local health centre near the residence of such persons.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, "Care related policies and laws", 2022 [online] https://oig.cepal.org/en/laws/care-related-policies-law.

B. Care needs and care work in the region

Studies on caregiving can be divided into two main strands of sociodemographic research: one addresses demographic dependency, and the other focuses on unpaid caregiving and the use of the time that people devote to this activity.

In Latin America and the Caribbean as a whole, demographic dependency, which is defined as the ratio between the number of children (0 to 14 years) and older persons (65 years and over) on the one hand, and the number of persons of working age (15 to 64 years old) on the other, started to fall in 1967 and will continue to do so until 2029. In 2020, there were 48.5 dependents for every 100 persons of economically active age in the region. This dependency ratio —an indicator of the potential demand for care— is still explained mainly by the size of the under-14 age bracket. Although this group has shrunk because women of reproductive age are having fewer children, it is still large relative to the older adult population (ECLAC, 2022b). Nonetheless, in countries such as Chile, Cuba and Uruguay, which are at an advanced stage of the demographic transition, the child dependency ratio and older persons dependency ratio were relatively similar in 2020, which implies a high demand for ageing-related care (see figure VI.1).

The time spent on unpaid domestic and care work (SDG monitoring indicator 5.4.1)[5] can be disaggregated by gender, to compare the average amount of time that women and men each spend performing domestic services for household consumption, in which there are large gender disparities. Chile (2015), Mexico (2019) and Plurinational

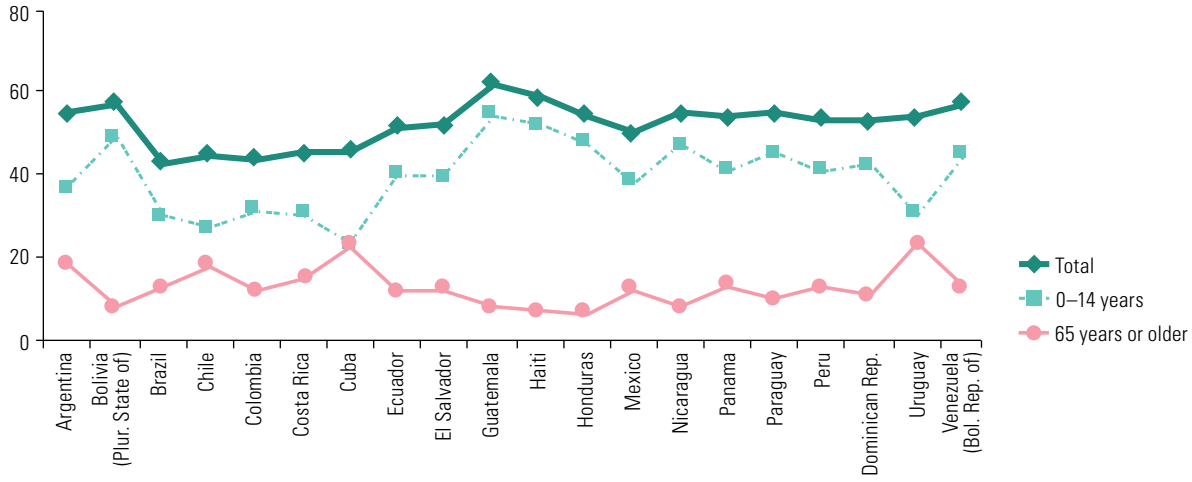
[5] Indicator 5.4.1 (Proportion of time spent on unpaid domestic and care work, by sex, age and location) considers activities related to unpaid domestic services and unpaid care services performed by households for consumption by their household or other households. Domestic and care work includes, among other activities, food preparation, dishwashing, cleaning and maintenance of the dwelling, washing and ironing clothes, gardening, pet care, household shopping, installation, maintenance and repair of personal and household goods, as well as care of children, the sick and older persons or persons with disabilities.

State of Bolivia (2001) are the countries in which women spend the most time performing household chores and unpaid care (around 25% of their total time). In terms of the gender gap, women in Chile and the Plurinational State of Bolivia spend about twice as much time as men on these activities; in the cases of Argentina, El Salvador and Mexico, almost three times as much; in Colombia and Ecuador, four times; in Honduras up to five times, and in Guatemala seven times as much (see figure VI.2).

Figure VI.1

Latin America (20 countries): demographic dependency ratio by age group, 2020

(Percentages)

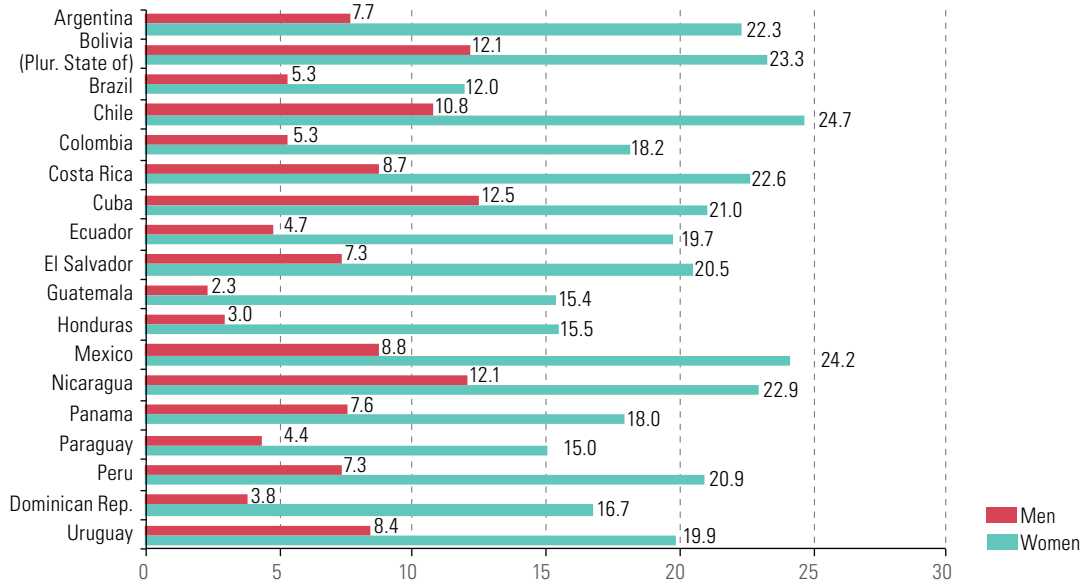


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en [accessed on 20 September 2022].

Figure VI.2

Latin America (18 countries): average proportion of time[a] spent on household chores and unpaid care work, by gender, latest available year[b]

(Percentages of total time per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT [online database] https://statistics.cepal.org/portal/cepalstat/index.html?lang=en [accessed on 20 September 2022].

[a] Average time = (time spent on unpaid domestic work for own or other households + time spent on care work for own or other households) / (total weekly time spent on paid and unpaid work, including domestic and care work), for the population aged 15 years and older.

[b] Argentina (2021), Brazil (2019), Chile (2015), Colombia (2017), Costa Rica (2017), Cuba (2016), the Dominican Republic (2021), Ecuador (2012), El Salvador (2017), Guatemala (2019), Honduras (2009), Mexico (2019), Nicaragua (1998) Panama (2011), Paraguay (2016), Peru (2010), the Plurinational State of Bolivia (2001) and Uruguay (2013).

C. Progress on care derived from the Madrid International Plan of Action on Ageing

The Political Declaration of the Second World Assembly on Ageing states that the Madrid International Plan of Action reaffirms the United Nations Principles for Older Persons adopted by the General Assembly in 1991, which include care. The principle relating to care highlights different aspects that should be taken into account to ensure that older persons benefit from care provided by families, communities and public institutions: care should enable older persons to maintain or regain their physical, mental and emotional well-being; ensure them greater levels of autonomy, protection and rehabilitation; and provide them with social and mental stimulation in environments that are safe and respectful of their human rights, fundamental freedoms and dignity (United Nations, 1991).

The introduction to the Plan mentions care as one of the central themes of its targets, objectives and contents. Its cross-cutting nature is highlighted by linking it to social protection, health and social support (United Nations, 2002). Care has a central place in the Plan's three priority directions.

Priority direction I, "Older persons and development" explicitly states need to recognize the important contributions made by older persons, especially women. These contributions are not measured in economic terms, but they contribute to the preparation of the future labour force and benefit people of all ages. An example is the care they provide to family members, with emphasis on the care of grandchildren and the community. This priority direction also highlights the importance of the services provided by older persons in disaster or humanitarian emergency situations, not only for the care of individuals, but also for the physical environment.

