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**REPORT OF THE 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**

Santiago, Chile, 19-21 November 2003

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## **A. ATTENDANCE AND ORGANIZATION OF WORK**

### **Place and date of the meeting**

1. The 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 was held in Santiago, Chile, from 19 to 21 November 2003.

### **Attendance**

2. The Conference was attended by representatives of 30 States members of the Economic Commission for Latin America and the Caribbean: Antigua and Barbuda, Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Haiti, Honduras, Italy, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Spain, Trinidad and Tobago, United States of America, Uruguay and Venezuela.

3. Also attending were representatives of three associate members of the Commission: Anguilla, Aruba and Puerto Rico.

4. In accordance with paragraph 6 of the terms of reference of the Commission, representatives of the following five States Members of the United Nations not members of the Commission participated in an advisory capacity: Morocco, Poland, Romania, Russian Federation and Switzerland.

5. Also attending as an observer and in an advisory capacity was a representative of the Holy See.

6. In addition, the meeting was attended by many special guests, whose names are given on the list of participants.

7. A representative of the Department of Economic and Social Affairs of the United Nations Secretariat in New York was also present.

8. The following United Nations fund was represented at the meeting: United Nations Population Fund (UNFPA).

9. Also attending were representatives of the following specialized agencies of the United Nations: International Labour Organization (ILO), World Health Organization/Pan American Health Organization (WHO/PAHO) and World Bank – International Bank for Reconstruction and Development (IBRD).

10. The following intergovernmental organizations participated in the meeting: Inter-American Development Bank (IDB), European Union, Ibero-American Intergovernmental Network for Technical Cooperation and Secretariat for Ibero-American Cooperation.

11. The following non-governmental organizations were also present: Caritas Internationalis, Federación Iberoamericana de Asociaciones de Personas Adultas Mayores, HelpAge International, Red TIEMPOS – Latin American and Caribbean Network of Programmes for Older Persons, Mesa de Trabajo de ONGs y Afines sobre Personas Adultas Mayores, International Social Security Association, Federación Regional de Uniones Comunales de Adultos Mayores, Fundación Universidad Nicaragüense

de la Tercera Edad, Corporación Coordinadora Nacional del Adulto Mayor, Red de Programas para el Adulto Mayor, Red de Organizaciones de Adultos Mayores de América Latina y el Caribe and Fundación Adulto Mayor de España.

### **Chairperson and Rapporteur**

12. The participants in the 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 elected the following officers:

<u>Chairperson:</u>	Chile
<u>Vice-Chairpersons:</u>	Mexico and Jamaica
<u>Rapporteur:</u>	Nicaragua

13. In addition, a drafting group was formed to prepare the text of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

### **B. AGENDA**

14. The participants in the Conference adopted the following agenda:

1. Election of officers
2. Adoption of the agenda
3. Status of older persons in Latin America and the Caribbean and a proposed follow-up methodology
4. Country statements
5. Older persons and development
6. Health and well-being of older persons
7. Enabling environments for older persons
8. The status of older persons as viewed from the perspective of government networks and civil-society organizations
9. International cooperation for the implementation of the Regional Strategy
10. Presentation of the Regional Strategy
11. Adoption of the Regional Strategy

### C. SUMMARY OF PROCEEDINGS

15. At the opening meeting statements were made by Mr. Daniel Blanchard, Secretary of the Commission; Mr. Ricardo Infante, Director of the Subregional Office for the Southern Cone of Latin America of the International Labour Organization (ILO); Mr. Joxel García, Deputy Director of the Pan American Health Organization (PAHO); Ms. Marisela Padrón, Regional Director for Latin America and the Caribbean of the United Nations Population Fund (UNFPA); and Mr. Rodrigo Egaña Barahona, Under-Secretary in the Office of the Minister-Secretary General of the Presidency of Chile.

16. The Secretary of the Commission welcomed the participants and thanked the Government of Chile, which, along with ECLAC, had been jointly responsible for organizing the meeting; he also thanked the Government of Italy, UNFPA and PAHO for their financial and substantive support. The major challenge for the Conference was to define the strategy that the countries of the region would adopt in order to move forward with the implementation of the Madrid International Plan of Action. To that end, the Inter-Agency Group on Ageing had prepared an analysis of the situation of older persons in the region. The countries should have inclusive systems of social protection and health-care systems that met the needs of older persons; at the same time, they should eliminate age discrimination and promote the independence and active participation of older persons. The countries needed to make far-reaching changes in their forms of social and economic organization in order to adapt them to a context where there were fewer young people and more older persons, and must foster a cultural change aimed at building a “society for all ages”. He reiterated the Commission’s commitment to the issue and its support for the countries’ efforts to progress in that regard, and wished the participants success in their deliberations.

17. The Director of the ILO Subregional Office for the Southern Cone of Latin America referred to the demands being made of the region’s labour market, which included reducing poverty, improving gender equality, providing jobs for young people, reducing unemployment and redressing the growing precariousness of employment. Priorities should be established in accordance with the Decent Work Agenda launched by ILO and endorsed by its three constituents: workers, employers and Governments. In all the countries, however, workers as a group had very little power, employers pursued competitiveness on their own terms and government ministries of labour had too little influence over policy-making. Moreover, adjustment and liberalization processes had had undesirable repercussions on the labour market. The region’s current rates of unemployment, informal employment and precarious employment were the highest in its history, and the countries were not in a position to devote more resources to solving those problems. ILO could contribute by preparing assessments of the labour situation of older persons, with a view to formulating a comprehensive strategy for the implementation of the Madrid International Plan of Action from the perspective of decent work.

18. The Deputy Director of PAHO said that the new public health challenge in Latin America and the Caribbean was to maintain the health and capacities of older persons. To that end, information and statistical systems concerning that population group must be revamped and improved so that the countries’ current situation and prospects in terms of population ageing could be accurately understood. The countries should adopt forward-looking government strategies focusing on long-term care, with priority attention to the disabilities and chronic illnesses associated with old age. Proper training of medical and health-care personnel in the areas of gerontology and geriatrics was essential, since specialized treatment and primary care for older persons were still in very short supply in most of the countries.

19. The Regional Director of UNFPA said that ageing had been given increasing prominence in the Fund's programmes of work and in the public policies of the region's countries since the 1994 International Conference on Population and Development and, especially, the 2002 World Assembly on Ageing, held in Madrid. However, there were still many pending issues that must be addressed immediately by Governments, international agencies and other institutions. They included the economic insecurity of a large proportion of the population, the shift towards contributory social assistance schemes and away from the redistributive approach, the continuing exclusion of women from full participation in all aspects of society and the predominance of precarious employment and self-employment in the labour market. The demographic dividend gave countries an opportunity to make long-term investments and to significantly reduce rates of economic dependency, creating conditions in which older persons could become full participants in society, preserve their health and exercise their rights. The work of the Inter-Agency Group on Ageing provided valuable support for government initiatives in that sphere. The UNFPA infrastructure throughout the region stood ready to support the member States in the implementation of their initiatives and strategies for older persons.

20. The Under-Secretary in the Office of the Minister-Secretary General of the Presidency of Chile said that the Conference was responding to a critical challenge, as shown by the fact that the percentage of older persons out of the total population had expanded steadily in his country over the last 10 years. Chile's efforts to improve the situation of older persons had included the establishment of the National Service for Older Adults, which advocated, among government institutions, an approach in which ageing was seen not only in terms of assistance, but also as a cross-cutting issue that must be addressed in all public policies. The key aspects of his country's policy on ageing included the refocusing of health care, which had previously concentrated on maternal and child health, to reflect the need for geriatric care, with emphasis on preventive medicine; the consolidation of socio-economic guarantees for older persons; and the development of active civic participation by that segment of the population through the promotion of collective activities that strengthened private and public assistance networks. The participants in the Conference should consider measures for promoting a more positive, enriching view of old age, increasing interaction between different generations and decisively supporting older persons' integration within the family. Regional cooperation and coordination among the Latin American and Caribbean countries, which the Conference sought to enhance, were essential for enabling the countries to attain all those goals.

Status of older persons in Latin America and the Caribbean and a proposed follow-up methodology (agenda item 3)

21. The Officer-in-Charge of the Population and Development Area of the Population Division of ECLAC – Latin American and Caribbean Demographic Centre (CELADE) introduced the document “Las personas mayores en América Latina y el Caribe” (summarized in the document “Older persons in Latin America and the Caribbean: Situation and policies”), which had been prepared by ECLAC with support from the entities members of the Inter-Agency Group on Ageing: the United Nations Population Fund, the Pan American Health Organization, the Inter-American Development Bank, the International Labour Organization, the World Bank and the United Nations Programme on Ageing. The document presented an assessment of the phenomenon of ageing in the region and of policies for the development of a society for all ages. In analysing the situation of older persons in Latin America and the Caribbean, the study focused on three thematic areas: economic security, health and well-being and enabling environments, including both physical and social environments.

