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POPULATION, AGEING AND DEVELOPMENT

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INTRODUCTION

In addition to population growth, other demographic issues are taking on political, economic and social importance. Population ageing is one of them, owing to its significant repercussions on the development of countries and the wide range of sectors affected such as health, education, infrastructure and trade.

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. Two characteristics of this process make it a matter of urgent concern. 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, persistent and acute social inequity, a low level of institutional development, limited social security coverage and a probable trend towards reduced sources of support as a result of changes family structure and composition.

In this context, ageing is one of the main demographic challenges faced by the region's countries in the twenty-first century. The challenge lies in tackling the phenomenon by defining clear strategies that guarantee: sustainable public finances, the capacity to comply with the basic objectives of budgetary policy, a decent standard of living for older persons so that they may benefit from the economic well-being of their country and actively participate in public, social and cultural life.

Social security systems must maintain and increase the capacity of pension systems to achieve their social objectives, guarantee their financial viability and improve their response to changes in society and population. They need to take into account aspects such as equal opportunities for men and women in terms of social welfare and cover of the rural population.

Health systems should take account of changes in the provision of health services by incorporating specialized teams and adapting the existing infrastructure for the care of older persons. The health system also needs to tackle the pressure of population ageing on health spending.

Caring for older persons also creates great pressure within families —especially on women who are traditionally responsible for providing such care— and within the community. Creating the social and physical conditions to promote the integration of older persons and make them responsible for their own well-being is also important to avoid people at that stage of life becoming a burden on society.

The above is not necessarily a negative outlook. The ageing of the population is an achievement of humanity, and older persons can and should become a force for development. As is the case for any other population group, however, they need specific interventions to guarantee a decent and safe life, particularly for the most vulnerable among them.

This document analyses the situation of population ageing and of older persons in areas where the pressures of the ageing process are significant, i.e. economic security, health and enabling environments in terms of adequate housing and urban space, care needs and preventing elder abuse.

I. THE DEMOGRAPHICS OF AGEING

A. MANIFESTATIONS OF POPULATION AGEING

One of the most significant effects of the unprecedented changes which the region's population dynamics have produced and which will be expanded and consolidated in the first half of this century is population ageing. From a demographic standpoint, ageing has two facets. First, it is manifested as an increase in the relative proportion of people over the age of 60 out of the total population; and second, it takes the form of increased longevity. That is, the effects of the increase in average life expectancy include an increase, within the category of older persons, in the proportion of people aged 80 or over —and even the emergence of a small number who reach 100— and a lengthening of the period of time between retirement and death.

In all the Latin American and Caribbean countries the proportion and the absolute number of people aged 60 or over will rise steadily in the coming decades (see table 1). In absolute terms, between 2000 and 2025, 57 million older persons will be added to the 41 million currently living in the region; between 2025 and 2050, this increase will amount to 86 million people.[1] This is a fast-growing population whose rate of increase (3.5%) exceeds that of younger age groups. In fact, this population group will grow three to five times faster than the total population between 2000 and 2025 and between 2025 and 2050.

Table 1
INDICATORS OF POPULATION AGEING IN LATIN AMERICA AND THE CARIBBEAN 2000, 2025 AND 2050

Indicators	2000	2025	2050
Population aged 60 or over (thousands)	41 284.7	98 234.8	184 070.7
Percentage of people aged 60 or over	8.0	14.1	23.4
Annual growth rate (2000-2025 and 2025-2050)	3.5	2.5	…
Percentage of people aged 75 or over	1.9	3.5	7.9
Median age of population	24.6	32.5	39.4
Ageing index [a]	25.2	60.7	128.2

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, Demographic projections as of 2003.

[a] Population over 60/population under 15.

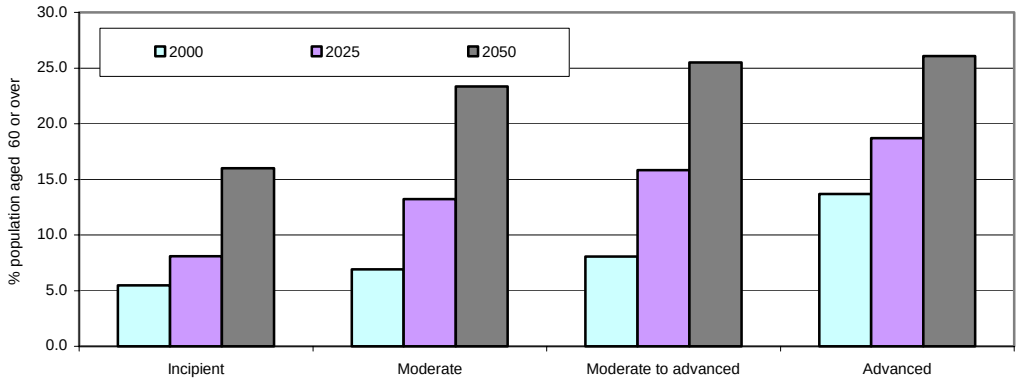
As a result of this dynamic, the proportion of people over 60 will triple between 2000 and 2050, so that by the latter date, one out of every four Latin Americans will be an older adult. Owing to the increase in longevity, the proportion of people near the upper limits of the category of older adults will grow, with the population over 75 rising from 2% to 8% between 2000 and 2050. Two indicators of age structure clearly illustrate some of the demographic implications of this process. First, the population's

[1] The data presented in this document are based on projections which, by their very nature, have some degree of uncertainty. The major demographic trends they predict are nevertheless unlikely to be proved wrong, since the people who will make up the older population in the next 60 years have already been born.

median age will rise by 15 years between 2000 and 2050, with the result that by 2050 half the population will be over the age of 40. The ratio of older persons to children will therefore change dramatically. Currently, there are 25 older adults for every 100 children; by the end of the first half of this century, older persons will outnumber children by 28%.

Within the region, the situation varies widely from one country to another. To reflect this, the countries were divided into four categories according to the current stage of their ageing processes (see figure 1).[2]

Figure 1
PERCENTAGE OF THE POPULATION AGED 60 OR OVER, BY STAGE OF POPULATION AGEING, 2000, 2025 AND 2050



Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, Demographic projections as of 2003, and United Nations, *World Population Prospects. The 2000 Revision* (ESA/P/WP.165), vol. 1, New York, 2001.

One group of countries in which population ageing is incipient includes Bolivia, Guatemala, Haiti, Honduras, Nicaragua and Paraguay. In these countries the percentage of people aged 60 or over ranged from 5% to 7% in 2000 and will probably be between 15% and 18% in 2050. This process could speed up if the trend towards lower fertility rates in these countries continues and intensifies.

In a second group of countries, which is experiencing moderate population ageing, the proportion of people aged 60 or over is between 6% and 8% and is likely to exceed the 20% mark by 2050. Belize, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guyana, Mexico, Peru and Venezuela are in this group. These countries saw major changes in fertility rates between about 1965 and 1990.

They are followed by the countries with moderate to advanced population ageing, whose percentages of older persons currently range from 8% to 10% and will rise quickly to reach 25% to 30%. This group includes the Bahamas, Brazil, Chile, Jamaica, Suriname and Trinidad and Tobago.

[2] The countries were grouped according to the total fertility rates and ageing indices they posted in the 1990s. Some countries may change categories if new census data result in significant corrections of the estimates.

Lastly, the group with advanced population ageing includes countries such as Uruguay and Argentina, which are on the leading edge of population ageing in Latin America, along with Cuba and other parts of the Caribbean (Netherlands Antilles, Guadeloupe, Barbados, Martinique and Puerto Rico).

In sum, the data confirm that the population ageing process, though not uniform, is taking place throughout Latin America and the Caribbean and that older persons in the region will represent an increasingly significant proportion of the total population (see table A.1 of annex 1). By 2050 the proportion of older adults in a great many Latin American countries will have equalled the proportions observed today in the developed countries.[3]

B. DETERMINANTS OF POPULATION AGEING

The factors underlying population ageing in the countries of the region are the decline in fertility and the increase in life expectancy observed in the region's population over the last four decades of the twentieth century. The other demographic variable that can have an effect on population ageing is migration.

1. Fertility

With regard to fertility, since the mid-1960s the region has witnessed a dramatic and steady decline in the number of children per woman (see table 2). All the countries now deemed to be at the incipient and moderate stages of population ageing had fertility rates of over six children per woman in the mid-twentieth century. While fertility had begun to decline much earlier in certain countries, such as Argentina, Uruguay and Cuba —which are now, consequently, at an advanced stage of population ageing—, it did not begin to change until the middle of the last century in the other countries, and continued to fall fairly steadily in subsequent decades.

This decline in fertility was observed even in countries that had no family planning programmes, and withstood the recessionary cycles of the "lost decade" of the 1980s, military dictatorships, political violence and structural adjustment processes; what is more, it has held steady in a region where indices of exclusion, vulnerability and poverty are high. In the last five years of the twentieth century the total fertility rate reached a regional average of 2.8 children per woman and, while rates in the different countries still vary considerably, all of them are under 5 children per woman. Projections for the next 25 years indicate that the decline will continue and that the differences across countries will tend to even out.

For 2025 onward the hypotheses used in making the projections point to a virtual convergence in all the groups of countries towards 2.1 children per woman, which is the population replacement rate. Nonetheless, some countries (such as Cuba, Barbados and Martinique) already have fertility rates of fewer than 2 children per woman (the replacement rate), while others (Chile, Brazil, Mexico and other Caribbean countries) may, according to the most recent estimates, have lower-than-expected fertility rates in the next few years and, accordingly, faster population ageing as a result of the decline in the younger population.

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[3] United Nations (2002), *World Population Ageing 1950-2050* (ST/ESA/SER.A/207), New York, Population Division, Department of Economic and Social Affairs. United Nations publication, Sales No. E.02.XIII.3.

Table 2
LATIN AMERICA AND THE CARIBBEAN: LIFE EXPECTANCY AT BIRTH AND TOTAL FERTILITY RATE, BY CATEGORY OF POPULATION AGEING, IN SELECTED PERIODS

Category of population ageing	Life expectancy at birth				
	1950-1955	1970-1975	1995-2000	2020-2025	2045-2050
			Life expectancy		
Incipient	42.9	52.8	64.3	72.2	77.4
Moderate	49.9	61.7	71.4	76.0	79.2
Moderate to advanced	51.7	60.3	68.6	74.6	78.6
Advanced	62.8	68.7	73.9	77.9	80.6
Total Latin America and the Caribbean	**52.1**	**61.4**	**70.0**	**75.3**	**78.9**
			Total fertility rate		
Incipient	6.8	6.4	4.5	2.6	2.1
Moderate	6.8	5.9	2.9	2.1	2.1
Moderate to advanced	6.0	4.6	2.3	2.1	2.1
Advanced	3.5	3.2	2.3	2.0	2.1
Total Latin America and the Caribbean	**6.0**	**5.1**	**2.8**	**2.2**	**2.1**

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, Demographic projections as of 2003, and United Nations, *World Population Prospects. The 2000 Revision* (ESA/P/WP.165), vol. 1, New York, 2001.

2. Life expectancy

Another major change in this connection is the remarkable progress made in reducing rates of premature death. Between 1950 and 2000 life expectancy at birth increased by an average of 18 years, reaching 70 years in 2000 (see table 2). By 2025 life expectancy will have increased to almost 75 years, and by 2050, to about 80 years. Differences between countries at different stages of the population ageing process are narrowing and the countries are expected to show very similar figures in the near future, to the extent that the smallest gains are made in the countries whose ageing processes have advanced the most. Moreover, gender-specific trends in life expectancy at birth consistently show that women are likely to live longer: the gap between women and men in this regard widened steadily from 3.4 years to more than 6 years between 1950 and 2000.

Life expectancy at age 60 is a more precise indicator of longevity. Data for the region show that in 2000 this indicator averaged about 20 years (17 years in Haiti and 26 years in Guadeloupe and Martinique).[4] These figures are substantially higher among women than among men: while women who reach the age of 60 in the period 2000-2005 are expected to live for another 21 years (regional average), the remaining life expectancy for men who reach the age of 60 is three years shorter. By 2045-2050 it is projected that women's life expectancy at age 60 will have continued to rise, reaching values of close to 24 years (28 years on the above-mentioned Caribbean islands). For men, however, this value will rise to only 22 years (23 years on the islands mentioned).

[4] Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC (2002), "Los adultos mayores en América Latina y el Caribe: datos e indicadores", *Boletín informativo*, special edition, Santiago, Chile, and United Nations (2002), *World Population Ageing 1950-2050* (ST/ESA/SER.A/207), New York, Population Division, Department of Economic and Social Affairs. United Nations publication, Sales No. E.02.XIII.3.

3. International migration

The selective emigration of young people hastens the ageing of their populations of origin. Mexico's high rate of international migration, for example, has had a severe impact on the age structure of certain communities. Some Caribbean nations have experienced population ageing because of the emigration of young people and the return of older adults after retirement. In such cases, the older, non-emigrant population faces a severe shortage of family support, which may be partially offset, at least in monetary terms, by remittances received from relatives abroad.

Older adults also make up a smaller share of internal migrants than other age groups, regardless of the scale of such migration. According to the 2000 round of censuses in the region, only 2% to 6% of persons aged 60 or over were living in a major administrative division other than the one they had lived in five years before the census was taken. The observation that older persons are less likely to migrate also holds true in the case of migration between smaller administrative divisions (municipalities, parishes or districts), even though this kind of move normally involves shorter distances and lower costs.

While older persons migrate less, the emigration of the population in other age groups, especially young adults, has a significant impact on population ageing in the areas from which they emigrate. This is true of rural-to-urban migration.

C. SOME SOCIODEMOGRAPHIC FEATURES OF THE OLDER ADULT POPULATION

1. Partnership status

According to recent census data, between 70% and 85% of older adult men and between 55% and 60% of older adult women report that they are married or living with a partner. This difference between the sexes in terms of partnership status reflects a combination of women's higher rates of widowhood (because the husband is usually older) and men's greater tendency to find a new partner after a relationship has been dissolved by widowhood or separation. This profile of partnership status changes at older ages, with widowhood, especially among women, increasing to the point of representing the majority status among people aged 85 or over. The proportion of widowed older women is significant in some countries, especially those with higher past mortality rates among men.

2. Education

Older persons are among the population groups with the lowest levels of education, since their formative years date back to a time when the coverage of the region's formal educational system was far less extensive than it is today. Illiteracy rates are highest among people aged 60 or over, ranging from about 50% in Bolivia to about 13% in Chile. Nearly all the countries show gender disparities unfavourable to women, with the exception of Costa Rica, where the illiteracy rate is lower among women because of less gender inequality in access to Costa Rica's educational system in the first half of the twentieth century. The gap is enormous in some countries, such as Bolivia, and very small in others, such as Chile and Panama. Lastly, illiteracy rates are much higher in rural areas, exceeding 80% among older adult women in rural Bolivia.

In the Caribbean, there has been a reduction in the levels of illiteracy in persons aged over 70 in the present decade. However, the situation in Jamaica is expected to continue to be of concern, with more than a third of older persons being illiterate. Gender differences in terms of illiteracy among the subregion's older persons are slight and are expected to continue decreasing in the future. Only Guyana has considerable differences in terms of illiteracy between men and women, with the latter being at a disadvantage. The opposite is true of Jamaica, where the illiteracy rate is higher among older men than among older women. In Netherlands Antilles and the Bahamas, illiteracy rates are very similar among men and women (see table A.2 of annex 1).

The main point to bear in mind, however, is that in all the countries new generations of older persons will be considerably better educated than the current generation thanks to the progress made in the field of education over the past four decades.

3. Urbanization

Most older persons in Latin America and the Caribbean live in urban areas and thus do not differ significantly from other age groups in this respect. In the region as a whole over 70% of the older population currently lives in cities, and this proportion is expected to rise to over 80% by 2025.

Older persons living in cities tend to be concentrated in more central areas because of the emigration of younger generations to new neighbourhoods. These micro-areas are an important focus for policies to benefit older adults, since they have a high density of older persons and, while they may in some cases offer easier access to services than do peripheral areas, in some major cities these central areas are run-down and unsafe.

D. AGEING IN SPECIFIC POPULATION GROUPS

1. Rural population

Population ageing is more advanced in rural areas than in urban ones, despite the rural population's higher fertility and lower life expectancy. In 11 Latin American countries, the proportion of older adults living in rural areas is higher than the proportion living in urban areas. (see table A.3 of annex 1). However, the ageing index in rural areas is lower than in urban areas since the former tend to have a concentration of two generations: those under the age of 15 and those aged over 60. Rural ageing is therefore a result of changes in the age structure resulting from rural-to-urban migration of the young population and, in some areas, the return of older adults to their place of origin.

Older adults in rural areas are a population group that requires special attention —especially in countries with a high rural population such as Guatemala, Haiti and Honduras— since rural areas have historically had lower service coverage and more pronounced economic deterioration.