Priority direction II, "Advancing health and well-being into old age", focuses on physical and mental health care and rehabilitation. A key aspect is that it proposes the strengthening of measures and actions to ensure that families and communities have the conditions needed to provide care and protection to persons as they age. The strategies proposed include the training of health professionals who can promote healthy care and self-care practices, both of older persons themselves and of the community, as well as the training of persons who provide care services on a non-professional basis. In addition, this priority direction promotes the development and strengthening of care infrastructure and services that are adapted to the health needs of older persons. It recognizes specific training and support needs for caregivers who require care; and makes reference to HIV, persons with terminal or chronic diseases, dementia, mental illness and disabilities.

Priority direction III, "Ensuring enabling and supportive environments", also includes caregiving. It highlights the importance of strengthening the capacities of communities and families that provide informal support to older persons who live alone or need care. The aim is to promote "ageing in place", but also to redistribute care responsibilities equitably between men and women. It highlights the important role of the State in implementing social protection measures that make it possible to reconcile work and family life more effectively, and to recognize and protect older women who perform caregiving work, both financially and in terms of health and psychological care.

The Plan was pioneering in that it emphasized aspects of care that have been taken up again in the last two decades. An example is the life-course perspective, which recognizes that care occurs and is necessary at each and every stage of life, and that people require care not because they live in a situation of dependency, but because they are interdependent, which is a human characteristic.

The Plan also highlighted the different forms of inequality that interact with each other during ageing. These determine possibilities for access to care services, which vary across territories and are poorer in rural areas, as well as possibilities for individuals to decide freely whether or not they want to undertake care work. The Plan has emphatically highlighted the living conditions of older persons who are responsible for the care of children and adolescents, and of persons with chronic diseases, mental illnesses or HIV. The Plan also stresses the importance of making visible the contributions that unpaid care work represents economically.

In addition, the Plan has revealed the diversity of forms of care required by older persons, according to their degree of dependency and needs; and it has demonstrated the urgent need to strengthen institutional care services. At the community level, it promotes participation by civil society organizations and by the community itself.

1. Care policies and programmes

In their follow-up to the Madrid International Plan of Action, the countries of the region have adopted commitments that underpin their recent legislative amendments and innovations, as well as their policies, programmes and actions in the care domain. An example of this is the Buenos Aires Commitment (2022), approved in the framework of the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, in which the countries agreed to adopt regulatory frameworks, policies, programmes and comprehensive care systems from the gender, intersectionality, interculturality and human rights perspectives.

In this period in which the Plan is being evaluated, the country reports describe progress in the following: (i) the design of national care policies and programmes; (ii) efforts aimed at achieving a cultural change that fosters the recognition, revaluation and redistribution of care work; (iii) actions aimed at changing the current unfair social organization of care; and (iv) the establishment of mechanisms to collect statistical data and compile and disseminate information that provides a basis for decision-making on care, both at the government level and in terms of the families and individuals who either provide or need care.

(a) National policies to protect the right to care

In Brazil, a national policy to support family members who care for persons in situations of dependency is currently being prepared. The task has been entrusted to a working group that will formulate a proposal for providing support through economic, social security and labour benefits, in addition to measures related to rest periods.

In Colombia, the Government used the National Development Plan 2018–2022, to set the objective of developing an inter-agency public policy on care, focused both on the persons who require care and on those who provide it, whether paid or unpaid. As part of this process, a diagnostic study titled "Time for care: the numbers on inequality" was conducted; and a commission was set up in 2021 to design the policy, which will need to be harmonized with those established in local governments, including the City of Bogotá District Care System (Bango and Piñeiro, 2022).

Since 2013, the Chilean government has been implementing the National Support and Care System (SNAC), in which the mission is to accompany, promote and support dependent persons and their support network. It encompasses actions at the home and community levels, or public or private institutions that provide care services, taking into account the specific characteristics and needs of persons in situations of dependency, along with their caregivers and their households. Its target population includes older persons in situations of mild, moderate or severe dependency and their caregivers, with a view to preventing the progression of dependency and promoting autonomy and co-responsibility in caregiving, while also mitigating the workload of caregivers and their support network.

In Costa Rica, the National Care Policy 2021–2031, approved by decree, aims to progressively implement a system of care for persons in a situation of dependency, especially older persons, persons with disabilities, and those who suffer from chronic diseases and require help to perform their daily activities. The policy seeks to expand the coverage of existing benefits and incorporate new service modalities such as telecare and home care, improve long-stay residences, and strengthen the National Care Network for children and older persons (MDHIS, 2020).

In Ecuador, the National Development Plan 2017–2021: "Toda una Vida", defines one of its policies as strengthening the system of inclusion and social equity, comprehensive protection, special protection, comprehensive care and the system of life-cycle care for persons, emphasizing priority care groups, considering territorial contexts and sociocultural diversity; and guaranteeing the right to health, education and comprehensive care throughout the life cycle, under criteria of accessibility, quality and territorial and cultural relevance (SENPLADES, 2017, p. 58). Under this plan, support has been provided to strengthen the care policy of the Ministry of Economic and Social Inclusion.

In 2016, El Salvador started to construct a strategic route towards developing a national policy of co-responsibility for care. The proposal consisted of reorganizing care, in order to make visible, reorganize and enhance the value of life care, traditionally concentrated in families and, within them, among women. This reorganization means involving men, both in the care of others and in their self-care, and also institutions other than the family, mainly the State and the labour market, including their respective actors, such as firms and labour organizations (MJSP, 2018, p. 36). According to Bango and Piñeiro (2022), this policy is currently in the process of validation.

In Guatemala, the National Coalition for the Economic Empowerment of Women (CNEEM) was created in 2020, with the objective of producing a diagnostic study on the situation of women, considering the key dimensions of economic opportunities, education for work and creation of a comprehensive care system. The latter resulted in a proposal for a national care policy that is currently being drafted (UN-Women, 2022).

In Mexico, the National Programme for Equality between Women and Men (PROIGUALDAD) 2020–2024 has a priority objective of generating conditions to recognize, reduce and redistribute domestic and care work among families, the State, the community and the private sector (INMUJERES, 2020). The programme sustains and strengthens the initiative to create a national care system for which legislation is currently before the Senate of the Republic.

In Paraguay, a care policy is being developed for the Ministry of Women, based on the work of an inter-agency group that seeks to create a national care system (GIPC, 2015).

In Uruguay, the National Care Plan 2021–2025 was published in 2021, as part of the consolidation of the National Integrated Care System. The plan aimed to sustain and deepen the development of the National Integrated Care System, pursuant to Law No. 19.924 of 2020, based on the provisions of Law No. 19.353 of 2015, which created the National Integrated Care System (SNCD, 2021). This document seeks to improve care services and programmes, and to carry out actions that put individuals and their human rights at the centre, with the aim of enhancing autonomy. It aims to expand access to quality care for different levels of dependency, at home, in institutions and remotely, in a framework of co-responsibility and equity, and thus make progress with the National Care Registry.

(b) Programmes aimed at fostering cultural change in the care domain

In Argentina, the national "Caring in equality" campaign[6] aims to recover pre-existing conceptualizations, know-how, knowledge and organizational dynamics related to care, to improve awareness and collective co-responsibility for the right to provide and to receive care, and to identify needs and priorities that will serve as inputs for public policies. The campaign has national coverage and a comprehensive and federal approach, with a focus on rights, gender and diversity. In addition, the "Care calculator" platform (2021) was created, which seeks to raise awareness on the time and money spent on unpaid care, particularly for women and persons of diverse backgrounds.[7]

In the case of Peru, the Support Network for Older Persons at High Risk and Persons with Severe Disabilities (Amachay) has been implemented, to help improve care policies in the country and generate social change, with prevention and protection as essential elements. This is an intersectoral and intergovernmental intervention that makes it possible to move towards more comprehensive care policies (EUROsociAL, 2021).

(c) Programmes to change the social organization of care

The "Caring in equality" campaign implemented by the Government of Argentina is the result of a community strategy referred to as "territorial care parliaments". The strategy encompasses members of social, political and feminist organizations, private and public institutions, academics and cultural icons, among others, to exchange experiences and local strategies on care and its social organization, ascertain local needs and demands, and propose and prioritize actions.[8]

In the Plurinational State of Bolivia, the National Platform for Social and Public Co-responsibility of Care (2019) seeks to promote cooperation with organizations, in order to connect agendas and strengthen joint actions with women's organizations and institutions with initiatives and availability of collaborative work related to the care economy. It also promotes collective initiatives that help consolidate proposals in the care domain and carry out transformative actions to achieve a new social organization of care. This will shine a light on the unjust patriarchal

6 See Ministry of Women, Genders and Diversity (n.d.).
7 See [online] https://www.argentina.gob.ar/economia/igualdadygenero/calculadora-del-cuidado.
8 See [online] https://www.argentina.gob.ar/generos/cuidados/camp-nac-cuidar-en-igualdad.

sexual division of labour, and promote responsible participation by men and women, persons representing sexual diversity and indigenous peoples, as well as originating and campesino persons to achieve social and public co-responsibility for care.[9]

In the Dominican Republic, the "Communities of Care" pilot programme is being implemented, with the aim of guaranteeing the rights of persons who demand care and those who provide it. As a result, social co-responsibility is promoted and the care economy is set in motion. In other words, the potential of care is harnessed as a key vector for social investment, the creation of new jobs, integration of women into the labour market and economic reactivation. The communities of care will trial the implementation of a participatory and intersectoral model that works with the various public and private entities associated with care in each territory. Local care plans will be constructed collectively, with solutions that provide a better response to the care needs of the population, taking advantage of the assets available in each locality. In the communities of care, public services will be strengthened and expanded to enable individuals to provide care and be cared for with dignity, through greater co-responsibility on the part of the State (MEPyD, 2021).