22. After the introduction statements were made by the representatives of a number of member States, who congratulated the Inter-Agency Group on Ageing on its work, recalled the role of civil society in the processes mentioned, described the specific features of the situation in the Caribbean and highlighted the need to promote the idea that ageing represented an opportunity, not a problem, for the citizens of the region's countries.

#### Country statements (agenda item 4)

23. The following delegations made statements describing the main policies and programmes being implemented in their countries: Colombia, Mexico, Jamaica, Uruguay, Panama, Bolivia, Barbados, Peru, Dominican Republic, Trinidad and Tobago, Cuba, Brazil, United States of America, El Salvador, Saint Lucia, Anguilla, Argentina, Puerto Rico, Venezuela, Nicaragua, Costa Rica, Ecuador and Spain (in the order in which they took the floor).

24. The delegations described the legal and organizational advances made in their countries in relation to older persons, as well as the main policy initiatives and programmes carried out since the Second World Assembly on Ageing. They also mentioned the difficulties encountered in systematizing statistics on that segment of the population, and stressed the need to continue to strengthen and support dialogue, coordination and cooperation with the whole range of social stakeholders.

25. The region's Governments gave high priority to broadening social security coverage, specifically by increasing the purchasing power of pensions and by strengthening non-contributory schemes and health-care coverage, with special emphasis on the informal sector of the labour market, rural areas, women, people with disabilities and the poor. Efforts were being made to create health-care systems that covered not only the treatment of disease, but also prevention, the treatment of long-term conditions related to old age and rehabilitation, as well as education and training systems for technicians and professionals, particularly in public administration and the health-care system. It was important to spell out the rights of older persons and to give those rights the force of law, with a view to facilitating older persons' active participation in social and economic life and preventing discrimination and abuse. The delegations highlighted the assistance provided by international agencies, the importance of close coordination among countries of the region and the need to involve older persons in those initiatives, not only as beneficiaries but also as actors in the process.

26. Several delegations highlighted the importance which their Governments attached to broadening social security coverage, and specifically to increasing the purchasing power of pensions, non-contributory schemes and health-care coverage, with special emphasis on the informal sector of the labour market, rural areas, women, people with disabilities and the poor. The delegations also described initiatives to incorporate older persons into productive and other activities, such as loans for microenterprises managed by older persons, awards and contests to foster creativity and solidarity, support networks to alleviate the effects of natural disasters, social volunteer programmes and other measures. Mention was also made of recreational and cultural experiences, especially those aimed at strengthening intergenerational and community relations, which were vital for the development of society as a whole.

27. Representatives of the small island States of the Caribbean underscored the role of migration in heightening the vulnerability of many older persons in those countries. Non-governmental organizations had been very active in independent actions to assist and support older persons, since the subregion's Governments found it very difficult to cover the specific needs of that population group.

Older persons and development (agenda item 5)

28. Mr. Aurelio Fernández López, Commissioner of the Organizing Committee for the Second World Assembly on Ageing, acted as moderator for the panel discussion on older persons and development. Mr. Fabio Bertranou, specialist in social security and welfare at the International Labour Organization, made a general presentation on the subject, noting the importance of integrating employment and social protection policies so that policies to help one population group did not have negative effects on another group. The State could best promote healthy ageing by playing a guiding role, addressing social risks and providing decent working conditions for young people entering the labour market.

29. Mr. Helmut Schwarzer, Secretary of Social Security of Brazil, described the reform of Brazil's pension system to reduce evasion and improve services. He also enumerated the system's positive achievements—such as the extension of coverage, particularly of non-contributory programmes—and highlighted its importance for stopping the spread of poverty and reducing the need for older persons to re-enter the labour market.

30. Mr. Ovidio Pacheco Salazar, Minister of Labour and Social Security of Costa Rica, said that ageing was both a triumph and a challenge for contemporary society. He emphasized the valuable contributions that older persons could make if they were given the necessary tools for re-entering the labour force or performing volunteer work.

31. Mr. Rafael Rofman, Senior Economist at the World Bank, referred to the drawbacks of current social security systems, such as the very low coverage of informal-sector workers, despite the reforms introduced. The main challenge was to redefine the systems' focus in order to balance their three functions of combating poverty, redistributing resources and adjusting consumption patterns. Another problem concerned the quality of information on social security, which must be improved.

32. Ms. Nieves Rico, Social Affairs Officer of the ECLAC Women and Development Unit, pointed out that pension systems added further inequalities to the ones women experienced throughout their lives. Equity in pension systems could be achieved by including individuals by virtue of their status as citizens, rather than their employment, family or marital status.

33. Mr. Sergei Zelenev, Chief of the Social Integration Branch of the United Nations Division for Social Policy and Development, emphasized the need to build a society for all and reduce social vulnerability in the framework of human rights, and to take a bottom-up approach to implementation that linked local and national activities to the regional and global levels.

Health and well-being of older persons (agenda item 6)

34. Mr. Milton Pesce, Under-Secretary of the Ministry of Health of Uruguay, moderated the panel discussion on the health and well-being of older persons. Ms. Martha Peláez, Regional Adviser on Health and Ageing of the Pan American Health Organization, emphasized in her introduction that the health problems accumulated over each individual's lifetime were one important aspect of ageing. In order to counteract the increase in cardiovascular diseases as a result of nutritional and cultural changes, educational initiatives should be carried out to promote healthy lifestyles and health-care services should place stronger emphasis on prevention. Statistics were also needed in order to evaluate the development of health-care systems. The other panellists also referred to those concepts.



35. Mr. Enrique Vega, Director of the Programme for Older Adults of the Ministry of Health of Cuba, said that the potential for achieving better, more comprehensive and more continuous health-care coverage in order to maximize the autonomy of older adults and, especially, to protect the most fragile depended to a large extent on the adaptation of professional training to the new needs of rapidly ageing societies.

36. Mr. Herbert Sabaroche, Minister of Health and Social Security of Dominica, emphasized the importance of family support in enabling people to achieve a healthy and active old age. It was important to take advantage of the experience and wisdom that older adults had to offer.

37. Mr. Pedro García, Minister of Health of Chile, referred to the reform of the health-care system in Chile to provide guaranteed access to quality services and to reduce inequalities. He called for increased participation by organized civil society in those areas.

38. Ms. Denise Eldemire-Shearer, Chairperson of the National Council on Ageing of Jamaica, observed that the State should establish policies to support the rights of disabled older persons who needed long-term care, to improve the provision of services to those persons and their caregivers and to prevent abuse. Such services required individual, family and community participation and went beyond the provision of health care alone.

#### Enabling environments for older persons (agenda item 7)

39. Ms. Carmen Largaespada, Minister of the Family of Nicaragua, served as moderator of the panel discussion. Mr. Tomás Engler, a health specialist in the Inter-American Development Bank's Division of Social Programs, outlined the concept of successful ageing, which was based on the objective criteria set out in the core document of the Second World Assembly on Ageing. Actions in that regard should promote a positive image of old age, support the option of ageing at home and build an enabling environment for older persons in all their spheres of activity.

40. Ms. Sonia Tschorne, Under-Secretary of the Ministry of Housing and Urban Planning of Chile, stressed that housing assistance programmes for older persons must be coherent and must reflect the needs of the beneficiaries. Preference should be given to upgrading existing housing so that older persons could stay in their own homes.

41. Mr. Clayton Springer, Director of the National Assistance Board of Barbados, said that healthy older persons must be actively engaged in the process of creating an enabling environment and in initiatives at all possible levels. As part of a massive urban renewal initiative, the Government of Barbados had provided new housing for indigent older persons. Free public transport was available to all retirees and the fleet of wheelchair-accessible buses had been expanded.

42. Mr. Manuel Pereira, Director of the National Service for Older Adults of Chile, said that the main obstacles to the eradication of violence and discrimination against older persons were the persistence in society of myths about old age, the influence of those myths on certain public policies and the victimization and exclusion of older persons, even in terms of consumption habits. The communications media, as powerful agents of social change, had a major role to play in altering those perceptions.

43. Ms. Sonia Artola de González of the Senior Citizen Unit of the National Secretariat for the Family of El Salvador said that because awareness-raising efforts in society were as yet insufficient, cases of violence against older persons often went unreported. She called for family and community involvement and educational campaigns to eradicate elder abuse.

The status of older persons as viewed from the perspective of government networks and civil-society organizations (agenda item 8)

44. Mr. Rogelio Fernández-Castilla, Director of the Technical Assistance Team of the United Nations Population Fund, moderated the panel discussion.

45. Mr. Pedro Arroyo, President of the National Institute of Geriatrics and Gerontology of Venezuela, described how the Government organized services for older persons in Venezuela. The programmes carried out, which included initiatives on literacy, completion of secondary-school and university studies and integration of family physicians into the community, were in great demand. He mentioned the difficulties of community organization, but also its positive multiplier effects, and underscored the importance of international cooperation to supplement scarce resources.