In seven Latin American countries for which information is available for the year 2000, there was a higher proportion of older heads of household in rural than in urban areas, with considerably more households headed by men than women.

The average size of households with older persons is slightly higher in rural than in urban areas, and this is the case in Costa Rica, Ecuador, Mexico and Panama. However, this seems to be a feature of rural households in general, and not just those with older persons because are no major differences in the size of rural households with or without older persons, whereas, in urban areas, the average household without older persons is smaller than those that include older adults.

Despite the above, more older persons live alone in rural areas; the most common household composition being an older man living alone. In Bolivia, 19.4% of men live alone and the figure in Panama is 17.4%. The percentages are considerably lower in Ecuador (9.2%) and Mexico (8.3%).

Available information reveals that there will be many differences among countries in terms of rurality among older persons in the future. By the end of 2025, the proportion of older persons living in rural areas will have decreased, but differences will remain. In Argentina, Uruguay and Venezuela, over 90% of older persons will be living in cities, whereas over half of older persons in Guatemala and Haiti will be living in rural areas.[5] Nonetheless, the living conditions and increased poverty among older persons in rural areas may result in a rising number of older adults with some degree of dependency and vulnerability in rural areas.

2. Indigenous population

In seven countries with information available for around the year 2000, indigenous populations make up varying proportions of the national total (see table A.4 of annex 1). Rural areas have higher percentages of indigenous population and in some countries, such as Panama, there are almost twice as many indigenous people in rural areas than in urban areas. This shows that there are still more indigenous people living in rural than urban areas in the region.

Population ageing indicators show many differences between countries in the region. Bolivia and Mexico are the only countries where the percentage of older persons is higher among the indigenous population than the non-indigenous population (in Mexico, the ageing index is similar for both groups), although there are differences according to area of residence. There tends to be a higher proportion of older people among indigenous people in rural areas than in urban areas, whereas the proportion of older people in rural populations in general (i.e., non-indigenous) does not tend to be higher. These patterns could be due to a combination of factors: (i) higher mortality among rural populations, and (ii) the effects or emigration from rural areas. The net result is a tendency towards older females being more common in urban areas, and older men more prevalent in rural areas, both among indigenous and non-indigenous groups.

In most countries, the proportion of older people of both sexes married or living with a partner is higher among indigenous people than among the non-indigenous population. As for the percentage of older persons living alone, there are many differences across the countries and no real distinction between indigenous and non-indigenous groups. The most striking difference is between urban and rural areas, with more people living alone in the latter.

[5] Del Popolo, Fabiana (2001), "Características sociodemográficas y socioeconómicas de las personas de edad en América Latina", *Población y desarrollo series*, No. 19 (LC/L.1640-P/E), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC. United Nations publication, Sales No. S.01.II.G.178.

In terms of heads of household, the results also vary considerably from country to country, although there seem to be a higher incidence of older heads of household among indigenous people. In rural areas, there is a higher proportion of older heads of household among indigenous and non-indigenous groups alike.

In the Caribbean, there is limited information on the indigenous population. What is known is that the incidence of poverty among indigenous groups in Dominica, Guyana and Suriname is extremely high, and that older persons are the most affected due to their limited access to basic social services.[6]

3. Female population

There is a higher proportion of older women than older men within the region. In Latin America, the percentage of population made up by older females is 10.3% and 11% in the Caribbean. For the male population, these figures are 8.3% and 8.9% respectively.

In Latin American countries, there is a higher proportion of older females in urban areas than in rural ones. In Argentina, Guatemala, Honduras, Dominican Republic Uruguay, over 15% of women in urban areas are aged 60 or over. In rural areas, on the other hand, Uruguay is the only country where over 15% of women are aged 60 or above; and there is a higher proportion of older women in rural than urban areas in two of the three countries with the youngest female population (Haiti and Paraguay). In the Caribbean, the countries with the highest percentages of older female population are Barbados and Puerto Rico (16% and 15.6%, respectively).

The masculinity index shows that, in 15 Latin American countries, there are more older women than men, especially in urban areas. The opposite is true in rural areas. In the 60 and above age groups, the masculinity index falls as age increases, particularly in urban areas. In the Caribbean, masculinity indices are lower than in Latin America, and the ratio between men and women is only the same in two countries (Belize and French Guyana).

In the seven Latin American countries with information available for the year 2000, rates of widowhood and divorce are higher among older women than older men. Over a third of the female population is widowed, whereas the figure is less than 20% among men. In Brazil and Mexico, the percentage of widowed women is over 40%.

Although the above shows that women tend to live out their old age without a partner, this does not necessarily mean that most people living alone are women because the percentage of older women living alone is very similar to the figure for men. This may be due to the fact that, according to the SABE survey on health, well-being and ageing,[7] older women tend to live with their married or unmarried children.

Data show that more older men than women assume the role of head of household. Older women are more likely to be heads of household in urban areas, whereas the opposite is true of older men.

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[6] See ECLAC (2003), *Population Ageing in the Caribbean: An Inventory of Policies, Programmes and Future Challenges* (LC/CAR/G.772), Port of Spain, ECLAC Subregional Headquarters for the Caribbean, December.

[7] The SABE survey on health, well-being and ageing was carried out in cities of seven Latin American and Caribbean countries (Argentina, Barbados, Brazil, Chile, Cuba, Mexico and Uruguay). It was coordinated by PAHO and the Center for Demography and Ecology at the University of Wisconsin, Madison, United States.

There are also differences based on the ethnic origin of the female population. Bolivia and Mexico, two of the five countries with information on the indigenous population for the year 2000, are the only countries where the indigenous female population is older than the non-indigenous female population. In Ecuador, the level of ageing is similar among indigenous and non-indigenous women. In Chile and Panama, the female indigenous population is younger than the non-indigenous group. This is not true of rural areas. In Bolivia and Chile the percentage of older women among the indigenous female population is increasing and is higher than the percentage of non-indigenous older women. In the other countries, the female indigenous population is younger or has similar ageing profiles to the non-indigenous female population in rural areas.

II. DIAGNOSTIC ANALYSIS IN THE THREE PRIORITY AREAS

A. OLDER PERSONS AND DEVELOPMENT

1. Economic security of older persons

Rapid population ageing has economic impacts at both the aggregate and individual levels. Older populations put strong pressure on pension systems, making it harder for countries to keep them solvent and sustainable, especially in the case of pay-as-you-go systems. Because of these difficulties, people may not have enough economic resources to meet their needs in the final stage of life. The problem of how to guarantee economic security in old age is one of the most complex policy challenges currently faced by the countries.

A person's capacity to obtain goods in general, both economic and non-economic, is a key factor in determining his or her quality of life in old age. The economic security of older persons can thus be defined as their capacity to independently and regularly obtain and use a sufficient amount of economic resources to enjoy a good quality of life in their old age.[8] Economic security enables older persons to meet objective needs for creating a good quality of life and to enjoy independence in their decision-making. It also enhances their self-esteem by enabling them to play significant roles such as supporting younger generations and relatives who cannot fend for themselves and participating in daily life as citizens with full rights.

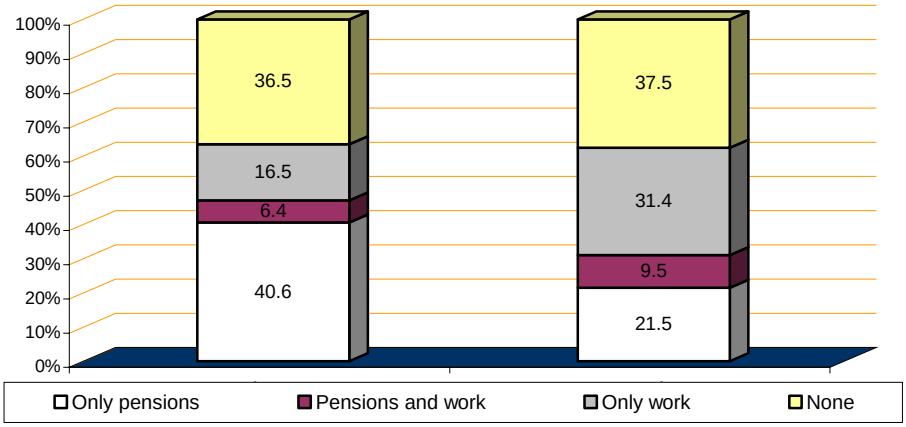
The amount of resources needed is not standard and depends on the person's age, state of health, living arrangements, previous consumption patterns and enjoyment of State benefits in the form of free services or subsidies. Economic security can be provided in a variety of ways: through income-generating work, savings (physical and financial assets), social security systems and support networks, primarily those consisting of family members.

(a) Situation of economic security in the region

Economic security conditions in Latin America and the Caribbean are deficient, unequal and inequitable. As shown in figure 3, more than a third of the region's inhabitants aged 65 or over, including both urban and rural residents, have no income, pension or retirement plans or paid work. Two out of every five older persons in urban areas have social security income, whereas the proportion is just one out of five in rural areas. Work is therefore the primary source of income for older persons in rural areas.

[8] Guzmán, José Miguel (2003) "Seguridad económica en la vejez: una aproximación inicial", document presented at the *Reunión de expertos en seguridad económica del adulto mayor* (Panama City, 9 to 11 April 2003), Inter-American Development Bank (IDB), International Labour Organization (ILO), Economic Commission for Latin America and the Caribbean (ECLAC).

Figure 2
INCOME SOURCES OF THE POPULATION AGED 65 OR OVER, URBAN AND RURAL AREAS OF LATIN AMERICA, CIRCA 1997



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America 1999-2000* (LC/G.2068-P/I), Santiago, Chile, 2000. United Nations publication, Sales No. E.00.II.G.18.

These figures differ widely from one country to another. In urban areas, in eight out of the 16 countries for which information is available, half or more of the population aged 60 or over has no income of any kind. The situation is more or less the same in rural areas, since older persons continue to work and receive some income as a result of this economic participation.

In the Caribbean, a considerable proportion of older persons are not covered by social security systems, and those who are covered receive insufficient benefits to cover their needs. Other sources of income such as remittances (although slow and irregular) and their own participation in the economy (albeit in the informal market) are therefore vital to ensure sufficient income in their old age. However, factors such as families breaking up due to migration (and the resulting care responsibilities for older persons), having to plan ahead since the introduction of compulsory retirement ages, and lifestyle changes resulting from globalization reduce the opportunities older people have to participate in the labour market and therefore limit their capacity to generate income.[9]

(b) Economic participation in old age

A significant proportion of the region's older adults are economically active, in contrast to the trends observed in developed countries. For example, in the United States in 1999, only 17% of men and 9% of women over 65 were still working; in Mexico, data from the 2000 census showed that 67% of men over 60 and 43% of those over 65 were still active. Among women, economic activity declines as age increases, and only 10% of women aged 65 or over are still active.[10] Activity rates are systematically

[9] See ECLAC (2003).
[10] See Guzmán (2003).

higher in rural areas; in Bolivia, for example, over 60% of rural inhabitants aged 60 or over are still active, whereas the proportion is only 38% among city dwellers in this age group.

Two phenomena were observed during the second half of the twentieth century. Initially, participation rates among older persons fell steadily (until 1990), while they have since risen in many Latin American countries over the past decade. Out of a group of 11 countries in the region, most saw an increase in participation rates among people aged 60 to 64 and among those aged 65 or over (see table 3). This trend is probably due to a combination of factors related to pension reform, specifically increases in the legal retirement age and in the number of years of contributions required in order to receive a pension. Other factors may also prompt people to stay economically active for as long as they can. For example, a person's pension benefits may be very modest or unavailable because he or she has not made the necessary social security contributions or to supplement family income during crises.

Table 3
ECONOMIC ACTIVITY RATES OF THE POPULATION AGED 60 TO 64 AND 65 OR OVER IN SELECTED LATIN AMERICAN COUNTRIES, 1990 AND 2000

Country	Years	Age 60-64		Percentage change	Age 65 or over		Percentage change
		1990	2000		1990	2000	
Argentina	1990-2001	33.1	48.5	46.5	9.9	13.0	31.3
Brazil	1990-1999	41.8	47.1	12.7	19.7	25.5	29.4
Chile	1990-2000	36.9	42.6	15.4	14.5	17.5	20.7
Colombia	1992-2000	43.1	40.3	-6.5	21.3	19.2	-9.9
Ecuador	1994-2001	52.7	67.7	28.5	34.1	44.6	30.8
Honduras	1990-2000	57.2	56.7	-0.9	36.9	41.9	13.6
Mexico	1990-2001	40.5	42.5	4.9	21.7	21.3	-1.8
Panama	1991-2000	33.9	41.2	21.5	21.4	20.0	-6.5
Paraguay	1990-2001	47.2	60.4	28.0	34.3	39.0	13.7
Uruguay	1991-2000	38.1	40.3	5.8	10.7	10.1	-5.6
Venezuela	1990-2001	41.7	51.0	22.3	25.2	28.5	13.1

Source: Bertranou, F. and A. Sanchez, *Tendencias e indicadores de empleo y protección social de adultos mayores en América Latina. Versión preliminar*, Santiago Chile, International Labour Organization (ILO), 2003.

In the Caribbean, the rate of economic participation of those aged 65 and above is less than in the whole of Latin America, and the last 20 years have seen a considerable reduction across the entire subregion. In 1980, almost 30% of older adults were employed, with a high rate in Belize (48.2 %) and a relatively low rate in Netherlands Antilles (9.5%). At present, the participation rate for that same age group has halved, with reductions of more than 25 percentage points in Guadeloupe (29.1%) and Martinique (27.4%). Jamaica was the only country to record a slight increase in the rate of economic participation of older persons. Forecasts for 2010 predict a downward trend in the economic participation of older adults, but not at the same rhythm as in previous decades. On average, the rate for the subregion is expected to drop by 3.5 percentage points, with the largest reductions being in Jamaica and Puerto Rico (6.9 and 5.8 percentage points respectively).

Using gender as a classification criterion, the rate of economic participation has traditionally been higher among men than women, (29.3% and 7.44% respectively for the entire subregion). In the present

decade 7.4% of women aged 65 and above are employed, with the highest rates recorded in Jamaica (23.7%) and the lowest in Puerto Rico and Suriname (less than 3%). Among men, the current rate of economic participation in all Caribbean countries with information available is almost 30%, with Jamaica being the only country where the average is higher. As is the trend among the total population aged 65 and above, economic participation among men is also trending downwards and will be 22.46% by 2010. The most exception to the general trend is that women are maintaining their current levels of participation (see table A.5. of annex 1).

Economic activity rates for older persons are directly related to rates of social security coverage, decreasing in line with increases in the proportion of the population receiving pension benefits.[11] A high workforce participation rate among older adults therefore does not necessarily mean that these people have freely chosen to work; it may mean that they must work in order to obtain the minimum amount of economic resources they need to survive. Unfortunately, in relatively less developed countries, older persons tend to engage in informal employment that does not alleviate their socio-economic vulnerability. An analysis of the number of hours worked by those who remain in the labour market shows no significant difference between older adults and persons approaching retirement in terms of the number of hours worked, yet the income earned by the former is significantly less than the income earned by the group aged 50 to 59.

This does not mean that older persons' economic activity never has positive effects on income. In at least nine countries of the region the poverty rate among households with older adults would be close to or more than 20% higher if this earned income were eliminated. Accordingly, support for the economic endeavours of older persons could be a good way to promote active ageing in sectors which are not engaged in, or have been displaced from, dependent employment in the labour market.

(c) Social protection systems

In the 1980s Chile began a wave of retirement and pension system reforms that resulted in the introduction of a new social security regime intended to eventually replace the system in force up until that time. Under the new system, retirement pensions are financed solely through individual capitalization, while disability and survivor's pensions are financed from a combination of personal savings and collective life and disability insurance. Social security resources are managed by a number of specialized private firms, and each worker may choose which firm is to manage his or her pension. The State, meanwhile, acts in a regulatory and supervisory capacity and as the system's guarantor of last resort.[12]

In the 1990s structural reforms were introduced in the retirement and pension systems of the following Latin American countries: Peru (1992), Argentina (1993), Uruguay (1995), Bolivia (1996), Mexico (1996), El Salvador (1997) and Costa Rica (2000). Each of these reforms has specific features; for example, in Peru a new system of private retirement and pension fund managers competes with the old pay-as-you-go system, while in Argentina, Costa Rica and Uruguay the individual capitalization system is complemented by public pay-as-you-go systems, giving rise to integrated social security systems. In Bolivia and El Salvador, as in Chile, the reformed capitalization systems will eventually replace the old pay-as-you-go systems. Lastly, Ecuador, Nicaragua and the Dominican Republic have enacted social

[11] See ECLAC (2000), *Social Panorama of Latin America 1999-2000* (LC/G.2068-P/I), Santiago, Chile. United Nations publication, Sales No. E.00.II.G.18.