(d) Policies and programmes to strengthen the sources of statistical information and georeferencing of care services

In the last decade, advances in computer programmes and the georeferenced territorial perspective linked to demographics have enriched studies on care services, housing conditions, and the distances travelled to perform care tasks.

To gain a better picture of care at the country level, it is extremely important to promote surveys on ageing, time use and care, and to improve administrative records of short, medium and long-term care services.

The interaction between the generation of information and planning is exemplified by Argentina, which developed the federal care service map (2021).[10] This innovative technological platform seeks to develop five strategic capacities of the State: (i) coordination within the government; (ii) the capacity to generate information and articulate it; (iii) public policy planning and evaluation; (iv) the dimension of ethics, integrity and transparency in the construction of public policies, and (v) harmonization with other social actors, without losing sight of the strategic view of the State, to avoid public policy capture. In 2022, Chile implemented a national register of caregivers, as a complementary module of the Households Social Register, which aims to identify all persons who devote their time to caring for others on an unpaid basis. Registered caregivers will have a credential that identifies them as such and will be able to obtain preferential attention for the completion of certain procedures.

2. Long-term care, palliative care and caregiver training actions

In this period of evaluation of the Madrid International Plan of Action, two particularly salient areas of care are physical and mental dependency and end-of-life processes. While long-term care became more visible before and during the COVID-19 pandemic, palliative care plays a central role in dignifying life and death in the context of terminal illness. To provide these two forms of specialized care, it is essential to support the rights of caregivers and encourage them to obtain training and keep up to date in gerontology, geriatrics and thanatology. Medical personnel also need specialist training in both pharmacological and non-pharmacological palliative care.

(a) Long-term care

The Madrid International Plan of Action notes the importance of improving long-term care for older persons, especially those living with disabilities, or mental or terminal illnesses. This theme was taken up in the "Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life". This strategy urged States to improve and support the well-being of older persons and their caregivers through adequate and equitable provision of services and care (WHO, 2016).

[9] See [online] https://www.ciudadaniabolivia.org/es/node/915.
[10] See [online] https://mapafederaldelcuidado.mingeneros.gob.ar/.

In Latin America and the Caribbean, long-term care has historically been provided within the home, albeit disproportionately by women. Long-term care has different characteristics than care in general, owing to its intensity, specific actions and activities, the need for support by specialized personnel, and the economic resources required to provide it with dignity. Accordingly, access to this type of care is limited and entails high physical and economic costs and emotional wear and tear, both for those who require it and for those who provide it.

The World Health Organization (WHO) defines long-term care as follows:

> "Long-term care is an integral part of health and social systems. It includes activities undertaken for people requiring care by informal caregivers (family, friends, and neighbours), by formal caregivers, including professionals and auxiliaries (health, social, and other workers), and by traditional caregivers and volunteers. […] The goal of long-term care is to ensure that an individual who is not fully capable of long-term self-care can maintain the best possible quality of life, with the greatest possible degree of independence, autonomy, participation, personal fulfilment, and human dignity" (WHO, 2000).

People are considered care-dependent when, for an extended period of time, they cannot perform activities necessary for daily life without help from others (WHO, 2015, cited in Cafagna and others, 2019, p. 5). This may refer to persons who have chronic diseases (communicable or non-communicable); a disability of some type; HIV/AIDS; sensory impairment, mental illness (including depression and dementia), or disabilities resulting from accidental injury; as well as victims of natural or other disasters and persons who are substance-dependent (WHO, 2000).

Functional dependency among older persons is related to disabilities, non-communicable diseases and any functional, physical and mental dependency that impairs quality of life. In 2018, functional dependency affected 12% of people aged over 60 years and almost 27% of the over-80s (Aranco and others, 2018, cited in Cafagna and others, 2019, p. 5). It has been estimated that by 2050, older persons in situations of functional dependency will represent more than 3% of the total population and between 14% and 17% of the population over 60 years of age (Cafagna and others, 2019).

In Latin America and the Caribbean, the feminization of ageing means that women are more likely than men to require long-term care during old age. However, women face greater obstacles than men in obtaining such care —either because they devoted a large part of their lives to providing care for their family members without benefits or remuneration, or because they have lower incomes and pensions than men. Moreover, ageing processes compounded by other forms of inequality, associated with social strata, race, ethnicity, gender identity and other characteristics, increase the prevalence of functional dependency in the population and condition both access to long-term care and its quality (Holman and Walker, 2021).

Consequently, long-term care policies must consider the fact that social groups facing multiple types of discrimination tend to have greater long-term care needs and face greater obstacles in accessing them. Care policies need to offer older persons a wide range of services that respond adequately to specific needs and guarantee the right to care under conditions of equality and non-discrimination (ECLAC, 2009; OAS, 2015). While long-term care needs are not exclusive to older persons or persons with non-communicable diseases, demographic and epidemiological conditions in the region have underscored the need to deploy policies for this sector.

The construction of long-term care systems and policies in the region is still limited in most countries. This is explained mainly by: (i) the variability of approaches to the concept of dependency; (ii) the lack of economic resources to provide health care to those who require long-term care; (iii) the lack of reliable and up-to-date information on the population with long-term care needs, on infrastructure (both existing and required), on qualified personnel to meet this challenge and on family or non-professional caregivers; (iv) the social construction of long-term care, which, in many countries, continues to be viewed as pertaining to the family domain, and (v) the failure to treat care as a right.

The country reports have provided information on legislative progress, but also on the creation of infrastructure, thereby helping to identify outstanding long-term care challenges.

Argentina reports innovations in long-term care, such as the contributions made by the federal care service map, which makes it possible to locate the availability of long-term care institutions. The country also has extensive training and certification programmes for formal and informal care workers (both men and women), along with home care programmes and implementation of the National Registry of Home Caregivers. The Regulation on Long-Stay

Residences for Older Persons (Resolution 612/2015 of the National Secretariat for Children, Adolescents and Family of the Ministry of Social Development) provides a regulatory model that is aligned with the Inter-American Convention on the Protecting the Human Rights of Older Persons.

Chile reports five actions: (i) development of quality standards for long-stay facilities for older adults (2016); (ii) implementation of protocols for long-stay residences funded from the National Service for Older Adults (SENAMA) (2017 to date); (iii) development of the citizen's guide to rights in long-stay facilities for older adults (*Soy residente, tengo derechos*) (2017); (iv) strengthening of the self-regulation process (2019), which allows long-term care institutions to carry out voluntary monitoring using their own facilities, people and resources, with the aim of incorporating future improvements; and (v) diagnostic assessment of long-term care facilities, based on the user care quality standard (2020).

Since 2021, the Plurinational State of Bolivia has kept an up-to-date register of long-term care institutions. In 2019, the Protocol for Intervention in Long-Stay Care Centres for Older Persons was approved; and, in 2021, basic standards were approved for the care of older persons in long-stay care centres. Brazil also has a national register of this type and, between 2019 and 2020, invested a total of R$ 4,366,891.89 in equipping such centres for older persons. Colombia has established a system for departmental, district and municipal health secretariats to monitor the provision of services in long-term care institutions. In particular, this system safeguards the rights of users through the Public Prosecutor's Office, represented by the Municipal Citizens' Bureaus *(personerías municipales),* the Attorney General's Office and the Ombudsperson's Office. The aforementioned agencies make it possible to check the conditions of the older persons who are cared for in these centres. In Cuba, the annual public infrastructure improvement programme makes it possible to repair and maintain these institutions. Mexico, Paraguay and Peru also report the updating of records of long-term care institutions, as well as strategies for monitoring their operation. In this period, Uruguay incorporated, into its current legislation, Ordinances 483 of 2017 and 1032 of 2019, relating to informed consent, use of the user record, and the definition of careers that enable social area professionals to exercise their profession in that type of institution, as well as the conditions under which a person under 65 years of age is admitted.