46. Mr. Pedro Borda, Director of the National Institute for Older Adults of Mexico, said that policy changes must not run counter to the general principles on which the policies were based. Comprehensive, unified public policies must be developed for older and disabled persons at the regional level. He cited examples of exchanges between countries for that purpose, with special emphasis on the work of the Ibero-American Intergovernmental Network for Technical Cooperation.

47. Mr. Lucio Díaz of Red TIEMPOS referred to the objective of strengthening partnership between the State and organized civil society. The building of bridges between generations would help dispel the negative stereotypes of old age that led to discrimination and inequalities, and would enable the countries to use the capacities of an active, independent, socially integrated older population as an instrument of development.

48. Ms. Valerie Mealla, Regional Representative of HelpAge International, said that programmes for older persons could not fully succeed unless they were based on research that took into account the views of older persons themselves. She cited examples of sound practices in that regard, which could be extended to other levels. Older persons' representation and political participation should be extended to the follow-up and monitoring of national and international plans on ageing.

International cooperation for the implementation of the Regional Strategy (agenda item 9)

49. The panel discussion was moderated by Ms. Marta Beatriz Rondón, Director-General of the Older Adults Department of the Ministry of Women and Social Development of Peru.

50. Mr. Manuel Sánchez Montañés, Executive Secretary of the Ibero-American Intergovernmental Network for Technical Cooperation described how the Network functioned and said that decisive political will was needed to enhance the efficiency of social policies in the region. Coordinated efforts and bilateral and multilateral collaboration were vital for taking full advantage of technical cooperation projects and programmes.

51. Ms. Josefina Carbonell, Assistant Secretary for Ageing of the United States Department of Health and Human Services, stressed the need for developed and developing countries to mutually enrich each other's models of assistance for older persons. The infrastructure for senior citizen services in the United States was based on input from the Latin American and Caribbean countries. She commended the Pan American Health Organization for its efforts, particularly its advocacy on the need to include ageing as a cross-cutting issue in public policies in the region. A number of fruitful bilateral cooperation initiatives had been carried out on chronic illnesses and special nutritional requirements of older persons. With

respect to the terms used to refer to the older population, steps should be taken to encourage the use of appropriate language that was supportive of older persons and upheld their dignity.

52. Mr. Alexandre Kalache, Chief of the Ageing and Health Programme of the World Health Organization, said that the developing countries, paradoxically, were subsidizing health care in the developed countries, since large numbers of medical and health-care professionals migrated to those countries, often working longer hours with lower pay. Despite the developed countries' international commitments, the amounts they budgeted for technical assistance and cooperation were still minimal in comparison to items such as agricultural subsidies. The developed countries had grown rich before their populations had grown old, while the developing countries were growing old before they had even achieved a minimum level of well-being. That serious imbalance made it essential to promote horizontal cooperation. The culture of ageing was a culture of solidarity, which must be translated into action. A new international cooperation paradigm was needed.

53. Several delegations referred to the distinguished career of Ms. Julia Álvarez, the former Permanent Representative of the Dominican Republic to the United Nations, whose efforts on behalf of older persons had given a decisive impetus to many crucial initiatives in that regard, and who was herself an exemplar of what older persons' potential for leadership, progress and innovation was capable of achieving.

#### Presentation and adoption of the Regional Strategy (agenda items 10 and 11)

54. The delegations of the States members of the Commission adopted the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, the text of which, having been agreed upon by the drafting group, was distributed to the participants in the Conference.

55. The Chairperson pointed out that the document, which was adopted by consensus, was the product of three days of exhaustive and enthusiastic debate by the members of the drafting group.

56. The representative of the United States made the following statement:

“The United States can join consensus on this document with the understanding that no language in the document, particularly paragraph 33(a), can be construed or understood to promote the legalization or expansion of abortion or abortion services in any way.

In addition, we note with disappointment the inability to participate fully in the negotiations of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

The inability to share our views resulted in a missed opportunity for the cordial relations that should exist among our countries and the climate of a free exchange of ideas that should be the hallmark of ECLAC. Our delegation conducted an exhaustive consultative process about the draft regional strategy as we prepared to contribute to this effort. We received input from our best experts on these issues. We hope that in future forums, all members will have the ability to participate fully without boundaries and to constructively benefit from all views and expertise.”

57. At the closing meeting of the Conference, the representative of Mexico read out the following text: “The representatives of the Latin American and Caribbean countries wish to express our deep appreciation to the Government of Chile, and especially to the National Service for Older Adults, for the leadership they have demonstrated in taking on the task of facilitating the preparation of the Regional Strategy at the Regional Intergovernmental Conference on Ageing, held in Santiago, Chile. The participants in the Second World Assembly on Ageing (Madrid, Spain, 2002) mandated the mobilization of political support in the region, and the Government of Chile, by offering to host the Conference, played a vital role in making this important event possible. We therefore wish to express our deepest appreciation and gratitude to the Government of Chile for having taken the lead in organizing the Conference, in a most efficient manner, in conjunction with the Economic Commission for Latin America and the Caribbean. As the delegations attending the Conference were of a high level and the substantive materials prepared were of very good quality, we have high hopes with regard to future work in this area, which will undoubtedly enjoy the full support of all the countries and agencies present. Once again, we thank the Government of Chile and the National Service for Older Adults, and we encourage them to continue to lead efforts to promote active ageing and the interests of older adults in our region”. The representatives of the Latin American and Caribbean countries participating in the Conference then associated themselves with the content of that text.

#### **Closing meeting**

58. At the closing meeting, statements were made by Mr. Miguel Villa of the Population Division of ECLAC – CELADE and by the Chairperson of the Conference. Both speakers said that they appreciated the active and constructive participation of all those attending and underscored the importance and usefulness of the Regional Strategy, which would guide subsequent efforts in the countries of the region in the framework of cooperation and the exchange of experiences. They highlighted the work of the Inter-Agency Group on Ageing, whose interdisciplinary approach had enriched the debates at the Conference and would promote the implementation of the Regional Strategy. ECLAC, as secretariat of the Conference, was grateful for the support received from the Government of Chile.

#### **Report of the Rapporteur**

59. The Rapporteur gave an oral report briefly recalling the proceedings of the Conference and noting that the participants were significantly representative of the region’s stakeholders. The presentations given by both national delegations and panellists had made it possible to identify priority issues, put forward proposals for improving public policies in those areas and foster a debate in which the issue of ageing had been approached from many different angles. Also noteworthy was the willingness expressed by the representatives of intergovernmental networks, international cooperation agencies and civil-society organizations to continue to work with the countries of the region in implementing the Regional Strategy agreed upon by the drafting group and adopted by the Conference participants.

**REGIONAL STRATEGY FOR THE IMPLEMENTATION IN LATIN AMERICA  
AND THE CARIBBEAN OF THE MADRID INTERNATIONAL  
PLAN OF ACTION ON AGEING**

The Latin American and Caribbean countries participating in the 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, held in Santiago, Chile, from 19 to 21 November 2003,

Considering that:

**I. GENERAL CONSIDERATIONS:**

1. The adoption of the Madrid International Plan of Action on Ageing and of the Political Declaration on 12 April 2002 was a landmark event in the treatment of the issue of population ageing throughout the world.
2. The context of the demographic transition under way in Latin America and the Caribbean reveals that the region[’s population] is gradually but inexorably ageing. This is a generalized process, in which all the countries are advancing towards the “greying” of their societies. Nevertheless, the situation varies from one country to another: some countries are at an advanced stage of population ageing, while others are at the opposite extreme, at an incipient stage of the process. Therefore, although their medium- and long-term challenges may be similar, their short-term priorities may differ.
3. The process of population ageing is the result of a steady decline in fertility rates, inward and outward migration for some countries and an increase in life expectancies. These phenomena reflect societies’ increased ability to avert early death and to enable couples to freely determine the number of children they wish to have. From this perspective, ageing constitutes a success story in terms of public health and the exercise of rights.
4. The fact that the population structure is growing older poses challenges that are made more complex by traits of the process itself and by the situation in the region. First, the population is ageing at a more rapid pace, and will continue to do so in the future, than the rates recorded in the past by today’s developed countries. Second, this is taking place in a context of high poverty rates, a high and rising rate of labour force participation in the informal market, persistent and acute social inequity, a low level of institutional development and limited social security coverage. In addition, greater difficulties may arise in the future if the children of the younger cohorts, who will be the ones providing support for the older generations, are not able to secure enough resources to compensate for the fact that their family networks are smaller and if the State does not provide support for the services that are now furnished, especially by women, within the family.