[12] It should be noted that, in Chile, the State-guaranteed minimum pension is just one (albeit the best known) of the fiscal guarantees provided. The State also guarantees life annuities, work-related disability and survivor's pensions and, as a last resort, the minimum profitability of pension funds.

security reforms introducing individual capitalization, but have not yet put the new systems into operation.

The progression towards fully funded social security schemes has led, in some cases, to non-solidarity-based systems that rely on individual social security saving. In other cases the operation of fully funded schemes is integrated with and balanced by the operation of mechanisms such as minimum or basic pensions. One feature of the new systems is that they have tended to make a clear distinction between contributory components and redistributive ones. As a result, when redistributive components are not properly implemented, the accessibility and quality of old age, disability and survivor's benefits come to depend largely on each individual's work history. One exception to this trend is the reform enacted recently in Colombia (Law No. 797), which incorporates some redistributive components into the pension system itself for purposes such as the financing of minimum pensions.

Another element which nearly all of the region's retirement and pension systems have in common is their focus on formal-sector workers in dependent employment arrangements. Although the systems in Argentina and Uruguay include mandatory coverage for self-employed or own-account workers, compliance rates among such workers are limited, especially in Argentina. Generally speaking, the low rate of protection for self-employed or own-account workers is a problem that was not addressed by the social security reforms of the 1980s and 1990s. Owing to the high rate of informal-sector employment and to self-employed workers' limited capacity to pay social security contributions, a sizeable proportion of the population has effectively been left out of the contributory system, meaning that people in this category will not be self-sufficient in terms of income unless they have enough resources of their own.

The Caribbean has two types of pension system: contributive and non-contributive. In many countries in the Caribbean, formal government pension schemes came only into effect after independence, i.e. in the 1960s (in the case of Jamaica for example in 1962) and 1970s, as did much of the development of the public sector. For the oldest age groups, these efforts came too late to be taken into consideration. Presently only about one third of all elderly in the Caribbean subregion are receiving any form of government pension. A considerably part of the population in the Caribbean is self-employed and a large share works as employee in the informal sector and thus has never contributed to any established pension scheme. More women than men have been excluded from such pension schemes, since the percentage of women in the informal sector is generally higher than that of men and unemployment rates are also generally higher for women than for men in the subregion. Quite often, women are and have been heads of households and thus the only breadwinner in a family. As a result, no resources were left to invest into their future financial security. In only two countries, Jamaica and Trinidad and Tobago, more than two thirds of all elderly are receiving pension income. All other countries provide such support only to a third of their population or to even less as is the case of Grenada, where less than five% of the elderly receive such benefits. Data from a survey on the elderly conducted in 1999 in Trinidad and Tobago[13] indicate that 75% of the elderly population had been in receipt of an old age pension. Most recent census data for Barbados suggest that 84% of the aged enjoy the benefits of a local pension. Full pensions are guaranteed quite often with relatively few years of contributions, the most extreme example being Jamaica, where only three years are required in contrast to the 20 years necessary in the case of Haiti.[14]

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[13] See Hunte, Desmond (2003), "Políticas y programas para las personas mayores en Trinidad y Tabago", *Redes de apoyo social de las personas mayores en América Latina y el Caribe* (LC/L.1995-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, Cooperación Italiana, United Nations Population Fund (UNFPA).

[14] See ECLAC (2003).

The degree of economic security provided to today's older adults through formal social security systems reflects the way these systems were designed three or four decades ago and the labour market conditions prevailing at that time. Accordingly, a prospective analysis of the systems' future potential to provide older persons with economic security must be based on indicators of the coverage of current workers and on the new conditions being imposed for access to retirement benefits. While a wide range of structural reforms have been introduced in retirement and pension systems, as described above, all of them have tended to "toughen" the eligibility requirements for retirement benefits.

With respect to the coverage of current workers, out of 10 countries analysed, only Uruguay and Chile currently cover more than 50% of the economically active population (EAP), while five countries (Argentina, Brazil, Colombia, Ecuador and Venezuela) have participation rates of about 30% of the EAP and the rest (Bolivia, Paraguay and Peru) have rates of about 10%. This indicator, though static and aggregate, is useful for highlighting the need for a more in-depth assessment of the degree of retirement coverage which social security systems will be able to offer in the future. In other words, the young people and young adults who do not currently pay into the social security system will one day be older adults with insufficient or non-existent retirement benefits. Consequently, unless corrective measures are taken, the proportion of older adults receiving retirement and other pensions could be smaller than it is today. If this situation is not recognized and corrective steps are not taken in time, assistance-based or non-contributory benefit systems and formal and informal support networks for older adults will come under tremendous pressure. In fact, non-contributory and assistance-based pension programmes have been gradually but insufficiently expanded to fill in the gaps in coverage that occur in contributory systems.[15]

Thus, while the newly reformed social security systems will be in a better position financially than they were in the past, they can also be expected to provide less coverage in terms of benefits than they do today. The countries should therefore carefully monitor resource accumulation by workers in order to anticipate pressures either on the fiscal resources needed to provide non-contributory benefits to persons not covered by the contributory system or on the capacity of the labour market and families to make up for shortcomings in the social security system. These problems may be more serious in countries such as Bolivia, El Salvador and Peru, whose reforms have a bigger personal-saving component and where the informal sector accounts for a large proportion of the labour market.

The new pension systems based on individual saving are undeniably interesting as a way of providing income security in old age to workers who are regularly engaged in formal employment. These systems do not, however, have the necessary tools to prevent poverty among older persons who do not work in the formal labour market or are forced to stop working without having accumulated enough resources. Preliminary assessments of the new fully funded systems indicate that, in countries where such systems have been implemented in a context of macroeconomic stability and fiscal discipline, the reforms have tended to alleviate medium-term fiscal problems, partly because they reduce the amount of expected fiscal obligations and partly because they transfer some of the financial risk to individuals.

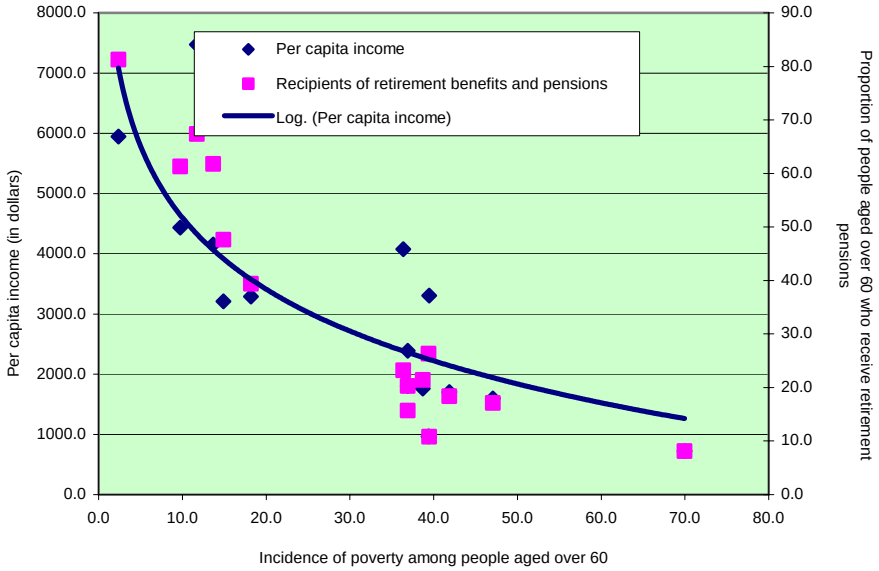
(d) Poverty in old age

The incidence of poverty among older people is closely linked to countries' organizational structures and progress made throughout society in reducing poverty. Figure 3 shows the relationship between the proportion of older adults living in poverty and the level of per capita income (as an indicator

[15] Bertranou, F., C. Solorio and W. van Ginneken (2002), Pensiones no contributivas y asistenciales en Argentina, Brasil, Chile y Uruguay, Santiago, Chile, Internacional Labour Organization (ILO), Regional Office for Latin America and the Caribbean.

of social development) on the one hand and social security cover on the other. Both show that the countries with higher levels of development and cover have a lower proportion of poor older persons. In the future, the level of poverty in new cohorts of older persons is expected to increase as cover from pension systems is reduced.

Figure 3
POVERTY IN LATIN AMERICA, PENSIONS COVER AND POVERTY



Source: Based on the database of Fabiana del Popolo (2001), *Características sociodemográficas y socioeconómicas de las personas de edad en América Latina*, ECLAC Series Población y desarrollo Nº 19; ECLAC (2002), *Social Panorama of Latin America 2000-2001*, table 1, page 181.

Older persons are particularly vulnerable in unfavourable circumstances. The risk of descending into poverty may be higher for this age group, since they have less capacity to generate income and the return on their human capital is comparatively low.[16] In the Caribbean, certain factors such as the informal nature of the labour market, disability and small-scale agriculture increase the vulnerability of older people and consequently the risk of suffering from poverty. Since the beginning of the 1980s, the economic conditions in almost all Caribbean countries have been volatile, with low or negative growth rates as a result of external shocks, changes in the demand for exports and natural disasters such as hurricanes, floods or volcanic eruptions. According to ECLAC, a high proportion of older people aged 75 and above in Trinidad and Tobago have therefore been living on or below the poverty line and those people aged 55 and over saw their potential lifetime savings considerably reduced.[17]

[16] See Martínez, Jorge (2004), "Población y pobreza", document presented at the Open-ended Meeting of the Presiding Officers of the sessional Ad Hoc Committee on Population and Development, Santiago, Chile, 10-11 March 2004.

[17] See ECLAC (2003)

Poverty estimates for older persons show lower indices than for the young population.[18] This is the case in 11 of the 15 Latin American countries with urban poverty measurements, with the Dominican Republic being the only country in the region whose older persons are relatively poorer than the rest of the population. In Costa Rica, El Salvador and Honduras, poverty levels among older people are similar to the averages among younger age groups.[19] This can be explained by the fact that older people accumulate more assets, mainly in the form of pensions. However, in countries with low social security cover, this could conceal higher levels of poverty among older people for two reasons.

First, the needs of older people are different to those of the younger population, hence the poverty lines calculated with the traditional method using baskets of goods and services (including food) do not reflect needs such as those related to the health problems of older people. If these factors could be incorporated into the calculation of the poverty lines, they would probably be higher for older people than for the younger population.

Second, older people suffering from poverty go to live with their children or other relatives in a better economic situation, thereby "escaping" poverty despite their income remaining non-existent or low. Data from the Mexican census carried out in 2000 seem to confirm that trend. Low income is estimated to affect around 58 % of older people (based on total household income recorded by the census). However, the figure rises to almost 80 % if calculated at the individual level. This means that, in Mexico at least, 20% of older people would be poor if they did not live in households whose other members are not poor (see box 1).

Although the reasons for the lower incidence of poverty among older people are unclear, it may be partly due to social security systems helping to reduce the incidence of poverty by compensating for older people's reduced capacity to generate income with income from pensions and benefits. Therefore, the scope and cover of social security systems partly explain both the level of poverty of older adults and the differences in the incidence of poverty between older people and the rest of the population.[20] Last but not least, the low number of older people in poor households may be due to the fact that poor people are less likely to reach a very old age due to the precarious conditions to which they have been exposed throughout the various stages of their life cycle.

[18] See José Miguel Guzmán (2002).

[19] See del Popolo (2001).

[20] The cover of social security systems, and retirement pensions in particular, partly explains the different incidence of poverty among older people who are relatively young (between 60 and 70), because they maintain a certain capacity for work while being entitled to receive a reitrement pension.

Box I

HOUSEHOLD INCOME AND INDIVIDUAL INCOME. A DIFFERENT PERSPECTIVE ON POVERTY AMONG OLDER PERSONS

Poverty affecting older people is usually measured using information on households. This does not necessarily reflect the actual situation of older people, regardless of whether they are autonomous or dependent on the resources of other members of the household. On the basis of the dichotomy between household and individual income, the poverty situation of older people was classified into six groups, taking into account both their own income and that of the household of residence**.**

Household income	**Individual income**		
	No income	**Low income**	**Average and high income**
Low income	Destitute	Extremely poor	Insufficient contributors
Average and high income	Completely dependent	Contributing dependents	Completely autonomous

(a) *Destitute*: having no income of their own and living in low-income homes.
(b) *Extremely poor*: having low income and living in low-income homes.
(c) *Insufficient contributors*: having incomes that are average or high but insufficient to raise their households above the poverty line.
(d) *Completely dependent*: having no income but living in households that do not suffer from poverty.
(e) *Contributing dependents*: having a low income but living in households that do not suffer from poverty.
(f) *Completely autonomous*: living in households with average or high income and having their own high income.

DISTRIBUTION OF PERSONS AGED 60 AND ABOVE, BY INDIVIDUAL INCOME AND BY HOUSEHOLD INCOME. MEXICO, 2000

	Individual income			
Household income	**No income**	**Low income**	**Average or high income**	**Total**
Low income	30.8	24.8	2.6	58.3
Average or high income	12.1	11.9	17.7	41.7
Total	42.9	36.7	20.3	100.0

Source: Authors' calculations based on census microdata.

The above data from Mexico indicate that there is a critical group categorized as "destitute", which makes up almost a third of older adults. Another critical group is the "extremely poor", which makes up a quarter of the older population. The "dependent" groups nenefit from other household members having sufficient income, which places them at an advantage compared with the above-mentioned groups. However, their economic dependence may have negative effects on other aspects that influence quality of life such as independent decision making. Lastly, a fifth of older persons in Mexico are "completely autonomous", in that their income is average or high and the overall income of their household is similar.

2. Participation by older persons

Participation consists in promoting the organization of individuals on the basis of interests and creating conditions in which the community can articulate and defend those interests and make demands, form alliances or determine public policy on that basis.[21] For the older population, personal fulfilment involves playing a more active role in public affairs, defending their demands for equitable access to employment opportunities and occupying a central rather than a marginal place in society. In Latin America and the Caribbean organized groups of older persons carry out a broad spectrum of activities that range from lobbying for health-care services and microenterprises to providing legal advice or defending rights.

(a) Participation in designing and monitoring policies and programmes

Since the last decade of the twentieth century, structures have been set up in different countries to enable organizations of older persons to participate in the design and implementation of policies and

[21] See Licha, I. (1998), *Participación comunitaria. Conceptos y enfoques de la participación comunitaria*, Washington, D.C. , Social Development Institute (INDES).

programmes. No information is available for assessing the effectiveness of existing mechanisms, but they are known to represent valuable opportunities for learning and exercising negotiation skills.

(b) Community participation

In almost all the countries of the region, there are two main types of organization in which older persons participate: (i) community organizations that grow old along with their members and are replenished by new generations, and (ii) organizations consisting exclusively of older persons. In addition, older persons participate in a variety of informal networks of various types (family, neighbourhood, community) in which they take part in exchanges. The structure and content of the networks vary according to context, but they generally tend to be headed and financed by men, while women are to a greater extent "members" and exchange services and assistance.

(c) Volunteering

In many countries of the region older persons participate in volunteer activities. The availability of free time after they have stopped working and/or their children have become independent encourages them to engage in this type of socially productive work.

The comparative analysis of practices with regard to volunteer work is complex because the value and meaning of exchanges vary both within and between countries of the region. Nevertheless, certain trends can be identified on the basis of data from the SABE survey on health, well-being and ageing.

São Paulo and Bridgetown are the cities with the highest levels of volunteering by older persons. Santiago, Buenos Aires and Montevideo have intermediate levels of volunteering, while Mexico City and Havana have low levels. Most of this volunteer work is performed in churches and temples; these are followed by other places such as centres for older persons (Santiago, Buenos Aires and Havana), social welfare services (Mexico City, Montevideo and São Paulo) and children's homes (São Paulo and Montevideo). A smaller proportion of older persons volunteer at universities, schools or hospitals. The type of institution in which volunteer work is carried out varies by sex, as does the type of activity (see table 4).

Table 4
PERCENTAGE DISTRIBUTION OF THE PLACES WHERE OLDER PERSONS PERFORM VOLUNTEER WORK: SELECTED CITIES IN LATIN AMERICA AND THE CARIBBEAN

Type of assistance	Buenos Aires	Bridgetown	São Paulo	Santiago	Havana	Mexico City	Montevideo
Social welfare services	8.5	6.7	12.5	4.0	4.2	36.7	14.2
Centres for older persons	13.1	3.3	6.8	12.5	8.3	4.8	10.0
Children's homes	7.9	1.6	10.1	4.3	2.4	1.3	20.1
Schools/universities	6.5	0.3	0.8	1.1	5.0	2.9	4.2
Health-care centres	5.1	1.0	0.0	2.2	14.6	3.9	3.5
Churches or temples	36.2	73.5	57.1	37.6	22.0	38.1	25.1
Hospitals	6.5	0.8	2.5	1.3	15.4	0.0	3.4
Other	16.3	12.8	10.2	37.1	28.1	12.3	19.5
Total assistance	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Survey on health, well-being and ageing. Special processing carried out by the Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC, 2003.