According to Quashie and Jones (2022), the Caribbean countries report a meagre supply of long-term care institutions, which also face human resource and infrastructure constraints in providing quality services. Although not all countries have registers of these institutions, Bermuda registers them through the Department of Ageing and Disability Services and regularly monitors compliance with the regulations. Given the limited supply of institutional care, many Caribbean governments have invested in developing (or improving) home care programmes that provide nursing care and assistance to older persons in situations of dependency, and the delivery of prepared meals to older persons in their homes. The Barbados National Assistance Board recently launched the Elder Care Companion Programme to complement the Home Help Programme. The new programme supports older persons in activities such as cooking, cleaning, washing, or bathing; and it focuses on emotional and psychosocial well-being, tackling the problems of loneliness and isolation among older people (Quashie and Jones, 2022).

The country reports reveal major areas of opportunity that persist in long-term care, particularly in terms of consolidating national registers of public and private long-term care institutions and those run by civil-society organizations. Argentina, Brazil and Chile report interesting strategies for registering and monitoring such institutions. At the regional level, the lack of up-to-date national registries clearly impedes a diagnostic assessment of infrastructure, service quality and emergency response capacities in situations such as the COVID-19 pandemic. As noted by Villalobos (2019), long-term health care is an important issue for all countries in the region, irrespective of their stage of population ageing. So, it is important to make progress in the next five years in preparing the health and social security systems to meet these growing needs.

(a) Palliative care

The Pan American Health Organization (PAHO, n.d.) states that palliative care is a central component of comprehensive health services for noncommunicable diseases; and it aims to improve the quality of life of persons facing serious diseases through the prevention and relief of suffering. Palliative care is also expressly recognized in the context of the human right to health, and requires integrated, person-centred health services because the services in question need to pay special attention to older persons' needs and preferences (PAHO, 2021).

The Atlas of Palliative Care in Latin America 2020 (Pastrana and others, 2021) notes that recent years have seen significant progress made in palliative care in the region (see table VI.2). The number of teams providing total palliative care is increasing and currently stands at 2.6 per million inhabitants; but this figure is still insufficient. Moreover, 44.8% of such teams and services operate exclusively in the hospital setting, 30.3% are mixed teams, and 24.6% are exclusive to the first level of care. Eight countries in the region recognize palliative care as a medical specialty: Argentina, the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Ecuador, Mexico and Paraguay. Five countries have a specific law on the subject: Colombia (2010), Costa Rica (1998), Chile (2005), Mexico (2009) and Peru (2018); and ten countries have a national palliative care programme (Pastrana and others, 2021).

Table VI.2
Latin America and the Caribbean (17 countries): provision of palliative care in hospital and outpatient settings, July 2017–January 2018

	In-hospital teams		Outpatient teams	
	Total	Number per million inhabitants	Total	Number per million inhabitants
Argentina	443	9.91	60	1.34
Bolivia (Plurinational State of)	11	0.98	12	1.07
Brazil	182	0.86	130	0.62
Chile	174	9.56	232	12.75
Colombia	59	1.19	39	0.79
Costa Rica	21	4.24	72	14.54
Dominican Republic	6	0.55	10	0.92
Ecuador	44	2.61	36	2.13
El Salvador	22	3.43	4	0.26
Guatemala	8	0.46	6	0.35
Honduras	3	0.32	6	0.64
Mexico	91	0.70	79	0.60
Panama	19	4.56	45	10.81
Paraguay	3	0.43	21	3.04
Peru	15	0.46	8	0.25
Uruguay	65	18.73	76	21.90
Venezuela (Bolivarian Republic of)	7	0.22	27	0.83
Latin America and the Caribbean	1 173	1.92	863	1.43

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of T. Pastrana and others, *Atlas de Cuidados Paliativos en Latinoamérica 2020*, 2nd edition, Houston, IAHPC Press, 2021.

Note: The "In-hospital teams" category includes palliative care units located in second- and third- tier hospitals, with beds and staff assigned exclusively to this service; mobile teams and units that operate in second- and third- tier hospitals, without beds assigned in a specific physical space; and mixed teams that can move outside the hospital for home consultation or community clinics. The "Outpatient teams" category includes home-care teams that support patients, families and caregivers and have a system of referral to second- and third- tier hospitals; palliative care consultation in community centres and clinics that have a system of referral to second- and third- tier hospitals and can refer patients to home care; and, lastly, independent institutions that provide medium- and long-stay care and end-of-life care with a system of referral to second- and third- tier hospitals.

The information collected in the national reports clearly demonstrates the progress that Argentina has made in terms of palliative care. The National Directorate of Policies for Older Adults (DINAPAM) created the National Programme for the Training of Home Caregivers in Palliative Care for Older Persons in 2019, to meet the care needs of older persons who are suffering from an illness that does not respond to curative treatment, in advanced, progressive or terminal stage. Argentina has also legislated to require "national and trade union social works" and prepaid medicine firms to finance palliative care services.

In Brazil, the Ministry of Health, acting through the Tripartite Inter-agency Commission of the Unified Health System (SUS), approved Resolution No. 41 of 31 October 2018, which provides guidelines for organizing palliative care, conceptualizes such care and defines its objectives and guiding principles. It also underscores the need for palliative to be provided at any point in the care network, including primary, home, ambulatory, urgent and emergency, and hospital care. In Colombia, Law No. 1733 of 2014, regulated in 2018, governs palliative care services for the comprehensive treatment of patients with terminal, chronic, degenerative and irreversible diseases, at any stage of the disease that has a high impact on quality of life. This law establishes the rights to palliative care, to

information, to a second opinion, to sign the advance directives document, or to participate actively in the palliative care and decision-making process, and the rights of family members. Costa Rica launched the National Palliative Care and Pain Control Plan 2017–2021 in November 2017, setting out guidelines for palliative care actions under the principles of universality, timeliness, solidarity and equity. In Chile, Law No. 21375 on access to non-oncological palliative care, which includes home care and accompaniment at the end of life with interdisciplinary teams, came into force in March 2022 (PAHO, 2021).

Since the creation of its National Pain and Palliative Care Programme for Oncology Patients in 1992, Cuba has contributed important experiences to the region, such as the implementation of the Pain and Palliative Care Clinic for research and training on the management of opioids and the linking of palliative care with primary care at the municipal level, bringing this service closer to the community through home visits and consultations. In Cuba, a new service has been created for persons with advanced-stage cancer and their caregivers, with the aim of preserving subjective wellbeing and improving the quality of life for both, through personalized, interdisciplinary, comprehensive and continuous care, taking the physical, social, emotional and spiritual dimensions into account.

Mexico reports the consolidation of its palliative care programmes in both the Mexican Social Security Institute (IMSS) and the Institute for Security and Social Services for State Workers (ISSSTE). In 2021, ISSSTE approved the Institutional Palliative Care Programme 2019–2024 (PALIATIVISSSTE), which is currently being rolled out at all three care levels and has 23 representations throughout the country.

Panama refers to the implementation of the *Estamos Contigo* programme, with a fund to develop a pilot plan to care for older persons with illnesses that keep them bedridden or unable to fend for themselves. This will enable them to receive home care, medicines, mobilization and palliative care, subject to a socioeconomic evaluation. In 2018, Peru adopted Law No. 30846, creating the National Palliative Care Plan for Oncological and Non-oncological Diseases.

In Uruguay, the Comprehensive Health Care Plan has included a palliative care service as a mandatory benefit since 2008. In 2016, the Palliative Care Programmatic Area of the Ministry of Public Health conducted the National Palliative Care Survey. Data provided by the service providers indicates coverage of 43%, thus meeting the target of greater than 40% established in the National Health Objectives 2020. All of the country's departments have some form of palliative care. A total of 55 providers indicate that they provide palliative care in different modalities. Of these, 41 do so specifically through palliative care units, 13 are public health centres (located in five departments: Montevideo, San José, Durazno, Río Negro and Salto), 27 are private, and one is a public-private partnership (in San José).

In Caribbean countries, there is a large deficit in the availability of palliative care systems and an absence of planning to develop them, coupled with a shortage of health personnel trained to provide palliative care. There is also a critical shortage of trained support services outside hospital systems for ongoing palliative care (for example, community volunteers, social workers and counsellors) (Quashie and Jones, 2022). Only two countries (Antigua and Barbuda and Dominica) reported at palliative care is generally available in the public health system and in community home care. Three countries, Bahamas, Saint Vincent and the Grenadines, and Trinidad and Tobago, stated that palliative care was generally available in community home care systems.

(c) Training for caregivers in home and community settings

The Madrid International Plan of Action states that, to reduce the cumulative effects of factors that increase the risk of disease and, consequently, potential situations of dependency in older age, it is necessary to ensure conditions that enable families and communities to provide care and protection to persons as they age. The Plan also highlights the importance of States providing information and training for caregivers, in both the formal and the informal sector. In this regard, the country reports refer to major initiatives based on strategies for the education, updating and training of various stakeholders, in many cases carried out jointly with international organizations, the health sector and universities in the certification of caregiving competencies. In these programmes, the training of family members and community members has been given a major boost (see table VI.3 below).