5. Nevertheless, the increased investment in the human capital of new generations made possible by the decline in fertility rates permits the creation of conditions for the maintenance of family support. At the same time, the decrease in fertility rates has created a window of opportunity owing to the lower rate of demographic dependency and the resulting reduction in the burden placed on the working-age population by boys, girls, adolescents and older persons.
6. The ageing process clearly displays a number of gender-, ethnically- and racially-based inequities that have an impact on the quality of life and inclusion of older persons. In general, these groups occupy an unsatisfactory position in the labour market (lower wages and more precarious contractual conditions). Women, in addition, owing to breaks in economic participation associated with childbearing and their greater longevity, are in a more disadvantageous position vis-à-vis social security systems. Consequently, the goal of gender, ethnic and racial equity is a fundamental policy condition and entails the elimination of all forms of discrimination.
7. The general goal of this regional strategy is to define priorities for the implementation of the Madrid International Plan of Action on Ageing, which is based on the United Nations Principles for Older Persons (independence, participation, care, self-fulfilment and dignity) and is set within the framework of the commitments made in the Millennium Declaration.
8. It also sets forth general guidelines that underlie the proposed goals, objectives and actions, including the following:
  - (a) Active ageing —understood as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as persons age— fosters people’s self-esteem and dignity and the full exercise of all their human rights and fundamental freedoms.
  - (b) The central role of older persons in the achievement of their own economic well-being calls for their full integration into the labour market and access to continuing education and training opportunities that enable them to narrow generation and gender gaps.
  - (c) One of the hallmarks of older persons as a group is their heterogeneity, owing to differences of age, gender, socio-economic level, ethnic identity, migratory or displaced status and urban or rural residence, among others.
  - (d) A life-cycle approach and a long-term prospective vision must be adopted in order to understand ageing as a process which spans each individual’s entire life and which, in consequence, makes it necessary to consider the effects during old age of actions carried out at earlier stages.
  - (e) Intergenerational solidarity is a fundamental value in guiding measures targeting older persons. The aim is to move forward in building an attitude of respect, support, encouragement and exchange among generations.
  - (f) The incorporation of the issue of ageing into the development process as a whole and into public policies, with the attendant reallocation of resources among the generations, is one of the adjustments that need to be made in order to address the problems encountered by demographically older societies. In these societies, a new social covenant is required in which the whole of society takes part with a view to achieving the eradication of poverty and a better quality of life for older persons in the region.

## II. OLDER PERSONS AND DEVELOPMENT

9. Development involves not only a country's ability to produce a larger amount of goods and services at high levels of productivity, but also the availability and equitable access to those resources for all its inhabitants and the creation of conditions for personal self-fulfilment within a context of security and dignity.
10. Old age represents the continuation of a series of achievements and the maturation of a person's life experience, and older persons' participation in development contributes an interrelationship with their fellow citizens which is enriching for all concerned.
11. A fundamental component of older persons' quality of life is their economic security, defined as the capacity to independently have and use an adequate quantity of economic resources on a sustained basis so that they can live with dignity and achieve quality of life in old age.
12. Conditions with respect to economic security in many of the Latin American and Caribbean countries are insufficient and inequitable, especially for women, rural inhabitants and ethnic and racial groups.
13. Many older persons would like to continue working or pursuing projects that would enable them to generate income, remain active or seek personal fulfilment. In most cases, however, they lack access to credit and to the training needed to engage in such activities.
14. Older persons carry out different kinds of activities that redound to their own and the community's benefit through their participation in organizations composed exclusively of older adults or intergenerational organizations and, in general, they generate positive changes in terms of their living conditions and their empowerment as a social group.
15. Many older persons in the region do not have access to opportunities for continuing education, even though they are the group with the lowest level of schooling and a high rate of illiteracy, especially among women.

The following overall goal is therefore established:

- A. 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**

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

### 16. Objective 1: Promote the human rights of older persons

#### **Recommendations for action:**

- (a) Explicitly incorporate the rights of older persons at the level of policy, legislation and regulations.

- (b) Formulate and propose specific legislation to define and protect these rights in accordance with international standards and the instruments accepted by the States.
- (c) Create oversight mechanisms through the relevant national agencies.

**17. Objective 2: Promotion of access, under conditions of equality, to decent employment, continuing training and credit for individual or community undertakings**

**Recommendations for action:**

- (a) Apply the provisions of International Labour Organization recommendation No. 162 referring to the promotion of policies of equality of opportunity and treatment for workers of all ages.
- (b) Conduct campaigns directed at interlocutors in the public and private labour markets in order to raise awareness and promote the productive potential of older persons.
- (c) Generate incentives for the participation of older persons in paid and unpaid (volunteer) work.
- (d) Offer programmes to develop the labour and other skills of older persons at the individual and organizational levels, such as literacy training, vocational training and instruction in the use of information technologies, to help them remain in the labour market and to generate and strengthen income-producing activities and projects.
- (e) Promote access to credit opportunities for older persons in order to help them embark upon undertakings of their own.
- (f) Foster a solidarity-based economic model in rural, marginal and indigenous areas.
- (g) Promote the formation of non-governmental organizations devoted to the socio-economic development of the older adult population in vulnerable areas.

**18. Objective 3: Promotion and facilitation of the inclusion of older persons in the formal-sector workforce**

**Recommendations for action:**

- (a) Foster the creation of jobs with shorter working hours that are more in keeping with labour-market demand.
- (b) Promote all methods and standards that tend to make it possible for older persons to continue in the workforce and to re-enter the labour market, even after they have become retirees or pensioners.
- (c) Design measures and guidelines for protecting older persons from occupational health and safety risks.

**19. Objective 4: Expansion and improvement of the coverage of both contributory and non-contributory pension schemes**

**Recommendations for action:**

- (a) Expand the coverage and amount of non-contributory pensions in a gradual and sustainable manner, using targeting criteria which ensure the inclusion of older persons who are in more vulnerable positions.
- (b) Include the problems of the older population in comprehensive poverty reduction strategies.
- (c) Establish mechanisms for cooperation among the State, civil society and older persons' organizations in order to uphold the rights of older persons.



**20. Objective 5: Creation of suitable conditions for older persons' full involvement in society as a means of promoting their empowerment as a social group and strengthening the exercise of active citizenship**

**Recommendations for action:**

- (a) Ratify, in the appropriate cases, make known, promote and disseminate the international instruments for older adults that are in force and fulfil, in accordance with conditions in each country, the commitments made in this respect at the various global summits.
- (b) Incorporate older persons in the design and monitoring of policies that affect them through their participation as voting members in consultative or advisory councils in institutions responsible for older persons' affairs at the national level.
- (c) Promote financial and technical support for older persons' organizations to facilitate their operation and self-management, especially with a view to meeting—together with local governments—the needs of older persons living in poverty.
- (d) Incorporate the interests and expectations of older persons into the services offered by non-governmental organizations, private enterprise and Governments.
- (e) Support the preparation of studies that quantify the contribution of older persons to their families, communities and society at large.

**21. Objective 6: Promotion of equality of opportunity and access to lifelong education**

**Recommendations for action:**

- (a) Foster equality of opportunity to facilitate access to literacy training for older persons so that they may achieve greater social autonomy.
- (b) Develop incentives and flexible systems for enabling older persons to complete their basic and secondary education.
- (c) Promote older persons' role in transmitting local culture and history to new generations, thus helping to preserve the traditions and cultural roots of local communities.
- (d) Foster access for older persons to programmes of higher education.
- (e) Create and foster activities for retired older persons, whose occupational and professional experience may serve as effective and useful support for groups in younger generations.

### **III. FOSTERING HEALTH AND WELL-BEING DURING OLD AGE**

- 22. Health in old age is a result of the manner in which people have lived throughout their lifetimes. Conditions and practices in childhood and adulthood with regard to general health care, sexual and reproductive health, nutrition, physical and recreational activity and other factors have a strong influence on the healthfulness of older persons.
- 23. Older persons in the region face different health problems whose course is determined by their social status, gender and ethnic identity and by inequity in terms of timely access to quality health-care services.