(d) Kinship networks

The family is the setting for the intergenerational transfer of resources —material goods, care, emotional goods— that are extremely important in the daily lives of older persons. While such exchanges fall within the private sphere, in many communities the boundaries between relationships with members of the same family and relationships with members of the same neighbourhood or community are blurred or permeable. According to the SABE survey on health, well-being and ageing, the assistance provided by older persons within kinship networks varies according to socio-economic level; the provision of childcare, however, is a generalized practice. Between 17% (in Bridgetown) and 25% (in Montevideo) of older persons provide childcare services, thereby contributing to the socialization of new generations and to the transmission of knowledge and customs.

(e) Education

Lifelong learning poses challenges to formal educational systems by creating a demand for training in the use of new technological developments, the completion of unfinished basic schooling or access to studies in subject areas of special interest. Since the 1980s some countries of the region —Costa Rica, Chile, Uruguay, Argentina and Brazil— have shown an increase in the number of universities for the "third age", which address the training needs of older persons in the middle socio-economic strata. In general, a higher percentage of women than men take part in these activities. This phenomenon is attributable not only to women's longer life expectancy, but also to the need to close generation gaps.

All these trends demonstrate that older persons carry out a variety of activities for their own benefit and the benefit of the community. However, these practices are not always coordinated and do not always bring about changes in the status and position of older persons. It is to be hoped that these trends will help to generate conditions for the greater empowerment of older persons in the years to come.

3. Gender and ageing

Old age can be a time of loss but also of plenitude, depending on a combination of the resources and individual and generational opportunities to which people are exposed throughout their lives, according to their status within society. Age must therefore be linked to other social differences that condition access to and use of said resources and opportunities, such as gender, social class and ethnic group.

The connection between gender and ageing lies as much in social change owing to the passing of time as in age-related events that occur throughout a life cycle.[22] This means that the social construct of gender is not the same in all stages of the lifecycle, and the same can be said of the passing of time expressed in chronological, physiological and social age for men and women. The crux of the matter lies in understanding how age and gender are related to the distribution of power, privileges and well-being in society.[23]

This section describes the differences between older men and women in some areas related to well-being that are dealt with in the present document.

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[22] Arber, S. and G. Jay (1995), "Mera conexión. Relaciones de género y envejecimiento", *Relación entre género y envejecimiento. Un enfoque sociológico*, Madrid, Ediciones Narcea.

[23] Ibid.

(a) Poverty and gender inequalities

Gender differences in the economic security of older persons can be observed mainly by studying economic situation in old age. This is due to the fact that, during old age, disadvantages accumulated throughout a lifetime are more apparent, and gender acts as a genuine stratifying variable that results in a better or worse economic situation based on people's life trajectory.[24]

Poverty in old age is the expression of extreme inequality in terms of economic situation. According to the Commission on the Status of Women, age and gender inequalities are linked with poverty and poverty among older women is not accidental but is multidimensional in that it stems from the multilayered inequalities that women experience during their lifetime because of their gender, class, race, ethnicity and marital status.[25]

In this perspective, gender as a stratifying variable of the economic situation during old age has its origin in the sexual division of labour, due to the fact that women's role in social reproduction limits their opportunities for remunerated employment, educational achievements and practical knowledge.[26] When women enter the labour market, they have poorly remunerated and undervalued positions, which causes economic and social disadvantages that result in inequalities during old age. One striking aspect of this line of argument are the legal and policy problems, and more specifically, laws and traditions related to patrimony, credit and inheritance, which tend to favour men.

According to the Centre for Social Development and Humanitarian Affairs of the United Nations Office in Vienna, older women are more likely to live in poverty than men.[27] To what extent does this apply to Latin America and the Caribbean?

Data from household surveys carried out in Latin America in around 2000 indicate that older women are indeed more disadvantaged than men in terms of economic security: (i) a higher percentage of women have no income of their own, (ii) a higher percentage of women receive no benefits or pension, and (iii) women's income from pensions and benefits are lower. These inequalities are partly due to the circumstances of women's working lives or to institutional limitations of the laws and rules governing social security systems. However, this does not always result directly in poverty for older women, as shown in the femininity index for poor urban households (see figure 4).

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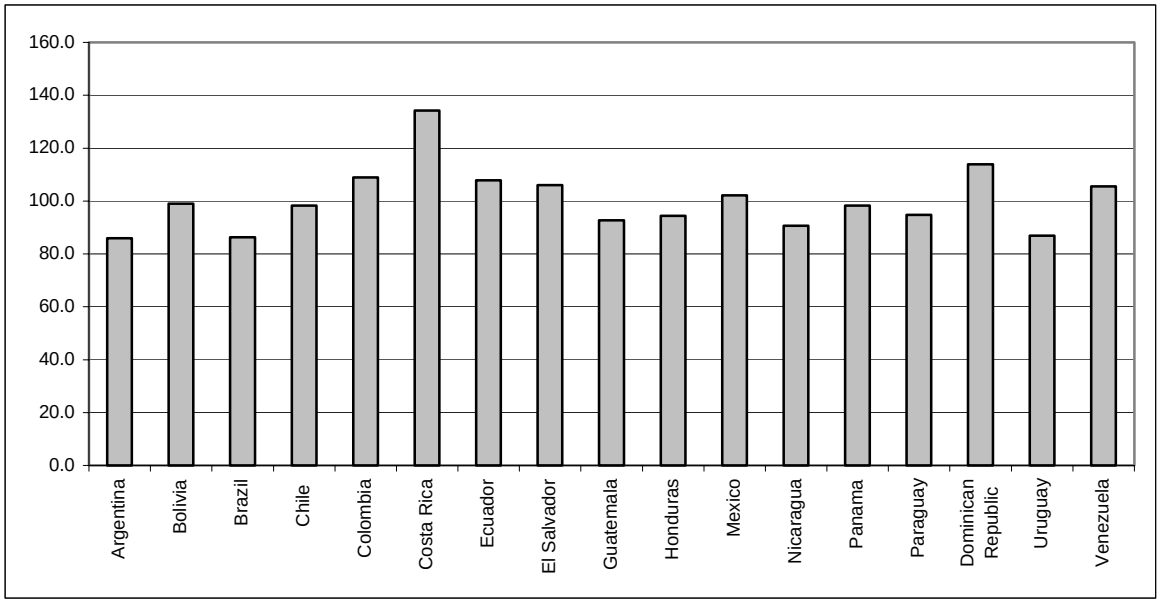
[24] Huenchuan, Sandra (2004), "Envejecimiento, género, y pobreza", *Revista Perspectivas de trabajo social*, Santiago, Chile, Universidad Cardenal Raul Silva Henriquez, unpublished.

[25] United Nations, Commission on the Status of Women (1999), *Gender and ageing: problems, perceptions and policies. Report of the Secretary-General* (E/CN.6/1999/3), March.

[26] See Stone, Robin (1999), "The feminization of poverty among the elderly", *Women's Studies Quarterly*, Nos. 1 and 2, Rochester.

[27] United Nations (1991), *The World Ageing Situation 1991*(ST/CSDHA/14), New York

Figure 4
LATIN AMERICA (17 COUNTRIES): FEMININITY INDEX AMONG THE OVER 60s IN POOR URBAN HOUSEHOLDS, AROUND 1999



Source: Economic Commission for Latin America and the Caribbean (ECLAC) – Women and Development Unit, based on the gender statistics database, http: www.cepal.org/mujer

The probability that, in most countries' urban areas, older women in this generation are not living in poverty seems to be due to the possibility of receiving family transfers that compensate the limited opportunity for receiving social transfers through the social security system. This can be deduced from the comparative studies carried out in seven of the region's cities on the basis of the SABE survey on health, well-being and ageing, which show that older women are considerably more likely than men to receive help in the form of money or goods, whereas men are considerably more likely to provide help in the form of money.[28]

Nonetheless, depending on children and other relatives can affect women's autonomy. Also, having regular income —which is not necessarily a characteristic of financial support from the family— is a determining factor in access to health care. Women often receive support from their children and, in particular, their daughters, who seem to constitute an intermediate generation that is contributing to their own home and the well-being of their ascendants.

Information on men indicates that they continue to act as providers during old age.[29] Although this may provide them with some security, the fact that their family and community support networks are more limited may have serious consequences for their well-being in the long term.[30]

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[28] See Saad, Paulo (2003), "Estudio comparativo de encuestas SABE", *Notas de población series*, No. 77 (LC/G.2213-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC. United Nations publication, Sales No. S.03.II.G.171.

[29] See Huenchuan, Sandra and Z. Soza (2003), "Red de apoyo y calidad de vida de personas mayors", *Notas de población series*, No. 77 (LC/G.2213-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC, and Ham-Chande and others (2003), "Redes de apoyo y arreglos de domicilio de las personas en edades avanzadas en la

(b) Disability and mortality in old age from a gender perspective

Gender differences in terms of mortality and the frequency, type and age of onset of disability are related to physiological ageing and give rise to significant inequalities in the final stage of life.[31]

Women tend to live six years longer than men, and there are differential causes of morality according to gender. Beyond that assertion, however, its is important to establish whether women's increased life expectancy actually results in a gain in life years —which in old age means years free of disability— and whether differences in causes of mortality are indeed due to biological factors.

As far as the first point is concerned (i.e., rates of disability), replies concerning physical, or mental disabilities of people aged 60 and over and 70 and over in the latest populations censuses from 14 countries in the region suggest the following outlook (see table 5).

Table 5
POPULATION AGED 60 AND OVER, RATES OF TOTAL DISABILITY REPORTED IN NATIONAL CENSUSES —PER 1,000[a]— BY MAJOR AGE GROUPS

	Aged 60 and over			Aged 70 and over		
Country	**Total**	**Men**	**Women**	**Total**	**Men**	**Women**
Belize (2000)	321.0	304.0	338.7	424.4	409.3	439.3
Brazil (2000)	66.7	72.5	61.5	94.4	94.0	98.8
Chile (2002)	81.7	94.5	71.5	123.6	136.7	120.3
Colombia (1993)	103.2	107.6	99.2	150.1	155.8	152.6
Costa Rica (2000) [b]	160.9	180.2	143.5	216.7	238.8	209.6
Ecuador (2001) [b]	135.8	134.2	137.1	158.4	155.0	172.7
El Salvador (1992)	77.1	81.5	73.5	117.1	124.4	116.9
Guatemala (1994)	29.1	33.6	24.8	41.1	45.1	39.2
Mexico (2000) [b]	135.1	137.3	132.9	210.2	207.1	223
Panama (2000)	51.9	57.9	46.1	81.5	88.3	79.2
Paraguay (1992)	31.6	33.9	29.7	54.9	58.3	54.6
Peru (1993)	69.3	69.5	69.1	82.2	82	87.7
Saint Lucia (1991)	355.1	308.6	391.7	495.3	420.6	583.8
Venezuela (2001)	46.6	49.7	43.8	75.5	76.2	78.2

Source: National population censuses and data processed by the Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC, 2003.

[a] Standardized rates.

[b] These countries include partial or total blindness, while other countries only include total blindness.

ciudad de México", *Notas de población series*, No. 77 (LC/G.2213-P), Santiago, Chile. United Nations publication, Sales No. S.03.II.G.171.

30 See Montes de Oca, Verónica (2003), "Redes comunitarias, género y envejecimiento" *Notas de población series*, No. 77 (LC/G.2213-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC. United Nations publication, Sales No. S.03.II.G.171.

31 See Arber, S. and G. Jay (1995).

The rates of disability in those aged 60 and over are not considerably different between men and women. The same cannot be said of those aged 70 and over, in which women have a higher rate of disability than men in most countries.

Disability has repercussions on the family and community lives of the oldest women, owing to the loss of independence and the increased care needs. Given the gender differences in terms of disability and the fact that there is an unequal number of men and women in this age group, providing and receiving informal care in the 'fourth age' are gender marked. Older women are more likely to have their daily lives hampered by functional disability. Also, higher rates of widowhood among women make them less likely to have a partner to care for them.

In terms of the higher rates of widowhood, there are significant differences in the causes of death between older men and women in the region. Although mortality rates for all causes are higher among men than women, only external causes can provide indications of gender differences. According to data from the SABE survey on health, well-being and ageing, the number of deaths due to transport accidents, choking, falls, homicide and suicide is much higher among men. In this case, biological factors are less important than the variety of social factors that make the male population more intensely exposed to risks than women.

As a result, women's greater life expectancy is often offset by disability, and excess mortality among men is affected by biological but also social factors that can be controlled.

(c) Gender differences in support and elder abuse

Older people's quality of life depends on economic security and on the human resources available for providing care as their dependency increases.

There are significant gender differences in the availability and supply of support. The availability of support depends on the size of the family and community network. The SABE survey on health, well-being and ageing reveal that women have a wider support network than men.[32] Also, women's more effective insertion into the community means they are more likely to receive support.[33] All studies show that, regardless of age group, women are much more likely to be care providers.

Elder abuse is also an expression of socialization marked by gender and society's image of old age. The forms of violence vary according to the life cycle and gender of the victim and aggressor. Research reveals that there are victim and aggressor profiles in elderly abuse. Victims tend to be women aged over 75 with some physical dependency and the aggressor is usually the caregiver. The aggressor profile depends on the type of abuse. Neglect is often perpetrated by women, who usually tend to be the caregivers; whereas physical or sexual abuse is usually perpetrated by men, most commonly a husband or sons.[34]

The above reveals that men and women enter old age with completely different personal and social resources, and that these differences result from experience accumulated throughout their lives within real and symbolic gender-marked frameworks and other bases for social differentiation.

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[32] See Huenchuan, Sandra and Z. Soza (2003) and Ham-Chande, R. and others (2003).

[33] See Montes de Oca, Verónica (2003)

[34] See R. Rubio and Storross (2003), "Los malos tratos en personas mayores: un reto a superar en el tercer milenio", *Revista Geriatrika*, Madrid, Liga de Geriatras y Gerontólogos de Lengua Latina.

In terms of availability of support from relatives and the community (but not from partners), women seem to have certain advantages over men due to their greater social capital. This stage of life highlights the fact that men have been prepared for and involved with the abstract and impersonal world of the market economy, and that their socialization does not always prepare them for the world outside of work. In this situation, women's knowledge of home economics and links of family solidarity are clearly the best prepared socially to face this stage in life . However, these personal capacities may be limited by the context in which they live, given that elder abuse is a danger faced more often by women on account of their longer lifespans.

In summary, there are major gender differences in old age like in the other stages of life. These differences can result in an unfavourable situation for women. However, unlike at other stages of the life cycle, men may also suffer some negative consequences as a result of their masculine socialization, which is not always an advantage.

B. AGEING AND HEALTH

The Latin American and Caribbean countries have made extraordinary progress in reducing mortality at all ages, thereby increasing life expectancy and improving the population's health. Nonetheless, acute social and age-related inequalities in terms of older persons' health status and access to adequate health care are still in evidence.

Much of the future increase in the proportion of older persons out of the total population can be traced back to changes in mortality patterns between 1930 and 1990. The speed of these changes was due to the rapid decline in mortality associated with infectious diseases in the first 10 years of life. The relatively short period of time in which the age structure of the region's population has shifted reflects —at least in part— the medical and public health revolution that triggered the decline in mortality half a century ago. Older persons who reach the age of 60 after the year 2000 are those who experienced the benefits of the medical technology introduced after the Second World War. The gains that have increased their life expectancy resulted largely from the success achieved in reducing exposure to infectious diseases, developing better treatments and raising rates of recovery.[35] This has led to the hypothesis that, in the near future, the health status and functional limitations of older adults in Latin America could worsen. Should this prove to be the case, the ageing process in the region will sharply increase the demand for health care services. Even if this hypothesis is not borne out, however, the absolute and relative increase in the population aged 60 or over, especially at the upper limits of this age group, will have the effect of steadily increasing this demand.

The sections below present analyses of the factors considered in relation to the problem of health among older persons in the region.

[35] See Palloni, Alberto, S. DeVos and M. Pelaez (1999), "Ageing in Latin America and the Caribbean", *CDE Working Paper series*, No. 99-02, Madison, Center for Demography and Ecology (CDE), University of Wisconsin.

1. Cause-specific mortality profiles of older persons

Below is an analysis of changes in cause-specific mortality patterns among people aged 60 or over. The analysis was based on available data for various countries of the region from the early 1980s and the late 1990s.[36]

(a) Communicable infectious diseases

In terms of communicable infectious diseases, the standardized mortality rate among adults aged 60 or over dropped by 16% among men and 19% among women. In this category, the most common cause of death among older adults of both sexes continues to be respiratory infections, the rate of which dropped by 8% among men and 15% among women over the period considered. The most significant reduction was in mortality caused by tuberculosis, which declined sharply for both sexes: by 49% among men and 54% among women.