Table VI.3
Latin America (7 countries): training programmes for formal and informal caregivers

Country	Programme name	Objective
Argentina	National Training Programme in Palliative Care for Older Persons for Home Caregivers, of the National Directorate of Policies for Older Adults (DINAPAM)	Promotes the autonomy, quality of care and comprehensive well-being of older persons subject to some degree of dependency, by training qualified home care workers. The programme has trained more than 50,000 home caregivers.
	National Training Programme in Care for Older Persons	Provides community and institutional gerontological knowledge, from an interdisciplinary perspective, and covers different topics.
Brazil	ISupport-BR programme for use in the Brazilian context	An interactive digital platform developed by the World Health Organization (WHO) to support and provide health education to family caregivers of persons with dementia in Brazil.
	Practical guide for caregivers	Available on the official websites of the Ministry of Health.
Chile	Training Plan of the National Training and Employment Service (SENCE); course on basic comprehensive care services for older persons	Offers courses for persons over 16 years of age who are among the most vulnerable 60% of the population, with the objective of training them to provide comprehensive basic care services to older persons according to their needs, the indications of the health professional and the current regulations.
	Request to the National Training and Employment Service (SENCE) to provide training courses for persons who perform caregiving tasks with older persons	Provides training to persons who perform care work with older persons, specifically to caregivers in the home care programme, in order to improve the services provided. In 2018, 50 caregivers were trained. In 2020, five courses were proposed to train 75 people, but these have not yet been executed owing to the pandemic. The courses were: assistance and socio-health care for older persons; home assistance service and basic primary care for persons in situations of dependency, especially older persons; and basic comprehensive care services for older persons.
	Manual titled *Yo me cuido y te cuido* (I care for myself and I take care of you)	This publication aims to contribute to improving the quality of life for informal caregivers and older persons in situations of dependency, by providing knowledge, developing skills and attitudes that favour the self-care of the caregiver and the care of older persons in situations of dependency.
	Virtual course for caregivers of older persons in long-stay facilities	The course objective is to enable formal caregivers across the country to acquire new skills and tools to support their self-care and provide better care to older persons, according to their needs and abilities. The course was implemented in April 2021 by the Geriatrics and Gerontology Society of Chile, sponsored by the Ministry of Health and the Virtual Campus for Public Health of the Pan American Health Organization (PAHO), in collaboration with the National Service for Older Persons (SENAMA).
	Cycle of webinar courses, SENAMA and SEK University	Seeks to strengthen knowledge and skills among informal and formal caregivers who provide direct care to older persons in situations of dependency in public and private institutions, or those who perform such tasks in private homes, technical and professionals staff of the SENAMA network, and other social gerontology professionals.
	Cycle of training courses on the digital hospital platform	In June 2020, online training sessions were held through the digital hospital platform of the Ministry of Health, to promote self-care among formal and informal caregivers. The sessions were conducted by professionals from the Ministry of Health and SENAMA; and an online team was available to answer questions from attendees.
	Training on self-care on the "Always Learning" platform of the NODO project	Offers the community four e-learning courses that help to understand and resolve the main problems, concerns and doubts that exist in relation to older person care. The courses are free and require a mobile device or computer with Internet connection.
	Me Cuido Te Cuido platform of the NODO project	Aims to increase the levels of inclusion and social protection among older persons, by strengthening community networks and improving access to various programmes, services and social benefits, both public and private.
Costa Rica	Training	Provides training to persons involved in the care of persons in situations of dependency. The National Hospital of Geriatrics and Gerontology, the Centre for Strategic Development and Information in Health and Social Security and the social work services of different hospitals develop educational activities for caregivers. In 2018, 62 health areas provided training activities of this type for a total of 1,185 caregivers.
Cuba	Caregiver schools	Resolution No. 355, of 6 December 2018, of the Ministry of Public Health, establishes the procedure by which senior health personnel will perform control actions to evaluate the quality of care provided to sick, disabled or older persons in the institutions of the National Health System.
Guatemala	Training for caregivers	Based on gerontological and geriatric principles, this training is endorsed by the Ministry of Public Health and Social Assistance, with the aim of enabling people to recognize the main changes in ageing and to promote self-care. Emphasis is placed on the caregiver recognizing the degree of older persons are dependent.
Mexico	Course: Basic Care of older persons at home based on skill standard EC0669	The National Institute for Older Persons (INAPAM) provides this educational activity, targeted mainly at the population interested in the subject.
	Course: *Cambia, Todo Cambia*: Ageing, one more stage of changes	This course forms part of a training path consisting of nine courses (four of them in 2021 and another four in 2022). Those who pass the course receive certificates of participation. Two editions have already taken place, with 31 people having passed.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on implementation of the Madrid International Plan of Action on Ageing, 2002.

3. The emergence of care in the midst of the pandemic

The pandemic has shone a light on the importance of care for the sustainability of life, and its relevance for the economies of Latin America and the Caribbean. However, it has also highlighted the matrix of social inequality that characterizes the region, which means that not all citizens can fully enjoy the right to care, and care work is unfairly distributed. The unfair social organization of care in the region has placed an excessive burden on women, especially in lower-income households (ECLAC, 2020 and 2022a).

For older persons, the challenges have been extensive because of the multiple roles they play in society. The policy brief titled "The Impact of COVID-19 on Older Persons" notes that caregivers, volunteers, community leaders, and healthcare workers aged 60 and older have been seriously overburdened. In addition, older persons engaged in paid or unpaid work are mostly women who also have to protect themselves from illness (United Nations, 2020). Moreover, older persons in need of care have faced constraints on the supply and availability of care services, and declining family support networks resulting from lockdown periods, as well as the illness and death of caregivers.

According to the Madrid International Plan of Action, older persons are particularly vulnerable in emergency situations, so strategies need to be developed to ensure they have access to food, shelter and special protection if they have to assume a primary caregiving role. The risk of abuse or violence being perpetrated against older women in the context of emergencies also need to be minimized.

During the pandemic, the United Nations Entity for Gender Equality and the Empowerment of Women and the Economic Commission for Latin America and the Caribbean (UN-Women/ECLAC, 2020) disseminated recommendations on the implementation of care policies including: (i) ensure care services are considered a priority, making sure that those working in these services can carry out their work in a safe way; (ii) expand the protection of people who carry out care work both in a paid and unpaid capacity; (iii) promote measures to make it easier for workers to make any care responsibilities compatible with paid work; (iv) encourage a better distribution of care responsibilities between men and women; and (v) prioritize access to food and basic services to alleviate domestic work and the burden of unpaid care work.

Table VI.4
Latin America and the Caribbean (14 countries): government initiatives on COVID-19 care related to older persons

Country	Opening of institutions providing care services	Leave periods	Special travel permits for caregivers	Campaigns on caregiving responsibility	Rights of paid female domestic workers	Cash transfers for care
Argentina	X	X	X	X	X	X
Barbados					X	
Bolivia (Plur. State of)					X	
Chile				X		
Colombia			X			
Costa Rica					X	
Cuba	X					
Dominican Republic				X		X
Ecuador				X	X	X
El Salvador			X	X		
Mexico	X			X		
Peru			X	X	X	
Trinidad and Tobago		X				X
Uruguay						X

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of ECLAC/United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), "Santiago Commitment: a regional instrument to respond to the COVID-19 crisis with gender equality", February 2021 [online] https://repositorio.cepal.org/handle/11362/46659; and ECLAC, "Measures and actions at the national level", COVID-19 Observatory in Latin America and the Caribbean, 2022 [online] https://www.cepal.org/en/subtopics/covid-19.

According to the COVID-19 Observatory in Latin America and the Caribbean, 14 countries in the region adopted a total of 41 measures related to the care economy during the pandemic. Of these, 23 provided direct or indirect benefits to older persons providing or requiring care, and were implemented by: Argentina (9 measures), Bolivia (Plurinational State of) (2), Colombia (2), Costa Rica (1), Cuba (1), Dominican Republic (1), Ecuador (2), El Salvador (1), Mexico (2), Paraguay (1), Peru (1) and Peru (1) (ECLAC, 2022g).

Countries that designed campaigns on recognizing care as a right and the importance of equity in the distribution of care work, were Argentina, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay and Peru. In addition, Argentina and the Plurinational State of Bolivia strengthened leave and teleworking permits for the care of dependent persons; Argentina and Ecuador provided economic transfers for persons who care for children, including older persons and health workers in the public, private and social security systems; the Plurinational State of Bolivia issued regulations on domestic work; Argentina, Colombia and El Salvador granted caregivers exemption from mobility restrictions; and Colombia issued guidance measures to prevent contagion.