24. The promotion of health is one of the strategies that has the greatest impact on the health status of the population. However, fewer than 2% of the countries set wellness targets for the population aged 60 and over. Given the increase in life expectancy, one of the main challenges facing the region's Governments is to develop a community health approach that promotes active ageing. A number of instructive experiences with community health promotion for older persons have been identified in Latin America and the Caribbean, but the fact that most of them have not been evaluated or systematized has prevented them from being used to full advantage.
25. The prevalence of chronic illness and disabilities among older persons could be reduced through the promotion of health and the prevention of disease, which would result in significant savings for health-care systems and an improvement in older persons' quality of life.
26. The HIV/AIDS epidemic is posing a great burden on families, caregivers and health systems.
27. Health-care services for older persons are fragmented and do not offer comprehensive care. The service network is not coordinated in a manner suitable to their needs, which means that new users find themselves entering a system designed to address the acute problems of younger users rather than those of older persons.
28. Many countries of the region lack sensitized personnel trained to care for older persons. Despite the fact that all older adults have the right to be treated by health-care personnel who have been trained to deal with the problems most commonly suffered by the elderly, a significant percentage of such personnel lack training in public health and ageing, gerontology and geriatrics. This problem is worsened in a number of countries, particularly in the Caribbean, by the selective emigration of health-care professionals, especially nurses, to developed countries.
29. Family care is crucial for older family members with some kind of disability. It is usually undertaken by a single caregiver, who is usually a woman and sometimes even another older person. This represents an excessive burden which is almost always compounded by other responsibilities. It is therefore necessary to acknowledge the role that women have played in providing services and care and to devise ways of helping to ensure that such activities are also the responsibility of men.
30. The development and enforcement of regulations governing the operation of long-stay institutions is limited. Nor is there suitable enforcement of the human rights of older persons living in such institutions or monitoring of States' compliance with the international obligations they have assumed with regard to the treatment and care of such persons.
31. Research and the monitoring of the health status of older persons are limited. At present, none of the region's existing oversight systems has the capacity to analyse the nature and magnitude of the threats posed by malnutrition, falls, arthropathy or dementia as people grow older. There is no research on risk factors or on changing harmful behaviours among people aged 60 or over.

The following overall goal is therefore established:

- B. Older persons should have access to comprehensive health-care services which are suited to their needs and which guarantee a better quality of life in old age and the preservation of their autonomy and ability to function.**

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

**32. Objective 1: Promotion of universal coverage for older persons to health-care services through the inclusion of ageing as an essential component of national legislation and policies on health**

**Recommendations for action:**

- (a) Define and apply appropriate standards to promote equitable access for all older persons to necessary and adequate health care in accordance with international human rights instruments ratified by the States of the region and international standards approved by international agencies.
- (b) Develop a health system that emphasizes the promotion of health, the prevention of disease and the provision of equitable care with dignity for older adults.
- (c) Set standards concerning the right to receive services and the provision of essential medications, assistive devices and comprehensive rehabilitation services especially adapted to enhance the autonomy of older persons who have disabilities.
- (d) Seek to improve the provision of health-care services to older persons who are poor, belong to indigenous groups or live in rural areas, taking such measures as may be necessary to guarantee them non-discriminatory access while taking their cultural patterns into account, both under the law and in national public health policies.
- (e) Incorporate the health of older adults in the essential functions of public health as approved by the health ministers of the region and the Pan American Health Organization.
- (f) Formulate policies that define the types of care needed by older persons and mechanisms for providing access to them.
- (g) Train and sensitize all health-care workers in the implementation of the changes needed to eliminate barriers to older persons' access to health-care services.

**33. Objective 2: Establishment of comprehensive health-care services that meet the needs of older adults by strengthening and refocusing existing services and creating new ones where necessary**

**Recommendations for action:**

- (a) Implement a comprehensive health plan, and progressively endowing it with the necessary human and financial resources, which will coordinate health-care services for older adults at the local, regional and national levels.
- (b) Apply a basic plan for the distribution of equipment, medications, prostheses and orthoses, products and technologies that help older persons to function, participate and be independent.
- (c) Develop programmes in the area of mental health, within the context of primary care, with emphasis on promotion, prevention and early diagnosis, which include community-based rehabilitation programmes.
- (d) Establish appropriate mechanisms for collaboration among the different public and private institutions that provide health-care services to older persons.

- (e) Encourage policies and programmes targeting the female population to include specific topics for older adults, in particular in the field of sexual and reproductive health, using an approach based on the promotion of health and ongoing follow-up.

**34. Objective 3: Promotion of healthy personal behaviours and environments through legislation, policies, programmes and measures at the national and community levels**

**Recommendations for action:**

- (a) Conduct nationwide and local campaigns to combat risk factors and promote healthy lifestyles, including physical activity and a balanced diet, as well as health practices—particularly sexual and reproductive health practices—conducive to a better quality of life during old age.
- (b) Develop adequate mechanisms for making information on healthful habits accessible.
- (c) Promote the inclusion of the issue of ageing in formal and informal education programmes from a life-cycle perspective.
- (d) Generate multisectoral collaboration at the local level for the implementation of health promotion activities for older persons.
- (e) Promote mechanisms for participation by older persons in the establishment of community health goals.

**35. Objective 4: Creation of legal frameworks and suitable mechanisms for the protection of the rights of older persons who use long-term care services**

**Recommendations for action:**

- (a) Implement legal provisions for the opening and operation of residential centres for older persons and for the oversight of the living conditions, human rights and fundamental freedoms of residents in such centres.
- (b) Strengthen governmental and institutional capacity to establish, disseminate and enforce the rules and standards that should govern establishments that offer long-term care for older persons, especially those with disabilities, in order to protect such persons' rights and dignity and to prevent their violation.
- (c) Train the personnel in charge of compliance with those standards and with all international instruments ratified by the States and supervise their performance.
- (d) Prepare and regularly update a registry of establishments offering long-term care and set up oversight mechanisms involving various State institutions, as appropriate.
- (e) Develop close multisectoral collaboration in order to educate providers and users of these services about the quality of care and the human rights, freedoms and optimum living conditions for their well-being, together with the establishment and dissemination of effective complaint mechanisms that are readily accessible to users and their family members.
- (f) Foster the creation of support networks for family caregivers in order to make it feasible for older persons to continue living at home while at the same time, preventing the physical and mental exhaustion of the caregiver.
- (g) Foster the creation of community-based options for the provision of long-term care for older persons.

**36. Objective 5: Promotion of the development of human resources through the design and implementation of a national gerontology and geriatrics training plan for existing and future health-care providers at all levels of care, with emphasis on primary health care**

**Recommendations for action:**

- (a) Propose that the basic tools of gerontology and geriatrics be incorporated into university education in the field of health.
- (b) Promote the development of specialization programmes in geriatrics in schools of medicine.
- (c) Promote the involvement of existing health-care professionals in specialized training in gerontology and geriatrics.
- (d) Formulate regional and national initiatives for the establishment of practical geriatrics training models.
- (e) Incorporate the concept of ageing as a part of the life cycle and the particular features of care for this population group into primary health-care services.

**37. Objective 6: Development and utilization of instruments for improving the understanding of the health status of older persons and monitoring changes in this regard**

**Recommendations for action:**

- (a) Establish mechanisms for the systematic compilation of the available information on persons aged 60 and over which is more fully disaggregated by sex and by ethnic and racial group, to include the following data: sociodemographic features, mortality, morbidity, risk factors for disease and disability, nutritional status, functional capacity, access to and utilization of services, including the use of medications and devices (such as crutches and wheelchairs), personal expenditure on health, barriers to access and discriminatory practices.
- (b) Develop specific five-yearly regional and national health targets to be appraised by means of an oversight system that includes at least the basic indicators needed to monitor them.
- (c) Promote the establishment of an agenda for research on health and ageing and the search for resources for its implementation.
- (d) Develop trained human resources for research on health and ageing, especially in the areas of epidemiology, biology, the demography of ageing and bioethics.
- (e) Promote the inclusion of ageing issues on national research agendas.

#### **IV. CREATION OF AN ENABLING AND SUPPORTIVE ENVIRONMENT**

- 38. The creation of suitable political, economic, physical, social and cultural conditions for older persons is essential for social development and the exercise of rights, duties and freedoms during old age.
- 39. Within the region, the conditions that its societies offer to persons at this stage of life exhibit serious shortcomings in terms of both the physical environment and the social, political, economic and cultural setting which detract from the ability of older persons to achieve meaningful changes in their living conditions.

40. Although most older persons own the dwellings they inhabit, these dwellings do not meet their needs in terms of liveability, safety and accessibility. The challenge of providing safe and suitable housing for older persons involves recognizing, on the one hand, the diversity of older persons' needs and preferences—including the option and the right to “grow old at home”— and, on the other, conditions of frailty that require care and special living arrangements.
41. Some public spaces are not equipped to accommodate older persons, which discourages their use. In order for older persons to become integrated and exercise their citizenship, especially in urban areas, public areas are needed that display physical and spatial traits which provide a safe and accessible environment. In addition, a new generation of public space design and transport facilities are needed that will enable older persons to exercise their right to move around autonomously and safely so that they can have access not only to social and recreational opportunities, but also to social services and, moreover, will be able to exercise their civil, political, economic, social and cultural rights.
42. Age discrimination is manifested in various ways, including the lack of an express recognition of older persons as passive objects of violence and abuse in some legislation. There is also a tendency to present a stereotypical image of old age that is one of passivity, illness, deterioration, social burdens or a state of being cut off from society which, in general, the media maintain and perpetuate.
43. Informal social support networks are part of the social capital assets accumulated by older persons in the course of their lives and are therefore important factors for their well-being. Older men are highly vulnerable to the risk that their support networks will be lost or will shrink after their retirement. In the case of women, the main difficulties are associated with access to and availability of formal support networks, especially social security.