(b) Neoplastic diseases

The standardized mortality rate for neoplastic diseases increased slightly among men (4%) and fell slightly among women (5%). Among men in this age group, the most striking trend was the 52% increase in the risk of death from prostate cancer and the 6% increase in the incidence of death from lung cancer, which were not offset by the reductions in the risk of death from stomach cancer (-25%) and other neoplastic diseases (-1%). Women in this age group saw increases in their risk of death from lung cancer (25%) and breast cancer (15%), which were partly offset by decreases in the risk of death from stomach cancer (-34%), uterine cancer (-14%) and other neoplastic diseases (-3%). Overall, cancer is still the second most common cause of death in this age group after cardiovascular disease.

(c) Diseases of the circulatory system

The risk of death from diseases of the circulatory system fell by about 21% among men and 29% among women aged 60 or over. This was the most striking aspect of the change in the mortality profile of older adults in Latin America and the Caribbean in the last two decades of the twentieth century. Indeed, the decline in mortality from circulatory diseases was the biggest contributor to the increase in life expectancy for both sexes. The most significant reductions in region-wide standardized mortality rates were in the areas of cerebrovascular disease and ischaemic heart disease. The risk of dying from hypertensive disease, on the other hand, fell by 2% among women and rose by 8% among men, although it declined among both men and women at the lower end of this age group. There was a marked reduction in the risk of death from other diseases of the circulatory system (-42% among women and -38% among men). This category includes rheumatic fever, valvular heart disease, congestive heart failure, cardiomyopathy and many other cardiovascular conditions.

(d) External causes

The standardized rate of mortality due to external causes fell by almost 16% among men and 19% among women aged 60 or over. The main external cause of death for both sexes is transport accidents. Men are three times more likely than women to die in such circumstances, despite a reduction of 19% among the former and 21% among the latter. Accidental falls are the second most common external cause

[36] Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Jamaica, Mexico, Panama, Paraguay, Puerto Rico, Dominican Republic, Trinidad and Tobago and Venezuela.

of death among older adults, although the mortality rate declined by 43% among women and 22% among men. Among older adult males, homicide is still a major external cause of death and homicide rates have remained relatively stable. Suicide is almost six times more frequent among older adult males than among women in the same age group.

(e) Other causes

The standardized rate of mortality among older adults due to all other causes increased over the period considered. Diabetes mellitus increased considerably during that time and the absolute risk of mortality increased sharply by 57% among men and 39% among women, thereby reducing excess risk among women from 25% to 10% over the period.37 Mortality from chronic obstructive pulmonary disease went down, whereas mortality from liver cirrhosis remained at much the same level.

2. Morbidity profiles and risk factors among older persons

People aged 60 and above have a complex epidemiological profile that is a peculiar combination of infectious conditions typical of populations living in poverty and non-communicable chronic conditions typical of older persons. Despite successes in controlling infectious diseases, they still constitute a serious risk for older people with a low socioeconomic level, particularly emerging and reemerging diseases.

Date from the SABE survey on health, well-being and ageing was the main source used to identify the epidemiological profile and risk factors of older persons in the region.

(a) Self-perception of health

The data SABE survey on health, well-being and ageing show that most older persons report that they are not in good health and that this indicator is higher among women in all the cities surveyed.[38] In Mexico City, Havana and Santiago, Chile, more than 60% of women and more than 50% of men aged 60 or over rate their state of health as poor or fair. These percentages are almost twice as high as the ones for Buenos Aires, Montevideo and Bridgetown, Barbados. In the United States and Canada, the figures are only 35% and 40%, respectively, for persons aged 70 or over. This is an indication of the enormous health disparities that exist between countries that have very similar life expectancies at age 60 but that have had very different experiences in terms of population ageing and economic processes.

(b) Non-communicable diseases

Non-communicable diseases are caused by a wide variety of risk factors, in addition to genetic factors. Even in old age, it is never too late to change bad habits and control or avoid risk factors which, in most cases, bring on or cause complications in certain chronic diseases that can result in disability. The prevalence of risk factors among older adults is alarming. In all the cities surveyed except Bridgetown, nearly one in two older adults at the younger end of the spectrum (between the ages of 60 and 69) had at least two risk factors, such as tobacco use, overweight or lack of vigorous physical activity. Most people who have some difficulty with the basic activities of daily living (BADL) have at least one of the above-mentioned risk factors.

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[37] The relative risk of dying was measured on the assumption that both men and women can live to the age of 85.

[38] The five possible answers were excellent, very good, good, fair or poor.

The prevalence of hypertension fluctuates around 48% in all the cities surveyed. On the basis of that figure, it may be surmised that at least 20 million older persons in Latin America and the Caribbean, of whom two thirds are women, suffer from hypertension. Since these figures include only people whose hypertension has already been diagnosed, the real prevalence could be even higher.

As far as diabetes is concerned, the prevalence among older persons is over 22% in Mexico City and Barbados and over 10% in the other cities.[39] In almost all the cities, the prevalence of diabetes tends to be higher among people with less than three years of schooling and is associated with obesity and the perception of fair or poor health. Cardiovascular disease is the main cause of morbidity and mortality in older adults. Among persons aged 60 or over, the risk of suffering from a disease of the cardiovascular system is about 18% for men and 20% for women. Nearly one in two women aged 60 or over suffers from arthrosis, which is one of the most disabling diseases suffered by older adults. Its prevalence is considerably higher in a number of cities, such as Buenos Aires and Havana, where it affects almost two thirds of older women.

(c) Mental health

In some Latin American cities, the proportion of adults over 75 who suffer from cognitive deterioration can easily exceed 20%. Of the total number of people suffering from cognitive deterioration, almost half are older adults with low levels of education. In the cities surveyed, an average of 18% of the respondents reported that they had depressive symptoms*;* the figure was systematically higher among women.

(d) Other health problems

With reference to falls, the survey showed that approximately 30% of older adults had suffered a fall in the 12 months prior to the study. The relatively similar figures across several countries suggest that approximately 13 million older adults may suffer from falls and their consequences every year. In the area of malnutrition, the main problem is obesity. In Mexico City, Santiago and Montevideo, three out of every four women aged 60 or over have a body mass index (BMI) of over 30 kg/m^2. With respect to ocular and oral health, there is a high demand for services that must be met, since the limitations that could otherwise result have repercussions on the quality of life of older persons.

3. Functional ability and disability

The quality of life of older persons is closely linked to their functional capacity and the set of conditions that enable them to care for themselves and take part in family and social life. Although there are no fully comparable data for measuring disability in Latin America and the Caribbean, estimates based on census information suggest a high incidence of disability.

It is clear that the prevalence of disability increases with age. For instance, available figures suggest that, if the incidence of disability remains stable for the next few years, by 2010 almost a million of the people aged 70 or over in Mexico will be disabled. These people will need either a relative or a professional home caregiver to assist them in their daily activities.

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[39] In Mexico City, the survey respondents were also given glucose tests on an empty stomach; for every older adult who had already been diagnosed with diabetes, another was identified as having undiagnosed diabetes.

A more appropriate way of assessing the phenomenon is to measure physical functionality by evaluating older people's ability to carry out basic activities of daily living (BADL), such as crossing a room, bathing, eating, dressing and getting into and out of bed, without limitations. About 20% of the older persons who took part in the survey, and 26% of those aged 70 or over, reported having difficulties with BADL.

The three cities in which the prevalence of disability was lowest were Bridgetown, Buenos Aires and Montevideo. These are also the cities that have the most nursing homes for chronic, long-term care.[40] In places that are thought to have fewer such residences —such as Mexico City, Havana, São Paulo and Santiago, Chile— the percentage of people with four or more BADL limitations is almost double the percentage in Buenos Aires, Bridgetown and Montevideo.

4. Caregiving arrangements for older persons

(a) Caregivers for disabled older persons

One important aspect of the problems concerning disability and mobility is the responsibility that falls on caregivers. In Latin America and the Caribbean family members are the primary caregivers for older persons, with a high proportion (almost 90%) of such family caregivers being women. Most caregivers are over 50 years old and are subject to emotional and financial problems. Over 60% of the caregivers surveyed said they felt unable to cope and, in some countries, up to 80% said they had difficulty in making ends meet financially. Despite this, none of the countries has a caregiver support policy or a plan for developing options for providing day care to disabled persons.

(b) Long-term care

Although the ideal situation is for older persons to remain in their homes, there will always be a need for appropriate long-term care services for people who wish or need to choose that option. In the region, however, giving the private sector sole responsibility for meeting families' needs can lead to a culture of abuse and mistreatment that violates the human rights of persons with disabilities. To prevent this, consistent policies are needed to support families and provide community options that extend the time for which older persons can remain independent and active. The institutions developed in industrialized countries are not viable for countries in Latin America and the Caribbean.

The information collected in the survey shows that no country in the region has a reliable registry of long-term care institutions or residences. This not only makes it hard to calculate the real number of institutionalized older persons, but also indicates the lack of priority given to the issue. Countries that do have legislation in this regard lack the capacity to enforce it. The institutions and residences concerned employ caregivers with no training or qualifications, who usually work without any professional supervision. Some 90% of the countries have no laws for the regulation or supervision of these institutions.

There are two main kinds of long-term care institutions: geriatric hospitals or public or private institutions that are identified as such in public records, and private residences that offer long-term care but are not listed in any public record. Data from population censuses can be used to identify —at a minimum— hospitals, nursing homes and group homes. Calculations show that 1% to 2% of people aged

[40] Residents of such institutions were not included in the surveys, which were based solely on samples of private homes.

60 or over live in institutions identified as group homes. It is likely that these figures represent the minimum percentage and that the real proportion is considerably higher.

(c) Home care

Home care can replace or supplement the care provided by institutions and families. This option enables older persons to continue to live in their homes and guarantees appropriate attention in terms of functionality and health. A holistic model of home care includes family members as a fundamental part of the health-care team. In most countries where home care programmes are being developed, they are designed as a direct extension of hospital programmes. However, for older adults with functional losses and chronic illnesses, home care must be designed as a special type of long-term care model rather than simply post-hospitalization follow-up. Long-term home care has not been developed as part of the countries' service policies. It must, however, be viewed as an comprehensive part of a national policy on long-term care for people with disabilities and chronic illnesses.

C. ENABLING ENVIRONMENTS

Creating the basic conditions, such as eliminating violence and discrimination and promoting material conditions that facilitate community life, among other actions, is a crucial means of enhancing the role played by older persons. In this document, the situation of physical environments (housing and the use of urban space) and social environments (elder abuse, the image of ageing and participation) are also considered essential areas in which action for change is needed, since the existing gaps between generations and among older persons themselves must be reduced as a matter of urgency. The following section presents analyses of certain aspects of these issues.

1. Enabling physical environments

(a) Safe and appropriate housing

This chapter bases the challenge of safe and appropriate housing for older persons around three main axes. First, housing and community influence the quality of life in numerous ways, from objective considerations of living conditions and resources to subjective considerations of well-being. Second, suitable housing implies recognizing the diversity of older persons' needs and preferences, including the option of "growing old at home" and situations of fragility requiring care and special residential arrangements.[41] Housing for this populations group should satisfy needs for autonomy and independence, offer security for the wide range of life situations and facilitate the well-being of older persons. Third, the housing situation of older persons must be analysed in terms of family structures. This is because, although some older persons live in independent households, there are also intra- and inter-generational housing arrangements, and it is vital for housing options to consider various types of living arrangements.

Living arrangements of older persons

Household composition has major implications for the quality of life of older persons, especially in situations of economic hardship and poverty. Living together, while it may not necessarily be a desirable option in some cases, creates an ideal environment for the transfer of support —consisting of

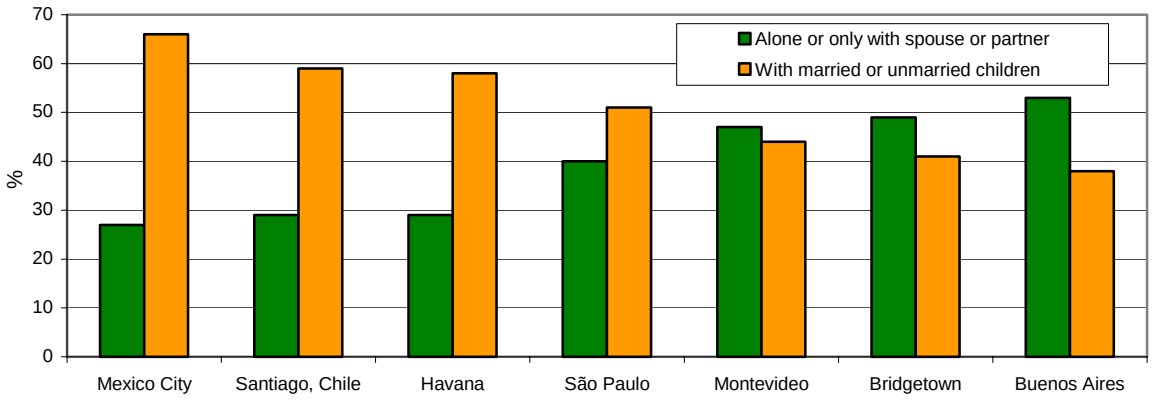
[41] Binstock, R. and Linda K. George (eds) (2001), *Handbook of Ageing and the Social Sciences*, San Diego, Academic Press.

instrumental and emotional exchanges as well as economic ones— among family members. Towards the end of the 1990s, one out of every four households in the region included an older person,[42] and a clear majority of older adults —eight out of every 10, according to the 1990 censuses, and at least two out of three according to urban household surveys from 1997— lived in multigenerational households.[43]

According to recent data based on the SABE survey on health, well-being and ageing conducted in cities in seven Latin American and Caribbean countries, a large proportion of older persons (40% to 65%) live with their children, with the biggest proportions found in Mexico City, Santiago and Havana and the smallest in Buenos Aires, Montevideo and Bridgetown.[44] Conversely, the percentage who live alone or with only their spouse or partner shows the opposite trend, as it approaches or exceeds 50% in the latter three cities (see figure 5).

Despite the above, living alone is not very common in Latin America, according to census data. For the most recent years available (between 1995 and 2001), this indicator ranged from 5% to 16%, with Uruguay and —surprisingly enough— Bolivia being the countries with the highest percentages. In most of the countries more women than men tend to live alone, probably because they are less likely to enter into a new relationship after widowhood or separation. In addition, the proportion of people living alone is generally higher in rural areas than in urban ones. Lastly, there does not appear to be any region-wide trend towards living alone as the population ageing process advances. For example, more or less steady increases have been observed in older people living alone in some countries (Brazil, Bolivia, Chile and Costa Rica), while in others (Panama, Mexico and Ecuador) the percentage has been relatively stable or erratic.

Figure 5
PERCENTAGE OF PERSONS AGED 60 OR OVER, BY LIVING ARRANGEMENTS, IN SELECTED LATIN AMERICAN AND CARIBBEAN CITIES, 2000



Source: Health, well-being and ageing surveys in Paulo Saad, "Estudio comparaivo de encuestas SABE", *Notas de población series*, No. 77 (LC/G.2213-P), Santiago, Chile, Latin American and Caribbean Demographic Centre (CELADE), Population Division of ECLAC, 2003. United Nations publication, Sales No. S.03.II.G.171.

[42] See CELADE – Population Division of ECLAC (2002), "Los adultos mayores en América Latina y el Caribe: datos e indicadores", *Boletín informativo*, special edition, Santiago, Chile, March.

[43] As might be expected in countries with the oldest populations, such as Uruguay, households with older adults represent nearly half of all households, but in no country of the region is the percentage of households with at least one older adult less than 20% (ECLAC (2000), *Social Panorama of Latin America, 1999-2000*, Santiago, LC/G.2068-P).

[44] Except in Mexico and Cuba, the proportion who live with at least one married child is much lower than the proportion who live with unmarried children only; in Cuba, this may be related to housing shortages.

Housing needs differ according to the type of household that includes older persons. One-person households or couples with at least one older partner need less unit surface area, whether they be living in independent housing, condominiums or specialized accommodation. All forms of multigenerational household, on the other hand, may include solutions such as extension, improvement and densification of housing, with a view to conserving extended forms of cohabitation and family networks.

Home ownership

Although older people tend to live in owner-occupied dwellings as a general rule, there are various types of such households. Multigenerational households are more likely to live in an owner-occupied dwelling, which can be an indication of cohabitation arrangements where older people own the dwelling and take in descendents at the initial stages of accumulating assets. The rate of home ownership is lower among older people living alone and households where older people are secondary members.

The above has fairly direct implications for housing policy: in categories with high rates of home ownership, studies should examine the improvement, extension or adaptation of housing in the interests of older people's needs and the preservation of functional cohabitation and intergenerational cohabitation; whereas older people living alone or as secondary members of a household are more likely to require new housing.