In Argentina, the Government of the Autonomous City of Buenos Aires launched the comprehensive care plan for adults over 70 years of age, which offers phone line help and guidance to persons in that age group. The *#MayoresCuidados* uses volunteers to provide telephone assistance, make purchases in pharmacies and neighbourhood stores, make utility payments, walk pets, and use digital applications during periods of preventive and mandatory isolation. In addition, a call centre is set up to handle telephone shopping orders in coordination with home delivery firms and supermarkets. This provides a more accessible, simple and exclusive channel for persons aged 70 and over (ECLAC, 2022g). In Mexico, support networks were promoted to enable older women to monitor their emotional well-being and health in the context of the National Healthy Distance Day. In addition, a directory was created of market stallholders selling basic products with a home delivery service that can provide essential supplies for older persons under lockdown (ECLAC, 2022g).

D. Progress and challenges in national care systems in the region

According to UN-Women and ECLAC, national care systems are one of the pillars of welfare systems and can be defined as "A set of policies aimed at implementing a new social organization of care with the purpose of caring for, assisting and supporting people who require it, as well as recognizing, reducing and redistributing care work —which today is mostly performed by women […]. These policies must be implemented based on inter-institutional coordination from a people-centred approach. The State is the guarantor of access to the right to care, based on a model of social co-responsibility —with civil society, the private sector, and families— and gender. The implementation of the system implies intersectoral management for the gradual development of its components —services, regulations, training, information and knowledge management, and communication for the promotion of cultural change— that considers cultural and territorial diversity" (UN-Women/ECLAC, 2022, p. 22).

National care systems are a social response to inequalities in the distribution of domestic and care work, the sparse care infrastructure, the shortage of educated and trained personnel to provide care services in accordance with diverse needs, and the legislative and programmatic gaps to guarantee this right universally and with adequate quality. These problems have been called the "care crisis", a phenomenon that has an important demographic dimension, since all people require care and fewer people are available to provide it (UN-Women/ECLAC, 2022; ECLAC, 2022a). These systems also seek to provide a response to the limitations and restrictions on access to care caused by the intersection of different forms of inequality. It has therefore been noted that "Care policies must respond to the growing demands of people in their diversity and of the countries of the region in demographic and epidemiological terms, from an intercultural perspective. The approach to care must therefore be multidimensional if the aim is to eliminate the sexual division of labour and transition towards a care society" (ECLAC, 2021a, p. 6).

UN-Women/ECLAC (2020) states that care systems should be built on the basis of five components: (i) the services provided; (ii) the regulations that are established; (iii) training that formal and informal caregivers undergo; (iv) information management actions and the promotion of public knowledge awareness about care; and (v) communication actions to disseminate rights and promote cultural change.

Care is increasingly present in public agendas and materialized in public policies in the region, based on its positioning internationally and recognition of its importance for development. In recent years, significant progress has been made in terms of legislation, policies and information, which has enabled many countries to lay the foundations for the creation of public care systems (see table VI.5 below).

Table VI.5
Latin America and the Caribbean (13 countries): progress in the creation of national care systems

Country	Formalized	In process	Year	
Argentina		X	2020	Proposal to create the comprehensive care system with a gender perspective.
Brazil		X	2020	Creates a temporary collegiate, consultative, study, coordination and work body, tasked with creating the National Care Policy, and the draft laws and systematization of information needed to achieve it.
Chile	X		2022	National Support and Care System (SNAC).
Colombia		X	2022	Decree No. 1228 creates the Intersectoral Commission of the National Care Policy.
Costa Rica	X		2020	National Care Policy 2021–2031 for the progressive implementation of a care and dependency support care system.
Cuba	X		2018	Public care system
Ecuador		X	2021	Draft Organic Law of the National Integrated Care System.
Mexico		X	2020	Draft decree enacting the General Law on the National Care System.
Panama		X	2019	Public policy roundtable to define the integrated care system.
Paraguay		X	2021	Draft law creating the National Care System (SINACUP).
Peru		X	2022	Draft Law No. 2735 recognizing the right to care and creating the National Care System.
Uruguay	X		2015	National Integrated Care System (SNIC).
Venezuela (Bolivarian Republic of)		X	2021	Law on the care for life system.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the country reports on implementation of the Madrid International Plan of Action on Ageing, 2002.

According to ECLAC (2021a), the implementation of national care systems will have positive impacts on the following: (i) the consolidation of social protection systems; (ii) the reduction of inequalities between men and women and overcoming poverty; (iii) socioeconomic recovery in times of pandemic by facilitating the incorporation or reincorporation of persons into paid work, especially in the case of women; and (iv) economic and social returns, as it contributes to well-being, regulates and controls the quality of public and private care services, encourages the creation of quality jobs and facilitates participation in the labour force.

According to ECLAC, moving towards a care society requires a paradigm shift that puts life at the centre and allows for the equitable distribution of power, resources and working time. To this end, it is necessary to establish fiscal, social, cultural and environmental compacts that promote fairer, more sustainable and egalitarian societies, with governments that are present and geared towards strengthening social protection (ECLAC, 2022a).

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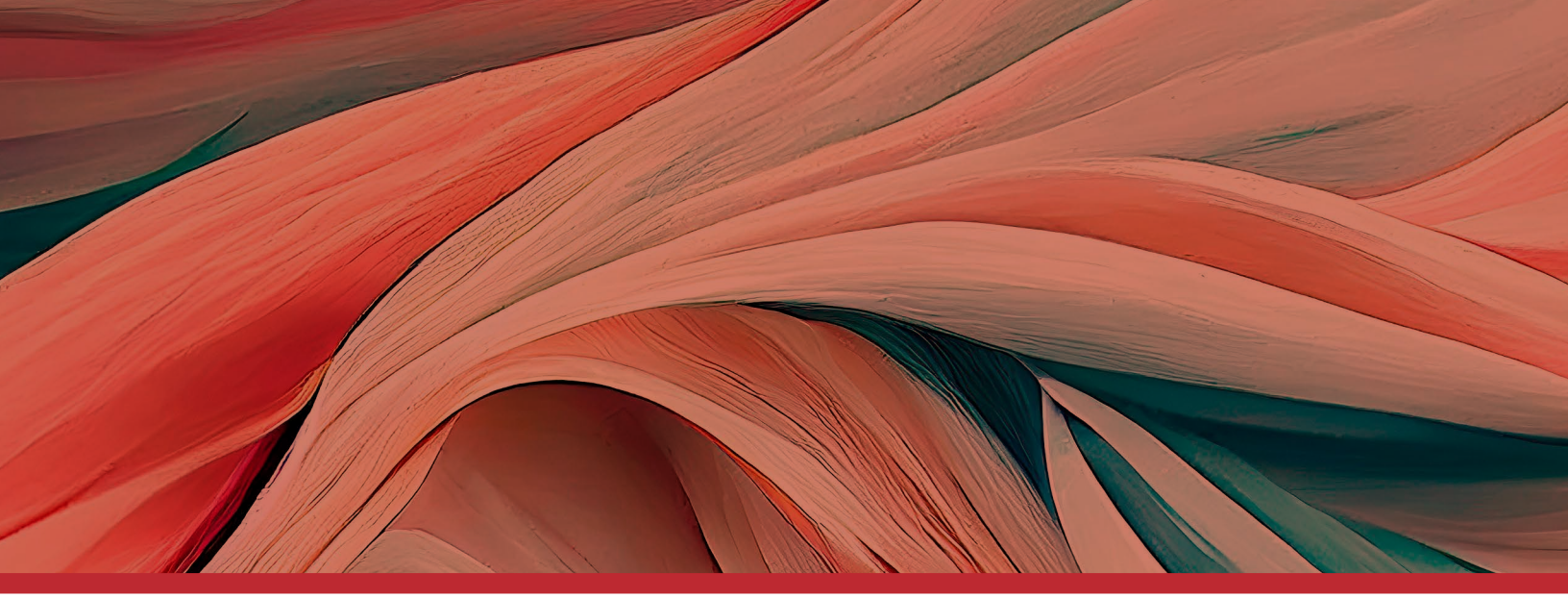

Conclusions and recommendations

Twenty years after the Second World Assembly on Ageing and adoption of the Madrid International Plan of Action on Ageing, 2002, Latin America and the Caribbean has made progress on public policies to fulfil the rights of older persons. The public agendas of the countries have increasingly focused on ageing and its multiple forms, and the institutional framework for care of older persons has been strengthened. The human rights, gender and intercultural perspectives are being integrated into public policy with greater determination, and more recently the intersectional perspective. Based on the priority directions of the Madrid Plan of Action, new discussions and approaches have been incorporated, to realize a society for all ages. Through the combined work of international organizations and governments from the region, agreements have been reached to protect the human rights of older persons; these international declarations and instruments form a road map for the governments of the region that are committed to greater understanding of the situation of older persons.[1] However, many challenges still lie ahead for full realization of older persons' human rights.

The Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean is an opportunity to analyse and assess key advances and challenges relating to ageing in the 2017–2022 period.[2] This review will take place during a very complex time for the region, marked by the coronavirus disease (COVID-19) pandemic, slow growth, high inflation, rising poverty and persistent inequalities.