The following overall goal is therefore established:

**C. Older persons will enjoy physical, social and cultural environments that enhance their development and are conducive to the exercise of rights and duties during old age**

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

**44. Objective 1: Adaptation of the physical environment to the characteristics and needs of older persons to enable them to live independently in their old age**

**Recommendations for action:**

- (a) Promote initiatives that permit older adults to gain access to financing for the purchase of a dwelling or adapt their own housing to their new needs in terms of liveability and safety.
- (b) Introduce into national housing construction standards the needs of older persons in relation to accessibility, safety and the provision of public services.
- (c) Adapt public means of transport to the needs of older persons and ensure the enforcement, where applicable, of legal provisions on accessibility, preferential treatment (via designated seats) and discounted fares.
- (d) Introduce, in urban policies, the creation and outfitting of age-friendly, safe public spaces while guaranteeing, through the removal of architectural barriers, their accessibility for older persons.
- (e) Reduce the risk of traffic accidents among older persons through pedestrian and driver education, adequate signalling on public roads and the use of suitable vehicles for transporting passengers.

**45. Objective 2: Increased availability, sustainability and suitability of social support systems for older persons**

**Recommendations for action:**

- (a) Foster the creation and improvement of social and community services infrastructure at the local level.
- (b) Encourage incentives to support families who provide care for older persons.
- (c) Sensitize people, especially men, to the importance of creating and maintaining networks of family members, friends or communities during their lives so that they will be able to enjoy their support and company in their old age.
- (d) Promote activities during people's working years that will serve as support for them during their transition to retirement in order to lessen its negative effects.
- (e) Support the creation and strengthening of local self-managing organizations formed by older persons and other stakeholders.
- (f) Ensure gender equity in access to the social protection system and other sources of formal support.
- (g) Facilitate mechanisms to coordinate formal and informal support systems.

**46. Objective 3: Elimination of all forms of discrimination and mistreatment against older persons**

**Recommendations for action:**

- (a) Seek to ensure that advertising does not include discriminatory images of older persons and ageing.
- (b) Foster, within the family, in education and in the media, values such as tolerance and respect for diversity based on age differences or on any other social condition such as gender, ethnic identity or other characteristics.
- (c) Foster social action, cultural, civic and other programmes in which a "society for all ages" is a society marked by intergenerational integration and collaboration on the basis of knowledge and understanding of the characteristics of each stage of life.
- (d) Create awareness-raising programmes concerning the various stages of human beings' lives, especially old age, in order to build intergenerational relationships based on complementarity and mutual support.
- (e) Combat violence, abuse, neglect and exploitation of older persons by establishing laws and regulations that penalize all forms of physical, psychological, emotional and economic abuse, in accordance with constitutional and general human rights provisions.
- (f) Facilitate access to legal and psychosocial assistance for the reporting and punishment of abuse and mistreatment of older persons.
- (g) Promote the inclusion, in governmental human rights bodies, of a specific chapter on the human rights of older persons.

**47. Objective 4: Promotion of a positive image of old age**

**Recommendations for action:**

- (a) Sensitize the communications and advertising media so that they will project a positive image of old age.

## V. IMPLEMENTATION AND FOLLOW-UP OF THE REGIONAL STRATEGY

48. The responsibility of the signatory Governments is of crucial importance in implementing these agreements and following up on developments in the situation of older persons in the region.

The following overall goal is therefore established:

- D. Each country of the region is encouraged to promote the actions necessary for the full implementation of this strategy and to establish mechanisms for its application, follow-up, evaluation and review, in accordance with their particular circumstances**

In order to achieve this overall goal, the following specific objectives are set, along with the corresponding recommendations for action:

49. **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**

**Recommendations for action:**

- (a) 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.
- (b) Establish or strengthen, where they already exist, focal points on ageing within the appropriate national ministries.
- (c) Promote the creation of focal points, where they do not already exist, on ageing within multilateral organizations and the inclusion of the issue in the work they carry out in the region.
- (d) 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.
- (e) Act on an ongoing and coordinated basis at all levels by promoting strategic alliances between the State, civil society and older persons' organizations, and even engaging the private sector in the implementation of the strategy, while bearing in mind that the primary responsibility falls on national Governments.
- (f) Work to ensure the budgetary support needed to implement the measures envisaged in policies and programmes for older persons.

50. **Objective 2: Procurement of technical assistance, through cooperation between countries and support from international agencies, for the design of policies and programmes on ageing**

**Recommendations for action:**

- (a) Request international institutions working in the area of ageing through the Inter-Agency Group on Ageing, consisting of ECLAC, the United Nations Population Fund, the Pan American Health Organization, the Inter-American Development Bank, the International Labour Organization, the United Nations Programme on Ageing and the World Bank, to coordinate their activities in order



to respond better to the countries' requests for technical assistance in preparing national policies and programmes directed at older persons.

- (b) Convene groups of experts and older persons' organizations in each country in order to identify and debate ageing-related priorities and how they can be addressed in line with each country's particular circumstances.
- (c) Request technical assistance from ECLAC and other members of the Inter-Agency Group to support the countries in the preparation of their own plans of action.
- (d) Promote suitable formulas for collaboration in the follow-up to the Madrid International Plan of Action on Ageing with intergovernmental, international and civil society networks involved in the field of ageing in the region, such as RIICOTEC, CARICOM and all others that work in this sphere, in order to achieve a satisfactory degree of complementarity in their efforts.

**51. Objective 3: Design and implementation of a system of specific indicators to serve as a frame of reference for the follow-up and evaluation of the situation of older persons at the national and regional levels**

**Recommendations for action:**

- (a) Collect all available information from censuses and other sources of data on the situation of older persons in the individual countries and in the region and analyse and disseminate this information, disaggregated by age, gender, ethnic identity and race.
- (b) Devise ways to obtain information that can be used to monitor the key indicators of the strategy's results, including the incorporation into household surveys and other national surveys of special modules referring to the quality of life of older persons, in order to appraise the progress made towards each of the objectives.
- (c) Establish a system for monitoring the situation of older persons in the framework of oversight systems developed in other summits or national programmes.
- (d) Request international agencies to provide the technical and financial support needed in order to design and apply instruments that will make it possible to ascertain the situation of older adults.

**52. Objective 4: Pursuit and promotion of research on the main aspects of ageing at both the country and regional levels**

**Recommendations for action:**

- (a) Promote the formulation of a research agenda that covers the main issues relating to older persons in the countries and in the region.
- (b) Implement strategies to raise financing for this research.
- (c) Encourage cooperation among the different specialized international agencies and organizations, universities and academia in order to approach the research in a coherent manner.

**53. Objective 5: Request ECLAC and other relevant organizations to promote contacts with all countries of the region and to present them with a formal offer of support from the Inter-Agency Group for the development of the necessary mechanisms for the suitable implementation of the commitments emanating from this Conference**

## VI. EVALUATION AND REVIEW

54. Paragraph 114 of the Madrid International Plan of Action on Ageing states that the success of the Plan will require sustained action at all levels (Governments, civil society, the private sector and other stakeholders) in order to respond to the needs of a demographically changing society.
55. This regional strategy offers a framework for each country's adoption of the measures that are best adapted to its situation.
56. ECLAC, as a regional commission of the United Nations, is in an ideal position to set up links with the countries, the national authorities responsible for older persons' affairs, specialized agencies of the United Nations system and other international agencies in order to coordinate the follow-up process.
57. The Regional Intergovernmental Conference on Ageing was held and this strategy for the implementation of the Madrid Plan of Action was formulated at the request of the States members of ECLAC in resolution 590(XXIX) as adopted at the twentieth session of ECLAC, held in Brasilia in May 2002, and proposed by the Committee on Population and Development. Within this context, the Committee on Population and Development constitutes the most suitable intergovernmental organ.

The countries participating in the Conference therefore agree to:

58. Define, within six months after the end of the present Conference and in accordance with their particular circumstances, the specific targets to be met under each of the objectives contained in the strategy, together with mechanisms for the follow-up of the policies and programmes they implement. The progress made in this direction will be presented at the meeting of the ad hoc Committee on Population and Development to be held within the framework of the thirtieth session of ECLAC in Puerto Rico in May 2004.
59. Request the Economic Commission for Latin America and the Caribbean, in collaboration with the other members of the Inter-Agency Group on Ageing, to continue to act as technical secretariat and to compile information on the targets set by each of the countries and their follow-up.
60. To review the results obtained with respect to the targets set at the national level on the occasion of the meeting of the ad hoc Committee on Population and Development to be held within the framework of the thirty-first session of ECLAC in 2006.
61. Invite ECLAC to continue to publish its information bulletin on ageing as a means of disseminating and reporting on the actions undertaken in each country.