Access to quality housing

In the countries for which information is available, older persons are more likely to live in dwellings with dirt floors and substandard walls, although this increased likelihood is not always significant. The most critical situations are found in Bolivia and Nicaragua, where nearly half of all households with older persons live in dwellings with dirt floors. In Bolivia more than 65% of all households with older persons live in dwellings with substandard walls; in Nicaragua the percentage is about 50%. In terms of basic sanitation and drinking water, available data show that households with older persons have a coverage rate slightly higher than the national average, except in Mexico and Chile. The situation with respect to indoor plumbing is similar, with coverage of up to 90% in Chile and Costa Rica. In three countries (Bolivia, Chile and Ecuador), the census-to-census variation in the percentage of houses with easy access to drinking water shows that the situation of households with older persons improved, albeit more slowly than the national average.

(b) Urban space

Older persons' use of urban space is strongly influenced by the shape that the city takes and the ways in which it facilitates or hinders access to urban services and amenities. Data from the SABE survey on health, well-being and ageing show that 10.8% of older persons in Montevideo and 17.4% of those in Santiago, Chile, no longer leave their homes for fear of falling. In Chile, for example, a number of risk factors have been identified, including the lack of railings, irregular steps, inadequate banisters and poor lighting. In terms of traffic accidents, older persons are a high-risk group; in Venezuela and Argentina, for example, 21% and 12.4%, respectively, of pedestrians hit by cars are over 60 years old. In terms of public safety, older persons are highly vulnerable. A study conducted in Mexico on the basis of the National Victimization Survey (2000) revealed that there were more crime victims in the over-60 group than in any other age group.

The type of urban segregation that affects older persons is not the traditional spatial segregation that occurs when different groups are concentrated in different areas, but segregation from the use of

public spaces. The failure to adapt public spaces to the needs of older persons discourages their use by this age group. The unavailability of transport systems suited to the needs of older persons is a common characteristic of most of the region's cities and is one of the factors that limit the use of public space. In addition, high rates of crime and violence in some city neighbourhoods tend to discourage older persons from leaving their homes. This limits their social integration and physical mobility and, in turn, contributes to the development or worsening of disabilities. If older persons are to become integrated and exercise their citizenship in the region's urban areas, these areas must have physical and spatial characteristics that provide a safe and accessible environment.

2. Enabling social environments

(a) Elder abuse

Since the 1980s, when abuse of older persons was recognized as a social problem, a long-standing debate has emerged on the definition and typology of this phenomenon and on ways of preventing it. Currently, the most widely accepted definition is the following: "Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person".[45] The types of abuse recognized range from physical and psychological abuse to financial abuse and self-neglect.

At the family level, there are two key factors that underlie almost all types of abuse: gender and socio-economic status. Most victims are female, over the age of 75 and living with family members, while the abuser is usually a relative, a son or daughter or an adult acting as caregiver. The dependency of the abuser rather than that of the victim appears to be a major factor in cases of elder abuse.

At the community level, some of the variables associated with abuse have emerged as a consequence of the modernization process: the progressive loss of functions, relations of dependency between generations and the erosion of traditional family structures. One of the most important factors in this respect is forced displacement, which takes place for different reasons and may cause older persons to feel uprooted and depressed.

At the institutional level, one of the most visible forms of abuse occurs in long-stay institutions (residences, homes, etc.) that do not meet basic quality standards. This situation may result in inadequate care, loss of individuality, fraud, suicide or other consequences.

The prevalence and incidence of elder abuse in the region are not yet fully understood. Nevertheless, certain conclusions can be drawn from case studies conducted in some countries of the region:

- The causes of abuse are multiple and complex. It is generally agreed that the likelihood of abuse is increased by certain conditions, such as a shortage of resources for meeting the victim's needs, caregivers who are under stress or not properly qualified and situations of economic crisis and unemployment.

[45] "Action on elder abuse's definition of elder abuse", *Action on Elder Abuse Bulletin*, London, May-June, 1995.

- The most common type of abuse is psychological, expressed in insults, intimidation, humiliation or indifference, which can make older persons feel insecure and become withdrawn and increasingly isolated.

Abuse has personal, social and economic repercussions. Physical abuse can have serious consequences, mainly because older persons have frail bones and require longer recovery periods that may even lead to death. From a social perspective, the most severe consequence of abuse is that it isolates older persons, erodes their self-esteem and makes them feel insecure, thereby contributing, in the long run, to negative stereotypes of old age. The economic repercussions include the costs of meeting the demand for specialized services and training staff to prevent and deal with situations of abuse. If older persons' financial losses as a result of the exploitation and theft of their money and property are also included, the economic costs are even higher.

(b) The image of ageing

Studies have shown that the dominant image of ageing in today's Western societies is negative and is expressed in the social representation of older persons as passive, ill, deteriorated, burdensome or cut off from society. One of the possible causes of the problem is the cultural construct of old age as a phase of losses, of all types. This representation of old age as a time of deterioration is combined with the way each culture's collective imagination perceives the passage of time and its effects on the body. This process generates ideas, prejudices and assumptions about older persons in which physical and biological changes are construed as losses in terms of social life.

Societal values influence this situation, since ideas about old age are part of a typology based on productivity and the technological advances that have occurred with dizzying speed, in which the dominant archetypes are young people and adults who are in their productive years and who have power. Another important factor is the culture of appearance, in which beauty, strength and fitness, as attributes of eternal youth, are overrated features that displace any other type of aspiration and operate to the detriment of communication through words rather than images.

One of the consequences of this situation is that old age has become a source of vulnerability (both social and economic) which can lead to the exclusion of older persons as a group. Another important consequence is the invisibility of old age in public policies, research and academia.

The communications media play a fundamental role in perpetuating or changing this situation. They generally present stereotyped images of the "third age". Indeed, in recent years the image being projected has changed from that of a dependent, inactive person to the stereotype of older men as retired urban consumers with purchasing power. However, this image does not always reflect the variety of situations experienced by older persons. Negative stereotypes of old age must be altered, since, as will be shown below, they do not correspond to reality. Older persons have potential, resources and the capacity to effect change.

(c) Family and community support networks

Families provide one of the main sources of support and care in old age. Data from the SABE survey on health, well-being and ageing conducted in Latin American and Caribbean cities show that a large proportion of older persons receive support, primarily from relatives. This proportion ranges from 82% of the people surveyed in Barbados to 93% in Havana and São Paulo. The most important types of support are those involving services, goods and money. In almost all the countries, the proportion of older

persons receiving such support was over 60%. Another important observation is that most of this support comes from family members who live with the older person, followed by support from children who live in separate households; support from siblings, though not negligible, is less significant.

The data also reveal flows of support from older persons to others. The proportion of older persons who provide some type of support ranges from 70% in Bridgetown, Barbados, to 88% in São Paulo and Santiago, Chile. These figures not only illustrate the intensity with which transfers of support involving older adults are taking place in Latin America, but also show that such transfers are made in both directions.

The current situation in terms of the extent to which older persons can obtain support and economic security from their descendants is a product of the demographic circumstances prevailing three or four decades ago, which have undergone substantial changes. On the one hand, the sharp decline in fertility will reduce the potential size of older persons' family support networks. The situation of older persons will be especially difficult in the next few years, since they must prepare for their own old age under unfavourable circumstances such as those described above, while at the same time helping older relatives, knowing that they will not necessarily enjoy the same degree of family support that they themselves are offering their elders. On the other hand, women's full integration into the world of work outside the home will require a redistribution of caregiving functions between men and women; regardless of whether or not this occurs, however, women's participation in the workforce will reduce the availability of a source of support which, for reasons of gender, has traditionally been assigned a disproportionate share of caregiving tasks. Lastly, increased longevity and its effect in terms of reducing the proportion of widowed spouses, together with changes in patterns of formation and dissolution of unions, are changing family structures in ways that could limit families' capacity to provide support in the future.

Analysis suggests that ethnic origin affects the nature and sources of social support, due to the fact that caring for old people is part of a given social context, and giving and receiving support also depend on cultural factors. Throughout the region, family and the community play a fundamental role in the well-being of older indigenous people, particularly in rural areas, who are traditionally disadvantaged by a lack of or unequal access to basic services. Although census data do not reveal the extent to which the community is structured as a source of support in old age, they do make it possible to analyse certain aspects of the potential support from the family. In most countries, for instance, a the proportion of older persons who are married or living with a partner is higher among the indigenous population than among the non-indigenous population. As for the percentage of older persons living alone, there are many differences across the countries and no real distinction between indigenous and non-indigenous groups. The most striking difference is between urban and rural areas, with more older indigenous people living alone in the latter. This phenomenon may not be associated with a lack of support and care, given that an active community life may replace family support based on cohabitation.

III. LEGAL FRAMEWORK, POLICIES AND PROGRAMMES FOR OLDER PERSONS

Human rights are inherent in the human condition and all persons must be able to exercise them without any form of discrimination. Older persons have rights as individuals and also as a group. Accordingly, it is necessary not only to recognize their fundamental freedoms, but also to enable them to exercise social rights in order to live in safety and dignity. The State, society and older persons themselves must work actively to achieve this.[46] Below is an outline of the current situation with regard to the rights of older persons in the region, based on an analysis of legal instruments of different types and descriptions. It is followed by an overview of State initiatives for older persons, specifically policies and sectoral programmes designed for this social group.

A. THE INTERNATIONAL HUMAN RIGHTS FRAMEWORK FOR OLDER PERSONS

Since no international convention has yet been adopted on the rights of older persons, a review of the current situation in this regard must include an analysis of the various existing global and regional instruments. There are two main sources which establish —either directly or by extension— the rights of older persons. In general, all global and regional instruments In general establishing the rights of older persons acknowledge that today the goal is not only to provide them with protection and care, but also to ensure their involvement and participation in society.

Relevant United Nations instruments include:

- The International Covenant on Economic, Social and Cultural Rights does not refer explicitly to the rights of older persons, although article 9 deals with the "right of everyone to social security". Like the Universal Declaration of Human Rights, it does not expressly prohibit discrimination based on age. Nevertheless, the rights established in those two instruments may be reviewed in terms of their application by extension to older persons. Such a review was carried out by the Committee on Economic, Social and Cultural Rights in 1999.[47]

- International Plans of Action from world conferences provide a political foundation at the international level and offer guidance on how the international community can deal with various issues, such as ageing. In the Programme of Action adopted by the International Conference on Population and Development in Cairo in 1994, the basis for action was to create conditions that promote quality of life and enable older persons to work and live independently in their own communities as long as possible or as desired. Other objectives included the development of systems of health care as well as systems of economic security in old age, where appropriate, paying special attention to the needs of women and to develop a social support system with a view to enhancing the ability of families to take care of elderly people within the family. [48] The Beijing Platform for Action, adopted by the Fourth World Conference on Women in 1995, included recommendations aimed at all women, regardless of

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[46] See Huenchuan, Sandra (2004), Marco legal y políticas a favor de las personas mayores en América Latina, Series Población y Desarrollo, No. 51 (LC/L.2115-P), Santiago, Chile, ECLAC Population Division (CELADE). United Nations publication, sales number 5.04.II.6.44, April 2004.

[47] United Nations (1999), “Derechos humanos y personas de edad” [on line] http://www.onu.org/temas/edad/ddhhyedad.pdf.

[48] United Nations (1999), Programme of Action of the International Conference on Population and Development (A/CONF.171/13), October.

age, and that were based on their life cycle.[49]The Plan of Action adopted in Madrid in 2002 identifies as central themes the realization of all human rights and fundamental freedoms of all older persons and the need to ensure older persons' full enjoyment of economic, social and cultural rights and civil and political rights.

- Since 1973 the United Nations General Assembly has adopted a number of resolutions concerning older persons. One of the most significant is resolution 46/91 of 1991, in which the United Nations Principles for Older Persons were established under five clusters: independence, participation, care, self-fulfilment and dignity.

- Recommendation No. 162 of the International Labour Organization (ILO) concerns older workers, and ILO Convention No. 102 on social security contains recommendations that apply to the entire population, but affect in particular the well-being of older persons.

At the regional level,

- The American Convention on Human Rights includes age in its reference to "any other social condition" and in the chapter on political rights, and refers to older persons explicitly in the article on the right to life. The OAS Additional Protocol in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) is the only binding instrument that contains provisions directed specifically at older persons, in its article 17 on protection of the elderly. Lastly, Pan American Health Organization (PAHO) resolution CE130.R19 focuses specifically on the topic of health and ageing and provides recommendations for member States.

- The Caribbean Charter on Health and Ageing was adopted in 1999 by the Caribbean Community (CARICOM) and is aimed at ensuring the health and full integration and participation of older persons in Caribbean societies and economies.

- The Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, adopted by the region's countries at the Regional Intergovernmental Conference on Ageing held in Santiago, Chile, from 19 to 21 November 2003. The Regional Strategy includes recommendations in the priority areas of the Madrid International Plan of Action, such as the creation of enabling environments for older persons, gender equity in social security systems, the development of family support mechanisms (particularly for women), and sexual and reproductive health care from a life cycle perspective (see annex 2).

The Latin American and Caribbean countries have one binding instrument that establishes the basic rights of older persons: the Protocol of San Salvador, whose implementation, though progressive, should lay the appropriate groundwork for the recognition and exercise of rights during old age. Since 2003, the region's countries have also had an instrument to guide them in the formulation and implementation of actions in favour of older persons.

[49] United Nations (1995), Beijing Declaration and Platform for Action (A/CONF.177/20), October.

B. THE JURIDICAL AND LEGAL FRAMEWORK FOR OLDER PERSONS IN LATIN AMERICAN AND CARIBBEAN COUNTRIES

Constitutions are the basic pillars of any democracy; they are the supreme law of the national juridical order, and their provisions are mandatory. Thus, they always deserve special attention. This section contains a comparative analysis of the constitutions and most recent constitutional amendments of 21 countries. The rights included in the United Nations Principles for Older Persons provide an analytical framework for identifying points of comparison between such diverse constitutions.

In 19 of the 21 countries considered, specific rights are established for older persons (see table 6).

Table 6
RIGHTS OF OLDER PERSONS, AS ESTABLISHED IN THE CONSTITUTIONS OF 21 SELECTED COUNTRIES

Right	Number of countries	Countries
Independence	15	Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Uruguay, Venezuela
Care	13	Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Venezuela
Participation	3	Brazil, Colombia, Ecuador
Dignity	5	Brazil, Costa Rica, Ecuador, Mexico, Paraguay

Source: The constitutions of Argentina (1853), Bolivia (1994), Brazil (1988), Chile (1980), Colombia (1991), Costa Rica (1949), Cuba (1976), Dominican Republic (1994), Ecuador (1998), El Salvador (1983), Guatemala (1993), Honduras (1982), Mexico (1971), Nicaragua (1995), Panama (1972), Paraguay (1992), Peru (1993), Puerto Rico (1952), Trinidad and Tobago (1997), Uruguay (1997) and Venezuela (2000), with their most recent amendments.

Similarly, in the middle ranks of the pyramid-shaped hierarchy of laws in some countries of the region (Brazil, Costa Rica, Mexico, Paraguay and El Salvador), there are special general laws that regulate nationwide initiatives in relation to ageing. table 7 describes these provisions by thematic area.

As may be inferred, the issues dealt with in these laws are broad and include some of the rights established at the international level. Except in Brazil, most of these laws were enacted following an extensive awareness-raising campaign carried out in 1999 in the context of the International Year of Older Persons.

With regard to constitutionally guaranteed rights, the special general laws represent considerable progress. Of course, it is one thing to adopt a law and quite another to secure its observance and enforcement by governments and their institutions. The recognition of certain rights and obligations, however, transforms vague aspirations into legal obligations and commitments, and makes the question of their observance a legitimate focus of international action and internal political debate. In this case, their observance requires the active cooperation of society as a whole, but also the individual and group contributions of older persons themselves.

Table 7
PROVISIONS ESTABLISHED IN SPECIAL GENERAL LAWS CONCERNING OLDER PERSONS IN FIVE SELECTED COUNTRIES

Thematic area	Provisions
Economic security	The issues covered range from preparation for retirement to measures to eliminate age discrimination at work. In Costa Rica the law provides for advisory services on access to sources of financing and the creation of organizations of production units of older persons, flexible working hours, etc.
Health	All the laws include health as a basic right. They not only guarantee the provision of health-care services, but also promote the prevention and treatment of disease in old age, with special emphasis on persons who are to some degree dependent. Some laws include special provisions on long-stay institutions.
Housing and urban development	In general the laws provide for the creation of housing programmes directed specifically at older persons or for the improvement of their housing conditions, and for the elimination of architectural and urban barriers.
Participation	All the laws refer to the value of older persons' participation and establish rights to that effect. In some cases they encourage older persons' participation in the formulation and implementation of actions that affect them.
Violence and discrimination	On the whole, the laws include specific measures to eliminate elder abuse. Age discrimination is also a recurring theme in all the laws considered, and some of them protect older persons' right not to be portrayed in terms of negative stereotypes, both in the media and in the areas of culture and education.