Much progress has been made in the countries of the region over the last five years on the objectives and measures set out in the Madrid Plan of Action, although the pandemic has highlighted existing and new challenges that the region will have to face over the coming decades. As a result of this evaluation process, a set of conclusions and recommendations are provided, both cross-cutting and at the more specific level of the priority directions of the Madrid Plan of Action, so that all older persons may enjoy full protection of their human rights in Latin America and the Caribbean.

- In terms of knowledge creation, there is still a long way to go to obtain a thorough understanding of the political, economic, social and cultural implications of ageing. It is vital to recognize that ageing is a process that involves changes and challenges in the development process, power structures, institutional architecture, forms of living together and the way in which people are recognized as rights holders.
- In the coming years, the countries of the region should continue to strengthen mechanisms for collecting quantitative and qualitative information disaggregated by age, sex and other variables that are relevant to the principle of leaving no one behind, in order to improve assessment of ageing, forms of ageing and the situation of older persons. This entails strengthening information sources such as population and housing censuses, household surveys and administrative records, as well as producing new data to guide public policies and a fair distribution of resources. The rights, gender, intercultural and intersectional approaches are the cornerstones for building comprehensive information systems to document the realities faced by older persons.
- All the countries of the region still face the challenge of strengthening their national and subnational regulatory frameworks for the protection of older persons' rights, which also form the basis for the public policies and programmes regarding the older population. In this regard, there is a need for relevant legislative instruments that are appropriate and aligned with the rights, gender, intercultural and intersectional approaches and with the principles of the Inter-American Convention on Protecting the Human Rights of Older Persons. It is important to establish measures to train those who administer justice in the countries, to ensure that their decisions and jurisprudence are guided by respect for the human rights of older persons. It is also important to draw on the innovative legislative experiences of countries of the region concerning issues that can affect and foster protection of older persons, in areas such as the right to care, prevention of discrimination, labour inclusion and financial safeguards.

1 International instruments include: the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing (2003), the Brasilia Declaration (2007), the San José Charter on the Rights of Older Persons in Latin America and the Caribbean (2012), the Montevideo Consensus on Population and Development (2013), the Inter-American Convention on Protecting the Human Rights of Older Persons (2015), the 2030 Agenda for Sustainable Development (2015), the Asunción Declaration "Building inclusive societies: ageing with dignity and rights" (2017) and the United Nations Decade of Healthy Ageing (2021–2030) adopted in 2020.

2 As part of this process, 16 country reports were analysed (Argentina, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay), together with the report on the Caribbean subregion and other documents and databases (see methodological notes).

- Ageism is still a major obstacle to older persons' full enjoyment of human rights and must be combated head-on and resolutely. The pandemic brought new forms of discrimination and exclusion of older persons and revealed enduring negative images that portray them as a uniformly fragile and vulnerable group, who are passive recipients of assistance. It is therefore recommended that effective measures be adopted to eradicate, in all areas of public and private life, ageist practices and other forms of discrimination that overlap and are mutually reinforcing throughout life, but which affect older persons more severely. These practices create additional vulnerabilities, especially for women and for those in situations of dependency or social vulnerability, increasing the risk of abuse and violence. Efforts must also be made to increase recognition of the contributions older persons make to the development of families, communities and countries in Latin America and the Caribbean.
- It is vital to integrate the intersectional perspective into the design of public policies, programmes and measures, as it increases the visibility of the diverse nature of old age and of ageing. The intersection of gender, social stratum, ethnicity and race, territory of residence, disability, migration status and gender identity, among other factors, continues to deepen inequalities. Adopting this perspective enables consideration of the multidimensional nature of older persons' vulnerability to poverty, financial insecurity, lack of access to health services, education, and care and can thus guide public policies that guarantee older persons' rights and freedoms and make it possible to achieve the Sustainable Development Goals.
- Support for research and data collection and analysis on ageing is needed, to better understand the challenges and opportunities of population ageing, to provide policymakers with accurate and specific evidence regarding the multiple inequalities relating to ageing, and to obtain indicators that enable evidence-based monitoring of the Sustainable Development Goals and the Montevideo Consensus on Population and Development.
- States should build national capacities to address and monitor the priorities identified in the review and appraisal of the Madrid Plan of Action and capacities to design and implement new strategies with a life-course perspective that foster intergenerational solidarity, strengthen institutional mechanisms, promote training of the necessary personnel in the field of ageing and encourage sociocultural changes that contribute to older persons enjoying their human rights and exercising them fully.
- To achieve the objectives of priority direction I "Older persons and development", it is essential to close the large structural inequality gaps in the region, above all by reducing the levels of poverty and vulnerability that the pandemic has laid bare and exacerbated. Pensions, health, education, digital inclusion and care services are pillars of guaranteeing older persons' autonomy during the life course. Therefore, the countries of the region face the challenge of expanding social protection system coverage and access for older persons, especially through contributory and non-contributory pensions, with financial sustainability and an emphasis on reducing the gender gap. The social protection of older women must be ensured by designing and implementing policies, programmes and actions with a gender perspective, taking into account the inequalities that are amassed during the life course. In addition, the countries of the region should pursue mechanisms to achieve a fiscal balance in the short and medium term. Likewise, States must improve the information systems and administrative records for older persons who receive benefits under social programmes, to ensure they have up-to-date data.
- Action should be taken to boost creation of formal, decent, quality jobs for older people who wish to continue working, promoting access to social protection, extending unemployment insurance and guaranteeing sufficient income under secure conditions. Policies and programmes must also be pursued to encourage hiring of working older persons and enable them to re-join the labour force, creating information systems on their labour force participation and the design and implementation of measures to combat ageism in work.
- It is essential to regulate paid domestic work to ensure that domestic workers have access to labour rights such as fair wages, leave, severance pay, unemployment insurance, social protection and retirement pensions.
- In terms of access to education, lifelong learning must be made a reality and formal and non-formal education strategies are urgently required to enable more and more older people to learn about, use and take ownership of information and communications technology (ICT). Assessing the causes and effects

of the digital divide for this population group is therefore a valuable exercise. In addition, since Internet access is a basic service that should be accessible and affordable for the entire population, and especially the older population, the creation of a basic digital basket, consisting of a laptop, a smartphone or tablet and a connection plan, is a way to reduce barriers to ICT access.

- To achieve the objectives of priority direction II "Advancing health and well-being into old age", it is crucial to recognize that health systems are not well-equipped to meet the preventive, curative, palliative and specialized care needs of a rapidly ageing population. Establishing comprehensive noncommunicable disease prevention and control measures is a great challenge, owing to the impact of such diseases on the quality of life of those who are in old age now, but also of those who will be in old age in the future. Attention should therefore be focused on addressing social determinants of health and making progress toward universal health care, breaking down barriers relating to availability, geographical and financial accessibility, acceptability and effective coverage of health services.
- Action must be taken to strengthen primary health care, to prevent or detect chronic non-communicable and communicable diseases in a timely manner and to strengthen implementation of programmes based on integrated approaches to health, including prevention, care, treatment and rehabilitation, both physical and mental, to maintain, prolong or restore the functionality, independence and autonomy of the older population. It is also particularly important to establish programmes for the older population in the area of sexual health, since the subject has been largely overlooked, primarily owing to prejudices and stereotypes about old age.
- The mental health of older persons requires special attention. Insight into the multiple ways the pandemic has affected the older population in the region is still very limited. The prevention of mental disorders and illnesses, and their treatment and monitoring, require new approaches that contribute to a culture shift that prevents stigmatization, fear and rejection among those who suffer from such conditions, building new forms of people-centred care that also take into account caregivers.
- Measures are needed to reduce out-of-pocket expenses for older persons and their families, through programmes to ensure access to medicines —including those for mental health conditions— rehabilitation services, and orthoses, prostheses and assistive devices, to contribute to the health, independence and quality of life of persons as they age.
- The pandemic has highlighted the importance of community-based health services in disease containment and mitigation, as well as the value of home visit programmes and the potential of older persons' organizations to collaborate in health emergencies and health care. Expansion of community-based health strategies is therefore essential.
- During the pandemic, it became clear that there was a need to decisively boost training of human resources for care of the ageing population at all levels, but particularly the primary level, in order to have sufficient health and care personnel to meet the needs of the population. To achieve this, training must be enhanced through interdisciplinary programmes on ageing that cover all health professionals.
- To achieve the objectives of priority direction III, "Ensuring enabling and supportive environments" and to enable older persons to lead daily lives with autonomy and independence, it is crucial to guarantee quality basic services, promote mobility and safe accessibility of physical environments, as well encouraging positive intergenerational relations in social, community and family environments.
- In the area of urban and rural planning, there is an urgent need to apply a life-course perspective that fosters equitable and affordable access to basic physical and social infrastructure that is sustainable and available to all, without discrimination. This encompasses access to affordable serviced housing and land, drinking water, sanitation, waste disposal, modern renewable energy, Internet and other ICT, sustainable mobility, health, healthy, nutritious and appropriate diets, education and culture.
- Efforts must be made to strengthen specific measures to guarantee older persons' access to affordable, accessible, safe and sustainable public transport and urban and rural infrastructure that enables independence in the event of a decline in intrinsic capacity or of disability. Home adaptation programmes are crucial to ensure that people can age in their own communities.