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- Pedro Ortega, Departamento Planificación, SENAMA

**DOMINICA**

- Herbert Sabaroche, Minister, Ministry of Health & Social Security

**ECUADOR**

- Augusto Saa C., Encargado de Negocios, Embajada de Ecuador en Chile
- Ramiro Rosero V., Director del Seguro General de Pensiones del Instituto Ecuatoriano de Seguridad Social
- Gonzalo González F., Segundo Secretario de la Embajada de Ecuador en Chile
- Xavier Córdova U., funcionario de la Embajada de Ecuador en Chile

**EL SALVADOR**

- Sonia Artola de González, Colaboradora del área del Adulto Mayor de la Secretaría Nacional de la Familia

**ESPAÑA/SPAIN**

- Aurelio Fernández, Comisario del Comité Organizador Segunda Asamblea Mundial Envejecimiento, Ministerio de Trabajo y Asuntos Sociales.
- Juan Cano, Consejero de Trabajo y Asuntos Sociales, Embajada de España en Chile

**ESTADOS UNIDOS DE AMÉRICA/UNITED STATES OF AMERICA**

- Josefina Carbonell, Assistant Secretary for Ageing, Administration on Ageing, Dept. of Health and Human Services
- Edwin Walker, Deputy Assistant Secretary for Program and Policy, Administration on Ageing, Department of Health and Human Services
- Marla Bush, International Coordinator, Administration on Ageing, Department of Health and Human Services
- Ginny Gidi, Office of Global Health Affairs, Department of Health and Human Services

**FRANCIA/FRANCE**

- Jean-Claude Reith, Consejero Regional de Cooperación de la Embajada de Francia en Chile

**HAITI**

- Guy G. Lamothe, Embajador, Embajada de Haití en Chile

**HONDURAS**

- Arturo López Luna, Ministro Consejero, Cónsul, Embajada de Honduras en Chile

**ITALIA/ITALY**

- Giovanni Ferrero, Embajador, Embajada de Italia en Chile
- Rossella Bellini, Agregado Comercial, Embajada de Italia en Chile

**JAMAICA**

- Denise Eldemire-Shearer, Chairperson of the National Council for Senior Citizens, Ministry of Labour & Social Security
- Beverly Hall-Taylor, Executive Director of the Council, National Council for Senior Citizens

**MEXICO**

- Pedro Borda Hartmann, Director General del Instituto Nacional de las Personas Adultas Mayores
- Elda Paz Gutiérrez, Primer Secretario de la Embajada de México en Chile

**NICARAGUA**

- Carmen Largaespada Fredersdorff, Ministra, Ministerio de la Familia
- Zaira Pineda Gadea, Directora, Dirección General de Programas Integrales Focalizados, Ministerio de la Familia
- Edgar Escobar Fornos, Embajador, Embajada de Nicaragua en Chile
- Miriam Sandoval, Consejero Embajada de Nicaragua en Chile

**PAÍSES BAJOS/NETHERLANDS**

- Hinkinus Nijenhuis, Embajador, Embajada de los Países Bajos en Chile

**PANAMA**

- Astevia Tejada de Vega, Representante del Ministerio de Salud en el Gabinete Social
- Carmen de Ramos, Asesora Técnica del Ministerio de la Juventud, la Mujer, la Niñez y la Familia

**PARAGUAY**

- Roberto C. Cino, Director General, Instituto de Bienestar Social, Ministerio de Salud Pública y Bienestar Social
- Carlos Scavone G., Ministro, Embajada de la República del Paraguay en Chile

**PERU**

- Marta Beatriz Rondón, Directora General de las Personas Adultas Mayores, Ministerio de la Mujer y Desarrollo Social

**REPÚBLICA DOMINICANA/DOMINICAN REPUBLIC**

- Adalgisa Abreu, Subsecretaria de Estado de Salud Pública y Asistencia Social
- Ángel C. Adames, Director General de Protección a la Vejez
- Rosy Pereyra A., Directora, Red por una Vejez Digna

**SANTA LUCÍA/SAINT LUCIA**

- Lucian Isidore, Director Community Services, Ministry of Social Transformation

**TRINIDAD Y TABAGO/TRINIDAD AND TOBAGO**

- Jennifer Rouse, Director, Division of Ageing, Ministry of Social Development

**URUGUAY**

- Milton Pesce Subsecretario, Ministerio de Salud Pública
- Daniel Delgado Sicco, Director, Banco de Previsión Social

**VENEZUELA**

- Pedro Miguel Arroyo, Presidente, Instituto Nacional de Geriatria y Gerontología (INAGER)
- Jessica de Lespada, Segundo Secretario de la Embajada de Venezuela en Chile

**B. Miembros Asociados  
Associate Members  
Etats membres associés**

**ANGUILA/ANGUILLA**

- Lana Connor-Hoyoung, Principal Assistant Secretary, Human Rights and Gender Affairs, Chief Minister's Office

**ARUBA**

- Wilbert G. Marchena, Social Planner, Department of Social Affairs

**PUERTO RICO**

- Rossana López L., Directora Ejecutiva, Oficina para los Asuntos de la Vejez, Oficina de la Gobernadora
- Luis Samuel Paris, Asistente Especial
- M. Pía Larenas, Directora Ejecutiva, Oficina Comercial en Chile

**C. Estados miembros de las Naciones Unidas que no lo son de la Comisión y participan con carácter consultivo**

**Member States of the United Nations not members of the Commission and participating in a consultative capacity**

**Etats membres des Nations Unies qui ne sont pas membres de la Commission et y participant à titre consultatif**

**FEDERACIÓN DE RUSIA/RUSSIAN FEDERATION**

- Víctor Koronelli, Primer Consejero, Embajada de la Federación de Rusia en Chile

**POLONIA/POLAND**

- Anna Iwanicka, Embajada de Polonia en Chile

**RUMANIA/ROMANIA**

- Ion Vilcu, Embajador de Rumania en Chile

**SUIZA/SWITZERLAND**

- Charles-Edouard Held, Embajador de Suiza en Chile
- Nicole Providoli, Agregada Civil de la Embajada de Suiza en Chile

**D. Estados que no son miembros de las Naciones Unidas y que participan con carácter consultivo  
States not members of the United Nations and participating in a consultative capacity  
Etats non membres des Nations Unies et participant à titre consultatif**

**SANTA SEDE/HOLY SEE**

- Aldo Cavalli, Nuncio Apostólico, Nunciatura Apostólica en Chile

**E. Secretaría de la Organización de las Naciones Unidas  
United Nations Secretariat  
Secrétariat de l'Organisation des Nations Unies**

Departamento de Asuntos Económicos y Sociales en Nueva York/Department of Economic and Social Affairs, New York/ Département des affaires économiques et sociales à New York

- Sergei Zelenev, Chief of Social Integration Branch, Division for Social Policy and Development

**F. Organismos de las Naciones Unidas  
United Nations Bodies  
Organisations rattachées à l'Organisation des Nations Unies**

Fondo de las Naciones Unidas para la Población (UNFPA)/United Nations Population Fund (UNFPA)/Fonds des Nations Unies pour la Population (UNFPA)

- Marisela Padrón Quero, Directora de la División para A.L y el Caribe
- Jaime Nadal, Especialista de programas área de envejecimiento
- Rogelio Fernández Castilla, Director EAT, Mexico
- Linda Demers, Principal Technical Adviser, ICPD



**G. Organismos especializados**  
**Specialized agencies**  
**Institutions spécialisées**

Organización Mundial de la Salud (OMS) World Health Organization (WHO) Organisation Mondiale de la Sante (OMS)

- Alexander Kalache, Coordinator, Ageing and Life Course (ALC)

Banco Mundial – Banco Internacional de Reconstrucción y Fomento (BIRF)/World Bank – International Bank for Reconstruction and Development (IBRD)/Banque mondiale – Banque internationale pour la reconstruction et le développement (BIRD)

- Rafael Rofman, Economista Senior de Protección Social, Departamento de Desarrollo Humano, Región de América latina y el Caribe

Oficina Internacional de Trabajo (OIT)/International Labour Organization (ILO)/Organisation internationale du travail (OIT)

- Ricardo Infante, Director, Oficina Subregional de la OIT para el Cono Sur de América Latina
- Fabio Bertranou, Especialista en Protección y Seguridad Social

Pan American Health Organization (PAHO)/Organización Panamericana de la Salud (OPS)/Organisation Panaméricaine de la Santé (OPS)

- Joxel García, Director Adjunto
- Martha Pelaéz, Jefa del Programa de Envejecimiento y Salud
- Henri Jouval, Representante OPS/OMS en Chile
- Martha Martínez, Consultora

**H. Otras organizaciones intergubernamentales**  
**Other intergovernmental organizations**  
**Autres organisations intergouvernementales**