Source: Law No. 8,842 of 1994 (Brazil), Law No. 7,935 of 1999 (Costa Rica), Rights of Older Adults Act of 2002 (Mexico), Law No. 1,885 of 2002 (Paraguay) and Decree No. 717 of 2002 (El Salvador).

C. POLICIES CONCERNING OLDER PERSONS IN LATIN AMERICA AND THE CARIBBEAN

Policies on ageing are understood to mean the set of actions undertaken by the State in response to the social, economic and cultural consequences of the ageing of the population and of individuals, and cannot be properly analysed without taking into consideration elements such as the definition of the issue, the actors involved and the areas in which policy initiatives are carried out.50 Below is an analysis of policies on ageing in six countries of the region: Bolivia, Brazil, Chile, Costa Rica, El Salvador and Peru.

The policies in question focus on addressing the needs of the current generation of older persons and promoting, in the long term, the creation of conditions in which people can age with dignity, defined from the individual point of view as autonomy or independence, and from the collective point of view as the creation of an enabling environment for the exercise of rights in old age. Moreover, the policies recognize that ageing challenges current forms of social organization and that action in this regard should include not only measures to improve older persons' living conditions today, but also actions of a structural and strategic nature that lead to changes in society.

In contrast to the public policy practices of two decades ago, the policies analysed propound shared responsibility for public practices as an alternative to the State's unalterable hegemony in policy design, implementation and evaluation. It is important to note, however, that families and civil-society

[50] See Huenchuan, Sandra (1999), "De objetos de protección a sujetos de derecho: trayectoria y lecciones de las políticas de vejez en Europa y Estados Unidos", *Notas sobre intervención y acción social*, No. 8, Santiago, Chile, Universidad Católica Raul Silva Henriquez, December.

organizations in general have traditionally played a leading role in meeting the needs of the older population in the countries of the region, so that their explicit inclusion in actions directed at that social group is simply a way of acknowledging their contribution and involving them in the modern practice of public affairs. It is also important to highlight the role assigned to older persons as a group, since they too have obligations to meet in achieving well-being and exercising their rights.

The contents of the policies are very similar in the countries considered, and can be grouped into different spheres of action (see table 8).

Table 8
SPHERES OF ACTION OF POLICIES ON AGEING IN SIX LATIN AMERICAN SELECTED COUNTRIES

Economic security	Promotion of economic participation, protection of labour rights in old age, elimination of age discrimination in the labour market, preferential assistance for older persons living in indigence and poverty, improvement of the social security system, etc.
Health	Promotion of self-care and healthy lifestyles, access to health-care services, human resources training, regulations for the operation of long-stay institutions, access to essential drugs, etc.
Enabling physical environments	Access to public spaces, access to housing.
Enabling social environments	Promotion of a realistic image of ageing, strengthening of solidarity between generations, access to continuing education, participation and exercise of rights.

Source: National Plan for Older Adults (Bolivia, 2001), Law No. 8,842 regulating the National Policy for Older Adults (Brazil, 1994), National Policy for Older Adults (Chile, 1996), National Policy on Services for Older Adults: 2002-2006 action plan (Costa Rica, 2002), National Policy on Services for Older Adults (El Salvador, 2001) and Policy Guidelines for Older Persons (Peru, 2002).

In general, all these policies reflect the paradigm of active ageing. Although they aim to generate appropriate conditions for ageing, they propose few mechanisms for achieving this. Another striking feature is that both the problems on which the policies are based and the measures proposed for addressing them are extremely similar in all the countries. This points to problems in their formulation, as it is not possible that such different countries could have identified the same problems and devised such similar solutions. One explanation may be that the policies were generally formulated on the basis of international recommendations, without regard to each country's particular conditions and characteristics.

In fact, most of these policies purport to follow both the guidelines adopted at the World Assembly on Ageing held in Vienna in 1982 and the United Nations Principles for Older Persons. But these recommendations were not acted upon in the light of national circumstances, perhaps because of the lack of regional instruments to guide the formulation of policies on ageing —situation now corrected by the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing— or the lack of a fund of knowledge on the particular situation of older persons and ageing within each country.

The policies considered are nevertheless significant because they are the outcome of a degree of national consensus which enabled the State to take a position on the issue and to regard it as an area for action. This is all the more praiseworthy in that the countries studied are pioneers in explicitly establishing this type of policy, from which lessons can be learned that will be useful not only for the other countries of the region, but also for improving these countries' own initiatives.

The situation is different in the Caribbean. Some countries in the subregion have instruments aimed specifically at older persons (such as Belize, which introduced its national policy in 2002), but not all have formulated specific policies aimed at this social group. Public interventions for older persons are usually carried out as part of various types of ministerial initiative. In Puerto Rico, the department of family services supports older persons through the economic aid programme, and other initiatives are linked to the ministry for family affairs. in the Grenadines, the ministry of social development has a home-help programme for older persons. These are examples of attending to the particular needs of older people through the public ministry responsible for a specific area. In other countries, such as the Bahamas, Guyana and Jamaica, there are specific institutions for older persons that develos special programmes tailored to their needs.

D. SECTORAL PROGRAMMES FOR OLDER PERSONS

Although only some of the countries of the region have policies designed specifically for older persons, this does not always mean that this social group is absent from public affairs in the other countries. Older persons are included in sectoral programmes under other categories defined on the basis of criteria other than age (vulnerable groups, indigent groups, high-risk groups, etc.). This does not mean that the perspective of generational equity is taken into account in these public policies and sectoral programmes, but that older persons are regarded as part of the target population they serve. Classic examples in this connection are social security programmes, specifically non-contributory pension programmes, and housing programmes.

1. Non-contributory pensions

Non-contributory pensions provide relatively uniform monetary benefits targeted at risks of disability, old age or death. It should be pointed out that non-contributory pensions tend to include assistance-based pensions, and their most distinctive characteristics are that they are financed from general income and that the conditions of entitlement are not linked to a person's working life or contributions.[51]

These schemes for providing social security coverage are most highly developed in the countries that pioneered these systems (Argentina, Brazil, Chile, Costa Rica and Uruguay). All these countries have institutionalized non-contributory pension systems with a significant level of coverage, and although these programmes have some defects with regard to management and targeting, they are quite effective in reducing the incidence of poverty among older persons, at least with regard to poverty in terms of income.[52] These countries' non-contributory pension programmes have a number of features in common:

- They are designed as entitlements available to all those who meet the eligibility requirements established by the programmes. In Chile welfare pensions are subject to a quota.

- Applicants must provide proof of income to receive this entitlement, so that the programme resources can be channelled to persons in need.

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[51] See Grushka, Carlos, "Seguridad económica en la vejez, calidad de vida en la vejez. Conceptos e indicadores para el seguimiento de políticas y programas", Santiago, Chile, unpublished.

[52] See Bertranou, Fabio and A. Sanchez (2003), Tendencias e indicadores de empleo y protección social de adultos mayores en América Latina. Versión preliminar, Santiago, Chile, Internacional Labour Organization (ILO).

- The value of the non-contributory pension is substantially less than the value of the minimum pension, which reduces the disincentive for subscribing to contributory schemes.

- The programmes are financed from general tax receipts.

One important innovation in Brazil's non-contributory rural pension programme is that entitlement to benefits is based not on means testing, but on the completion of a required number of years of work in the rural sector.

In the Caribbean, various initiatives have been recently undertaken by the governments in the subregion to enhance pension schemes and to improve coverage of those previously excluded.

- *Antigua and Barbuda:* A non-contributory pension scheme was introduced in 1994 to provide assistance to those in need. Additionally, a relief scheme is operated by the Board of Guardians, which supports those with no other coverage.

- *The Bahamas:* Since 1972, all insured persons over 65 years of age are entitled to retirement benefits also including the possibility of early retirement. More recently, non-contributory pension schemes have been established to increase the coverage of those excluded from the contributory pension systems.

- *Barbados:* There is universal pension coverage for all elders through contributory and non-contributory pensions paid to persons aged 65 and over.

- *Haiti:* Everybody who has contributed for at least 250 months, or who became unable to work prior to reaching retirement age is entitled to receive a government pension.

- *Saint Kitts and Nevis:* The Government of Saint Kitts and Nevis has recently established a non-contributory pension scheme in place to provide assistance to those in financial need. In 1997 a compulsory contributory scheme was introduced for the self-employed to ensure coverage for retirement.

- *Trinidad and Tobago:* A task force has been established to review pensions and formulate suitable model to ensure equity between the contributory and non-contributory system. The government provides old age pensions in the amount of 1 000 Trinidad and Tobago dollars; ensuring that pensioners receive an amount above the poverty line defined here as an income of less that 600 Trinidad and Tobago dollars per month.[53]

2. Housing programmes for older persons

These programmes come under general policies on housing and urban development, and deal with issues relating to housing or households via instruments targeting vulnerable groups of older persons.

In Chile, the Special Programme for Older Adults allocates up to 2% of the resources of the basic housing programme to needy persons over the age of 65. No savings are required and the housing is

[53] See ECLAC (2003).

provided on a loan-and-restitution or rental basis in specially designed condominiums with communal facilities and functional interior fixtures (hot water heaters, air extractors and handrails in bathrooms, wide doorways and carpeting). The housing subsidy system also has a special programme for older persons, which gives priority to households headed by women or disabled persons.

In Mexico the programme for the physical improvement of the housing stock targets not only the low-income population, but also older and disabled persons who own land and need improvements in flooring, roofing, walls or sanitary facilities. For its part, the National Housing Institute offers loans for which older persons are given priority under multi-family and single-family housing programmes.

Countries such as Argentina, Costa Rica and Uruguay also have housing programmes for older persons. It may be concluded in general that the improvement of housing services systems for older persons requires that housing policies consolidate stable models of housing services for low-resource sectors, improve their capacity to offer plans targeting poor and vulnerable sectors and generate mechanisms for coordinating low-income housing initiatives with urban development.

3. Health programmes for older persons

Since 1980, PAHO has expressed its concern with the lack of suitable programmes for older persons and has urged Member States to introduce such programmes. The areas of action are given priority by PAHO in its recommendations: (i) comprehensive community-based programmes providing a range of environments for healthy ageing and programs designed to support family caregiving, protection of the dignity of older persons, and avoidance of the unnecessary institutionalization of frail older persons; (ii) programmes designed to strengthen the capacity of the primary health care level to improve the quality of care provided to older persons and thus prevent the more expensive utilization of crisis care in the emergency room of public hospitals; and (iii) programmes designed to provide incentives for encouraging autonomy, socially productive activity and income-generating programs for older persons.[54]

Some Latin American countries are implementing initiatives for the health needs of the older population, although specific arrangements differ. Countries such as Argentina and Brazil have no specific health programmes for older people. However, Argentina's Ministry for Social Development has promoted many activities to improve the health situation and care provided to older persons through the national home care programme. Similarly in Brazil, there is no health programme specifically aimed at older people, but the family health programme aims to increase care, medical cover and quality of life for all family members.

Other countries have specific health initiatives aimed at older people. Since 1998, Chile has had a health policy for older adults that aims to improve and maintain functionality through specific promotion, prevention and care actions for active ageing. In Mexico, the action programme for ageing (2001-2006) is part of the national health programme and seeks an comprehensive approach to the problems affecting the older population and encourage a culture in favour of active ageing. Similarly, in El Salvador, the aim of the programme for the comprehensive health care for older adults (1999-2004) is to promote the health of older adults through initiatives in the areas of promotion, prevention, treatment and rehabilitation that ensure comprehensive care for older people.

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[54] Pan American Health Organization (PAHO) (1998), *Health of Older Persons. Ageing and Health: A Shift in the Paradigm* (CSP25/12), Washington, D.C., July.

In the Caribbean, the Caribbean Charter on Health and Ageing adopted in 1999 by the Caribbean Community (CARICOM) proposed that the countries of the subregion carry out the following initiatives: (i) a National Plan for Health Ageing developed by all countries by mid-2000, (ii) National Health Focal points, multi-sectoral monitoring/steering mechanisms and evidence of resource mobilization for implementation of the Health Ageing plan identified in all countries by the end of 2000, (iii) Caribbean Indicators on Health and Ageing developed by the end of 2000, and national information systems in all countries modified where necessary by 2002, and (iv) develop a training programme for health care workers, individuals and community care givers on the ageing process and on the health needs of the elderly.

Most of the governments have already embarked on these initiatives, but none has yet met all the goals suggested in the Charter on Health and Ageing. Experiences of health care for the elderly include:[55]

- *Antigua and Barbuda:* In 1994 the Government introduced a programme of home care for the elderly and incapacitated. There are two long-stay facilities, the Mental Hospital with 150 beds (average occupancy in 1995 was 85 patients) and the Fiennes Institute, which serves 100 geriatric patients.
- *Aruba:* Everyone who legally resides on the island has access to medical care. Individuals may obtain insurance privately or through their employers. The elderly are eligible to receive a PPK card ("pro-paupere kaart"), which entitles to receive care from government physicians. The Government also furnishes any drugs that PPK cardholders require.
- *Bahamas:* Health care for all persons aged 60 and over is widely available through a network of community clinics and hospitals. The Government hospitals provide medication free of charge to persons over age 65, while several private pharmacies offer a 10% discount to elders. Home health care is available through district nursing services. No national health insurance scheme has been adopted yet. Partial salary replacement is provided during illness, as well as paid medical care for industrial injuries. Other benefit types include maternity, disability, and death. In addition, provision is made for invalidity, retirement, and survivor's benefits. Several options for health and dental insurance are available through the private insurance system.
- *Barbados:* There is universal access to health care and medication services to all people aged 60 and over. Health service delivery falls into the following seven programme areas: primary health care; 24-hour acute, secondary, tertiary and emergency care; mental health care; care for the elderly including rehabilitation services; drug service; assessment services and health promotion. Primary health care services provide care for the disabled and the elderly; general medical care with clinics for hypertension, diabetes, and sexually transmitted diseases; nutrition; pharmaceutical services; and community mental health and environmental health care. These services are provided through a network of polyclinics and outpatient service stations.
- *Jamaica:* No specific national health policies for the elderly have been adopted in Jamaica. Since 1977, the Government has made drugs for chronic diseases available at lower cost for the elderly. Many pharmacies also discount drug prices for senior citizens. All citizens benefiting from old age pensions are entitled to receive free medication from any government or private pharmacy for a selected range of ailments, which require prescribed drugs, such as hypertension, diabetes and glaucoma.[56]

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[55] The information provided is based on PAHO Country Health Profiles accessed on June 16, 2003 on the following web-site: http://165.158.1.110/english/sha and from PAHO (1998), Report on the Caribbean Forum on Health and Ageing, Nassau, the Bahamas.

[56] See ECLAC (2003).

IV. IMPLEMENTATION IN LATIN AMERICA AND THE CARIBBEAN OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

A. REGIONAL IMPLEMENTATION PROCESS

The Second World Assembly on Ageing, held in Madrid in April 2002, was a landmark event in the treatment of the issue of population ageing in the region and throughout the world. The Assembly adopted two official documents: a Political Declaration and the Madrid International Plan of Action on Ageing (Madrid Plan of Action).

The Political Declaration established the commitments of governments to respond to the challenges that ageing poses to society's forms of social, economic and cultural organization. The Madrid Plan of Action provides guidelines in the form of over 100 recommendations in three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The Plan also proposes institutional mechanisms for its implementation, including "policy and programme coordination of international institutions".

In accordance with this mandate, the Inter-Agency Group on Ageing was formed by ECLAC, the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO), the Inter-American Development Bank (IDB), the International Labour Organization (ILO), the United Nations Programme on Ageing and, more recently, the World Bank.

The initiative to form the Inter-Agency Group was presented to delegates at the Regional Preparatory Meeting for the World Assembly, held in Santa Cruz, Bolivia, from 19 to 21 November 2001 and the Open-Ended Meeting of the Presiding Officers of the ECLAC Sessional Ad Hoc Committee on Population and Development, held in Santiago, Chile, on 4 and 5 December 2001. The initiative received strong support from countries at both meetings.

The first meeting of the Inter-Agency Group, held in Washington D.C. on 7 May 2002, agreed on a follow up strategy for the World Assembly. In the framework of this strategy, many activities towards implementation of the Madrid Plan of Action have been carried out with the coordination and participation of government bodies, universities and civil organizations.

The most important activities organized by the Group to date include: (i) three expert meetings on relevant issues for the region in terms of ageing: social support networks, health and economic security; (ii) study of the situation of older people in Latin America and the Caribbean; and (iii) the Regional Intergovernmental Conference on Ageing that was held from 19 to 21 November 2003 and attended by 38 countries and representatives of international bodies and non-governmental organizations (see annex 3).