- Older persons need safe spaces to live and move around in, as well as institutions that address and support this right, taking into account all aspects of the violence they experience and producing specific indicators and data on it, including on feminicides or femicides in old age.
- The harmful effects of climate change on the health and well-being of older persons require studies with a focus on rights, gender, interculturality and intersectionality, since these effects have been more severe for women, older populations, Indigenous Peoples, Afrodescendants and persons with disabilities or chronic diseases, among other people, living in higher risk geographical locations. There is a pressing need to incorporate the perspective of older persons in climate action measures.
- Public policies, programmes and measures have overlooked the issue of fostering older persons' involvement in caring for the environment. Steps must therefore be taken to acknowledge the know-how, ideas and actions that older persons can contribute to environmental conservation. Older persons must also be included in disaster recovery processes. Given the current and future climate change challenges for the region, it is important to foster inclusive community-based organization, whereby older persons play a leading role in developing strategies to mitigate its effects. It will be vital for the countries of the region to consider the needs and potential of older persons in their risk atlases and national and local civil protection systems, in order to provide inclusive humanitarian responses to humanitarian disasters, crises and conflicts.
- In order to achieve fairer societies, policies, institutions and robust legal frameworks must guarantee ageing with dignity, ensuring that rights are fulfilled, with the highest possible quality of life for the older population, their families and communities, strengthening intergenerational relations. In particular, older persons' access to justice must be guaranteed by making adjustments and giving them preferential treatment to ensure they have effective access while acknowledging the diverse forms of ageing in each country. To achieve this, countries should build or strengthen institutions for older persons, including offices of human rights advocates, making accessible mechanisms available to citizens to promote legal counsel and rights.
- The care crisis offers an opportunity to recognize, revalue, redistribute and reorganize paid and unpaid care work. Building a care society should be a key goal for the region. The sustainability of life entails understanding that we are interdependent beings who need and provide care throughout the life course and that only through substantive equality can we move towards a fairer society, with well-being and a balance between human beings and nature.
- Long-term care is an enormous challenge, and one that was laid bare by the pandemic. Expansion of long-term care infrastructure is therefore one of the major hurdles to overcome in the next decade. In view of this, the region should encourage formulation and application of long-term care policies, as well as conducting research on care strategies with models centred on older persons and promoting long-term care as a positive social and economic investment and a source of job creation. National registry systems must be developed for long-term care institutions and workers, with legislative and administrative mechanisms within countries to regulate their work, thus guaranteeing full respect for the human rights of older persons living in such institutions.
- Special attention must be given to palliative care. Making the right to palliative care a reality requires: measures that enable specialized interdisciplinary teams to receive instruction, training and refresher courses; expansion of in-hospital and out-of-hospital infrastructure to provide accessible, affordable, high-quality, person-centred services to those who need them; strengthened legislation; availability of medicines; and interdisciplinary research.
- There is a need to develop universal, collaborative policies based on the principle of solidarity and social co-responsibility that put care at the centre of actions. States will have to make great efforts to build public care systems that are equipped for the coming decades, but construction of such systems will also be a watershed in terms of the social organization of care, with equitable distribution of the participation and responsibilities of the State, the market, the community and the family. This would not only affect dependants, but also reduce the gender inequalities caused by the sexual division of labour. Care is a dynamic and heterogeneous process, which is experienced throughout the life course and which enables people to live with well-being. The development of long-term public policies is key to ensure the right to give and receive care, with robust institutions and legislation to regulate care work and provide mechanisms to lighten caregivers' workloads.

Methodological notes

The review and appraisal of the Madrid International Plan of Action on Ageing allows for analysis of the key advances and challenges in the area of ageing within the framework of the Fifth Regional Intergovernmental Conference on Ageing and the Rights of Older Persons in Latin America and the Caribbean.

In order to assist the countries of Latin America and the Caribbean in submitting their national reports, the Economic Commission for Latin America and the Caribbean (ECLAC), in its role as technical secretariat of the Regional Conference, has prepared the *Guide for the preparation of country reports on the implementation of the Madrid International Plan of Action on Ageing, 2002*,[3] providing a preparation methodology and suggested structure for the country report and recommending participation by the different government institutions involved in policies for older persons, as well representatives of national civil society organizations for this population group. The *Guide* was launched on 26 August 2021, with 30 government officials representing 17 countries in Latin American and the Caribbean in attendance.[4] Between September and December 2021, 11 individual or group online technical assistance meetings were held for 19 countries in Latin America and the Caribbean that requested them. Between November 2021 and February 2022, a total of 16 reports were received, whose preparation was coordinated by country focal points, convening government institutions, national civil society organizations and the academic sector (see table A.1).

Table A.1
Country reports on the implementation of the Madrid International Plan of Action on Ageing

Country	Institution responsible for preparing the country report	Number of participating institutions	Number of participating civil society organizations	Number of participating educational institutions
Argentina	National Directorate of Policies for Older Persons, which reports to the National Secretariat for Children, Adolescents and Family of the Ministry of Social Development of Argentina.	7	...	...
Bolivia (Plurinational State of)	Ministry of Justice and Institutional Transparency (MJTI)	32	5	...
Brazil	National Secretariat for the Promotion and Defence of the Rights of Older Persons (SNDPI) of the Ministry of Women, Family and Human Rights	14	1	...
Chile	National Older Adult Service (SENAMA)	63	71	...
Colombia	Ministry of Health and Social Welfare (MSPS)	25	25	...
Costa Rica	National Older Adult Council (CONAPAM)	12	2	4
Cuba	Longevity, Ageing, and Health Research Centre (CITED)	8	2	3
Guatemala	Ministry of Social Development (MIDES)	9	...	...
Honduras	Older Persons Directorate (DIGAM) of the Development and Social Inclusion Secretariat (SEDIS)	5	5	2
Mexico	National Institute for Older Persons (INAPAM)	18	...	...
Panama	Ministry of Social Development (MIDES), through the National Older Persons Coordination Service (CNAM).	12	7	3
Paraguay	Ministry of Public Health and Social Welfare (MSPBS), through the Social Welfare Institute and its Older Persons Directorate.	8	5	...
Peru	Ministry of Women and Vulnerable Groups (MIMP), through the Older Persons Directorate	23	8	...
Dominican Republic	National Council on Ageing (CONAPE)	18	16	...
Uruguay	National Institute for Older Persons, Ministry of Social Development	5	2	...
Venezuela (Bolivarian Republic of)	National Institute of Social Services (INASS)	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the respective country reports.

3 See ECLAC (2021).
4 The Bahamas, Belize, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guyana, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Kitts and Nevis, Sint Maarten and Uruguay.

To prepare this regional report on the implementation of the Madrid International Plan of Action on Ageing, the information provided in the 16 national reports was systematized using two strategies that consider as key drivers the priority directions and objectives proposed in the *Guide for the preparation of country reports on the implementation of the Madrid International Plan of Action on Ageing, 2022:*

(1) A hermeneutic unit called "Regional Report" was created using the ATLAS.ti software with codes reflecting the priority areas and objectives set out in the *Guide*. The codes were then used to create a basis for extracting and analysing the key drivers.

(2) A qualitative and quantitative database was constructed to organize the responses to the *Guide* provided by each country, enabling quantification of the policies, laws and initiatives implemented by the countries of the region.

Likewise, an analysis was performed of the population and housing census databases of the countries of the region and of CEPALSTAT and an exhaustive review was conducted of the literature, databases and regional and international reports for the 2017–2022 period.

In Latin America and the Caribbean, population ageing —a demographic phenomenon that is characterized by an increase in the proportion of older persons and the lengthening of the life cycle— presents both opportunities and challenges for public policy. This document presents the report of Latin America and the Caribbean for the fourth review and appraisal of the Madrid International Plan of Action on Ageing, 2002. The report analyses the current situation of ageing in the region and the protection of the human rights of older persons, highlighting the institutional progress made. It examines the interlinkages between older persons and development, with a focus on social protection, labour market participation and the promotion of health and well-being in old age. The report also assesses progress in creating age-friendly physical, social and cultural environments, promoting a cultural change and preventing discrimination and violence against older persons. Lastly, it addresses the care of older persons, including long-term and palliative care, with a view to promoting comprehensive care systems that ensure co-responsibility between the State and society and between women and men.

E C L A C

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