Banco Interamericano de Desarrollo (BID)/Inter-American Development Bank (IDB)/Banque Interaméricaine de Développement (BID)

- Tomás Engler, Especialista en Salud, División de Programas Sociales I

Unión Europea/European Union/Union Européenne

- Wolfgang Plasa, Embajador de la Delegación de la Comisión en Chile

Red Intergubernamental Iberoamericana de Cooperación Técnica (RIICOTEC)

- Manuel Sánchez M., Secretario Ejecutivo

**I. Otras organizaciones no gubernamentales**  
**Other non-governmental organizations**  
**Autres organisations non gouvernementales**

CARITAS

- Ximena Romero, Coordinadora de la Red Latinoamericana de Gerontología-Caritas
- Pilar Cerón D., Directora Ejecutiva, Caritas Diocesana, Copiapó
- Graciela González, Encargada Area del Adulto Mayor

HELP AGE International

- Valerie Mealla, Representante Regional para América Latina y el Caribe

RED Tiempos

- Lucio Díaz Dumenez, Secretario Coordinación Regional
- Alberto Viveros M., Sociólogo

Mesa de Trabajo de ONG's y Afines sobre Personas Adultas Mayores

- Carlos Alarcón Aliaga, Presidente, Mesa de Trabajo, Perú

Asociación Internacional de la Seguridad Social (AISS)

- Lilia Archaga Quirós, Consejera Técnica AISS, Argentina

FRUCAM

- Emilia Badilla F., Presidenta

FUNITE

- Humberto López R., Presidente, Nicaragua

Corporación Coordinadora Adulto Mayor

- Marta Ramírez V., Tesorera, Chile

Corporación de Adultos de Chile

- Humberto Martones M., Presidente

Red de Líderes de Adultos Mayores de América Latina y del Caribe

- Consuelo Sheen de M., Representante, Perú

Fundación Adulto Mayor (FAM)

- Eduardo Báez F., Director

**J. Invitados especiales**  
**Special guests**  
**Invités spéciaux**

- Helmut Schwarzer, Secretario de Seguridad Social, Ministerio de Seguridad Social, Brazil.

**K. Otros invitados**  
**Other guests**  
**Autres invités**

- Emiliana Rivera, Presidenta Ejecutiva del Consejo Nacional para el Adulto Mayor (CONAPAM), Costa Rica
- Gastón Inda, Gerente de Prestaciones Sociales, Banco de Previsión Social, Uruguay
- Miguel Moreno, Asesor, Subsecretario Deportes, Chiledeportes
- Aníbal Severino Rodríguez, Presidente, Círculo de Ex Funcionarios de Lan Chile
- Clarisa Carrasco C., Vicepresidenta, Círculo de Ex Funcionarios de Lan Chile
- Lucía Reed, Asistencia Social, Círculo de Ex Funcionarios de Lan Chile
- Raúl Valladares, Círculo de Ex Funcionarios de Lan Chile
- Arturo D'Ottone D., Presidente Colegio Gerontólogos de Chile
- Felipe Bozo, Presidente del Parlamento Nacional del Adulto Mayor, Bolivia
- Pilar Pacheco C., Coordinadora de Capacitación Proyecto Biblioredes, Dirección de Bibliotecas, Archivos y Museos
- Dusanka Irulic I., Subdirección de Gestión de Programas, FOSIS
- Mauricio Zepeda, Subdirector de Estudios del Fondo Nacional de Discapacitados (FONADIS)
- Susana Prado Q., Jefa Relaciones Públicas, Instituto Nacional de Seguridad Social para Jubilados y Pensionados, Argentina
- Edith A. Pantelides, Investigadora, Centro de Estudios de Población, Argentina
- Alicia Villalobos C., Encargada Programa de Salud del Adulto Mayor, Ministerio de Salud, Chile
- Adriana Vásquez C., Asesora Subsecretaría Previsión social, Ministerio del Trabajo y Previsión Social, Chile
- Marcela Goic B., Asesora Subsecretaría General de la Presidencia, Chile
- Mariana Stanley, Directora Programas, Unidad de Pensionados, Caja 18 de Septiembre, Chile
- Paula Forttes, Gobernadora de Santiago, Chile
- Ernestina Esparza C., Universidad de Valparaíso, Chile
- Pedro Paulo Marín, Presidente, Gerontología, Pontificia Universidad Católica de Chile
- Manuel H. Chamorro O., Presidente, Unión Comunal de La Granja, Chile
- Pilar Cot, Coordinadora Unidad Adulto Mayor, MIDEPLAN, Chile
- M. Eugenia Bilbao T., Secretaria General Adulto Mayor, Intendencia Región Metropolitana, Chile
- Enrique Peláez, Investigador, Universidad Nacional de Córdoba, CONICET, Argentina
- Rosita Kornfeld, Directora Programa Adulto Mayor, Pontificia Universidad Católica de Chile

- Christian Cofré V., Secretario Ejecutivo, Comité Regional para el Adulto Mayor, Valparaíso, Chile
- Antonio Leiva López, F.E. Pensionistas y Jubilados, Comisiones Obreras, España
- Orielle A. Zercovich M., Consejera Regional, Región de Valparaíso, Chile
- Elvira Fierro R., Secretaria Ejecutiva, Red Programas Adulto Mayor, Chile
- José Miguel González G., Director de Programas Adulto Mayor, Chile
- Ana Luisa Castro, Técnico Analista, Instituto Nacional de Estadísticas, Chile
- Josefina Hurtado, Coordinadora Capacitación Programa Estudios de Género, Universidad Academia de Humanismo Cristiano, Chile
- Corina Villarroel, Coordinadora del Programa Universidad del Adulto Mayor, U. de Valparaíso, Chile
- Irene Aliste, Asesora Comité Regional Adulto Mayor, Intendencia Región Metropolitana, Chile
- Rafael Urriola, Analista, Fondo Nacional de Salud (FONASA), Chile
- Doris Sequeira, Coordinadora Centro de Estudios Geronto-geriátricos, U. de Valparaíso, Chile
- Francisca Retamal, Coordinadora Nacional de Programa Tercera Edad, SERNATUR, Chile
- Carmen Barros, Profesora Titular, Pontificia Universidad Católica de Chile
- Teresa Concha R., Jefe Depto. Asistencia Social, Caja de Previsión de la Defensa Nacional, Chile
- Gustavo Giler M., Médico Tratante del Instituto Ecuatoriano de Seguridad Social (IESS)
- Ángela Cofré G., Jefa Unidad de Difusión e Información al Usuario, Ministerio de Vivienda y Urbanismo, Chile
- Óscar Domínguez, Profesor, Facultad de Medicina, Universidad de Chile
- Luisa Valdivia, Educación de Adultos, Ministerio de Educación, Chile
- Marta E. Bustos, Docente, Universidad de Valparaíso, Chile
- María Luisa Dooner, Jefa Proyectos Institucionales, INDAP, Chile
- María José Barroso, Presidente, Consejo Nacional de Adultos Mayores
- Valentín Cortés M., Gerontología, Universidad de Chile
- Silvia Tron, Presidenta, CICAM, Uruguay
- Alonso Palma C., Coordinador Programa Adulto Mayor, Federación Mutualista de Santiago, Chile
- Eva Ortíz T., Secretaria General, Asociación de Monitores de Turismo
- Francisco José Martínez, Gerente, Bienestar Adulto Mayor, GESBITED, España
- Julia Flores M., Encargada Nacional Programa Adulto Mayor, Ministerio de Educación, Chile
- David Nowogrodski, Director, Universidad para la Tercera Edad, Universidad de Chile
- Fanny Kaliski A., Asesoría Comité Regional Adulto Mayor, Intendencia de Santiago, Chile
- Mabel Valenzuela B., Programas Sociales, Instituto de Normalización Previsional (INP), Chile

**L. Secretaría**  
**Secretariat**  
**Secrétariat**

**Comisión Económica para América Latina y el Caribe (CEPAL)/Economic Commission for Latin America and the Caribbean (ECLAC)/Commission économique pour l'Amérique latine et les Caraïbes (CEPALC)**

- Daniel S. Blanchard, Secretary of the Commission
- Miguel Villa, Oficial a Cargo, División de Población (CELADE)
- Dirk Jaspers, Jefe Área de Información y Capacitación sobre Población (CELADE)
- María Elisa Bernal, Asistente Especial de la Secretaría Ejecutiva
- José Miguel Guzmán, Oficial de Asuntos de Población (CELADE)

- Susana Schkolnik, Oficial de Asuntos de Población (CELADE)
- M. Nieves Rico, Oficial de Asuntos Sociales
- Luis Yáñez, Asistente Legal

**Sede Subregional de la CEPAL para el Caribe**

- Karoline Schmid, Oficial de Asuntos Sociales