The fruit of these joint efforts was the adoption by Latin American and Caribbean countries of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing on 21 November 2003.

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

The Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing establishes goals and recommendations for the adoption of measures in favour of older people in each of the three priority areas of the Madrid Plan of Action. The Strategy is a regional reference framework that countries should adapt to their national realities in order to respond effectively to the needs and interests of older persons, thereby encouraging the creation of conditions conducive to a secure and dignified individual and collective old age. The current challenge lies in implementing those agreements, and countries of the region will have to espouse the Regional Strategy and be creative in formulating measures for its implementation.

The principles underlying the Regional Strategy are active ageing, the central role of older persons, respect for their heterogeneity, a life-cycle approach and a long-term prospective vision and intergenerational solidarity. The Strategy includes recommendations in the three priority areas:

- Older persons and development
  - protection of the human rights of older persons
  - decent employment and credit for individual or community undertakings
  - the inclusion of older persons in the formal-sector workforce
  - improvement of the coverage of both contributory and non-contributory pension schemes
  - creation of suitable conditions for older persons' full involvement in society
  - access to lifelong education.

- Health and well-being during old age
  - universal coverage for older persons to health-care services
  - comprehensive health-care services that meet the needs of older adults
  - promotion of healthy personal behaviours and environments through sectoral programmes
  - adopt standards for long-term care services
  - training of human resources
  - monitoring the health status of older persons.

- Enabling and supportive environments
  - adaptation of the physical environment to enable older persons to live independently in their old age
  - increased sustainability and suitability of social support systems
  - promotion of a positive image of old age.

The fifth and sixth sections of the Regional Strategy set out recommendations for action on the part of countries, international and intergovernmental organizations and ECLAC —in its capacity as technical secretariat— to implement, review and evaluate the Strategy.

The Regional Strategy provides that the signatory countries are responsible for carrying it out, and encourages them to take the actions needed for the full implementation of the agreements reached. The measures that the countries undertook to adopt for the Strategy's implementation are:

- Incorporation of the issue of ageing into all spheres of public policy;

- Design of national plans and programmes on ageing;
- Design of a system of indicators on the situation of older persons;
- Development of a research agenda on ageing;
- Formulation of requests for support from international institutions for the Strategy's implementation.

The intergovernmental organ responsible for the Regional Strategy's evaluation and implementation is the Ad Hoc Committee on Population and Development, which will follow up on the national targets that the countries agreed to establish within six months after the end of the Conference. The progress made in setting national targets will be presented to the Committee in the framework of the thirtieth session of ECLAC (June 2004) and the results achieved will be reviewed during the thirty-first session, to be held in 2006 (see annex 2).

C. PROPOSAL FOR THE FOLLOW-UP OF THE REGIONAL STRATEGY

Initiatives to follow up on the situation of older persons are a key component of actions to benefit this population group, since they make it possible to objectively monitor, measure and report the progress or setbacks observed in the well-being of older persons. This involves the use of indicators that reflect, as accurately as possible, the changes seen in relation to each of the Strategy's objectives.

Follow-up is useful as a surveillance tool for enabling the countries to determine whether the progress made is commensurate with their expectations, and as a management tool for enabling them to take practical steps to correct and adapt activities in this area as needed.

The actors involved in this follow-up process may include: (i) planners, or those who design the measures and strategies; (ii) implementers, or those who put the measures into practice; and (iii) stakeholders, or those who benefit from the measures. There may be other participants as well, such as civil-society organizations or international support institutions. It all depends on the nature of the actions taken and the purposes of the follow-up process.

To be successful, follow-up must be low-cost and well targeted, meaning that the kind of information needed must be clearly defined and indicators must be chosen carefully so that they reflect real circumstances. It must also be concerted (i.e., involve a variety of actors) and comprehensive, combining quantitative and qualitative elements.

In recent years a number of international entities have sought to define and implement systems or sets of indicators on the living conditions of older persons and on their economic and social participation.

Among the proposals that have been formulated or put into operation is the one to be included in the Inter-American Development Bank (IDB) Internet portal on decision-making for optimal ageing, which is currently under construction. It contains nearly 50 indicators grouped into the following areas:

- Attitudes towards old age and older persons: news stories, advertisements, respect.

- Poverty and income inequality: poverty levels, pension coverage and shortfalls, income and wage inequality.

- Labour and educational participation by older persons: level of economic participation, hours worked, education indicators.

- Accessibility and safety of older persons' surroundings: safety and accessibility of indoor and outdoor environments; availability of visual, hearing and mobility aids.

- Lifestyles, physical activity and sexuality: physical exercise, tobacco and alcohol consumption.

- Access to health services: unmet needs in terms of health care in general, oral health and specific chronic conditions; cervical and uterine cancer mortality rates.

- Older persons' access to social services: satisfaction with living arrangements, home help, day-care centres or residential facilities, community support networks, participation in civil-society organizations.

- End-of-life care: indicators not yet specified.

Apart from the indicators in the above categories, there are others in the area of health: life expectancy at birth and at age 60, potential years of life lost, disability-free life expectancy and self-perception of health, as well as functional ability, elder abuse and political participation by older persons.

An important feature of this set of indicators is that for the vast majority of them, the definitions and suggested applications are based on household surveys.

Another proposal is the Caribbean Health and Ageing Minimum Data Set (CHAMDS), developed under the auspices of PAHO and WHO.[57]

The CHAMDS classification sets out 33 indicators, subdivided into 67 more specific indicators, under the following six main headings:

- Supportive environments for older persons at home, in the community and in institutions, including long-term care facilities; abuse and violence; legislation to protect older persons; residential, health and recreation institutions or programmes for older persons; facilities for physical activities; and transport for older persons with disabilities.

- Primary health care and health promotion: availability of nutrition education services and physical activity programmes, risk prevention strategies, academic programmes on gerontology and elder care, media coverage of health and ageing issues.

[57] See Pan American Health Organization (PAHO), Caribbean Health and Ageing Minimum Data Set (CHAMDS), Barbados, December.

- Economic security, employment and other productive activities for healthy ageing: poverty among older persons, public subsidies and expenditures on health care for older persons, sources of income and labour-force participation among older persons, home ownership.

- Population: proportion of older persons out of the total population, marital status, living arrangements, education and illiteracy levels among older persons.

- Health status: life expectancy, mortality rates, causes of death, prevalence of chronic conditions, proportion of older persons with disabilities, hospitalization rates and average length of hospital stays.

- National infrastructure: existence of policies or a national plan for older persons, existence of a body to coordinate programmes for older persons, research or activities within the past five years to address health, economic and social issues affecting older persons.

Unlike the IDB indicators, CHAMDS is based primarily on the use of records and ongoing statistics kept by institutions, services and programmes for older persons. It makes little use of census data, except in relation to the indicators on population and, to some extent, those on economic security. It incorporates virtually no information from household surveys.

The Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC has developed two proposals in relation to data sets. The first includes three categories of indicators: (A) quality of life of older persons (results indicators); (B) supply of services (input indicators); and (C) policy implementation (process indicators). The first category encompasses demographic, economic, health and educational considerations, as well as rates of violent death among older persons, while the other two categories include proposed indicators in the areas of health-care resources; social security resources and beneficiaries; use of elder-care facilities; resources and programmes on gerontology and elder-care education; elder abuse; and training initiatives for integrating older persons into the labour market.

The second proposal consists of ageing indicators relating to: (A) household and housing profiles, economic security, employment and poverty, disability, education and ethnicity of older persons, and (B) ageing indicators with a gender perspective, covering the areas of economic security and independence; access to goods, land and housing; health, functionality and health care; family and community support networks; social participation and integration; the household and community environment; violence and abuse; perceptions and images of old age; and general demographic indicators.

Annex 4 contains a list of indicators on the situation of older persons, based on the systems outlined above and taking as a frame of reference the priority directions set out in the Madrid International Plan of Action on Ageing.

ANNEXES

Annex 1
REFERENCE TABLES

Table A.1
LATIN AMERICA AND THE CARIBBEAN: PERCENTAGE DISTRIBUTION OF THE POPULATION, SELECTED AGE GROUPS, 2000, 2025 AND 2050

	Percentage of the population aged 60 years and over		
Countries	**2000**	**2025**	**2050**
Total for region	**8.0**	**14.1**	**23.4**
Incipient ageing	**5.5**	**8.1**	**16.0**
Bolivia	6.4	9.0	16.7
Guatemala	5.3	6.9	14.4
Haiti	5.7	8.1	16.2
Honduras	5.2	8.6	17.6
Nicaragua	4.6	7.6	16.3
Paraguay	5.3	9.4	16.1
Moderate ageing	**6.9**	**13.2**	**23.3**
Belize	6.2	9.9	21.4
Colombia	6.9	13.5	21.9
Costa Rica	7.6	15.7	26.4
Ecuador	6.9	12.6	22.6
El Salvador	7.2	10.5	20.5
Guyana	7.0	15.2	31.0
Mexico	6.9	13.5	25.1
Panama	7.9	14.1	22.3
Peru	7.1	12.4	21.9
Dominican Republic	6.6	12.9	22.0
Venezuela	6.6	13.2	22.1
Moderate to advanced ageing	**8.1**	**15.8**	**25.5**
Bahamas	7.9	15.6	23.3
Brazil	7.9	15.6	25.6
Chile	10.2	18.2	24.1
Jamaica	9.6	14.5	24.0
Suriname	8.2	14.2	29.0
Trinidad and Tobago	9.6	20.0	33.3
Advanced ageing	**13.7**	**18.7**	**26.1**
Netherlands Antilles	11.5	22.9	26.6
Argentina	13.3	16.7	24.2
Guadalupe	12.4	23.2	31.3
Barbados	13.5	25.0	35.4
Cuba	13.7	25.0	33.6
Martinique	14.9	24.1	32.6
Puerto Rico	14.3	20.7	27.9
Uruguay	17.2	19.7	25.4

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, Demographic projections as of 2003, and United Nations, *World Population Prospects. The 2000 Revision* (ESA/P/WP.165), vol. 1, New York, 2001.

Table A.2
CARIBBEAN: ILLITERACY RATES IN THE POPULATION AGED 70 YEARS AND OVER, 1980-2010

Total	**1980**	**1990**	**2000**	**2005**	**2010**
Bahamas	15.7	11.4	8.6	8.1	7.6
Guyana	24.2	19.7	13.2	9.4	5.9
Haiti	91.5	87.8	83.8	80.0	79.4
Jamaica	53.4	43.0	33.2	30.4	27.2
Netherlands Antilles	13.3	10.1	7.3	6.2	5.3
Puerto Rico	28.7	20.4	14.6	12.4	10.4
Trinidad and Tobago	21.6	15.0	10.1	7.4	5.1
Women	**1980**	**1990**	**2000**	**2005**	**2010**
Bahamas	17.1	11.9	8.4	7.9	7.3
Guyana	30.4	27.2	17.4	12.6	7.0
Haiti	94.0	90.8	87.0	83.4	82.5
Jamaica	52.0	40.1	28.9	26.8	23.7
Netherlands Antilles	13.9	10.3	7.5	6.3	5.4
Puerto Rico	33.2	22.8	15.8	13.2	10.7
Trinidad and Tobago	25.1	19.1	14.1	10.4	7.0
Men	**1980**	**1990**	**2000**	**2005**	**2010**
Bahamas	13.7	10.9	8.8	8.5	8.1
Guyana	16.3	12.3	7.8	5.7	4.4
Haiti	88.4	84.2	79.8	75.5	75.3
Jamaica	55.0	46.7	38.5	35.1	31.6
Netherlands Antilles	12.6	9.9	7.0	5.9	5.1
Puerto Rico	23.7	17.5	13.0	11.3	10.0
Trinidad and Tobago	17.0	10.2	5.3	3.6	2.6

Source: Economic Commission for Latin American and the Caribbean (ECLAC), *Population Ageing in the Caribbean: An Inventory of Policies, Programmes and Future Challenges* (LC/CAR/G.772), Port of Spain, ECLAC subregional headquarters for the Caribbean, December, 2003.

Table A.3

LATIN AMERICA: PERCENTAGE DISTRIBUTION OF THE POPULATION AGED 60 YEARS AND OVER AND AGEING INDEX, BY AREA OF RESIDENCE, 2000

	Percentage of the population aged 60 years and over		Ageing index	
Countries	**Urban**	**Rural**	**Urban**	**Rural**
Latin America	**7.9**	**8.0**	**27.3**	**23.7**
Argentina	13.6	11.4	50.1	34.3
Bolivia	5.5	8.0	14.5	18.8
Brazil	7.7	8.5	28.1	24.9
Chile	10.0	11.3	35.6	37.3
Colombia	6.8	6.9	22.1	18.2
Costa Rica	8.6	6.5	29.8	18.8
Cuba	14.2	11.6	70.9	44.3
Ecuador	6.4	7.8	20.5	20.5
El Salvador	7.8	6.4	24.7	15.9
Guatemala	6.0	4.8	15.4	10.3
Haiti	4.8	6.2	12.3	15.1
Honduras	5.1	5.2	13.6	11.5
Mexico	6.7	7.5	21.6	19.1
Nicaragua	4.9	4.1	12.5	8.9
Panama	8.0	7.8	28.2	21.3
Paraguay	5.6	5.0	15.8	11.1
Peru	7.2	6.8	23.0	15.9
Dominican Republic	6.3	7.0	19.8	19.7
Uruguay	17.0	19.5	67.7	90.2
Venezuela	6.5	7.4	19.5	18.8

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, "Latin America and the Caribbean: Population ageing 1950-2050", *Demographic Bulletin series*, No. 72 (LC/G.2211-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), July 2003. United Nations publication, Sales No. E/S.03.II.G.87.

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Table A.4

AGEING INDICES FOR INDIGENOUS POPULATIONS, URBAN AND RURAL AREAS, SELECTED COUNTRIES, AROUND 2000

Country	Census year	Indigenous population		Percentage of indigenous population		Percentage of population aged 60 years and over		Ageing index		Masculinity index of the population aged 60 years and over	
		Total	60 years and over	Total	60 years and over	Indige-nous	Non-indi-genous	Indige-nous	Non-indi-genous	Indige-nous	Non-indi-genous
Total											
Bolivia [a]	2001	3 145 775	398 469	62.0	68.8	12.7	9.4	---	---	86.4	85.5
Brazil	2000	734 127	61 806	0.4	0.4	8.4	8.6	25.8	28.9	99.0	96.9
Chile	2002	692 192	68 014	4.6	4.0	9.8	11.4	36.9	44.5	94.6	78.4
Costa Rica	2000	63 876	3 583	1.7	1.2	5.6	8.0	13.8	25.1	112.3	91.1
Ecuador	2001	830 418	69 446	6.8	6.7	8.4	8.5	22.5	26.0	88.0	95.3
Mexico	2000	5 269 195	491 697	6.3	7.1	9.3	8.2	32.1	32.7	100.0	87.4
Panama	2000	284 754	12 976	10.0	5.3	4.6	9.1	9.9	29.7	124.8	96.2
Urban											
Bolivia	2001	1 48 477	159 218	53.3	54.5	9.1	8.7	---	---	79.9	78.7
Chile	2002	448 382	33 469	3.4	2.3	7.5	11.2	28.9	43.6	84.1	73.5
Costa Rica	2000	13 383	907	0.6	0.5	6.8	8.5	23.7	29.1	90.1	79.0
Ecuador	2001	149 832	10 878	2.0	1.8	7.3	8.1	23.6	25.9	94.8	89.2
Mexico	2000	1 927 504	181 679	3.1	3.7	9.4	7.9	39.2	33.1	96.2	81.5
Panama	2000	51 861	2 198	2.9	1.5	4.2	8.5	12.4	29.7	144.5	80.8
Rural											
Bolivia	2001	1 397 298	239 251	77.7	83.3	17.1	12.0	---	---	91.0	107.3
Chile	2002	243 810	34 45	12.0	12.7	14.2	13.3	50.2	51.1	106.1	114.5
Costa Rica	2000	50 493	2 676	3.3	2.5	5.3	7.1	12.0	20.2	121.0	117.6
Ecuador	2001	680 86	58 568	14.4	13.6	8.6	9.2	22.3	26.1	---	---
Mexico	2000	3 341 691	310 018	16.0	15.6	9.3	9.6	29.0	31.4	102.4	106.5
Panama	2000	232 893	10 778	21.7	11.1	4.6	10.3	9.5	29.8	121.2	129.1

Source: Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC, special processing of census microdata bases from the 2000 round.

[a] Identification of the indigenous population is based on persons aged 15 years and over.

Table A.5

ECONOMIC ACTIVITY RATES OF THE POPULATION AGED 65 YEARS AND OVER IN SELECTED COUNTRIES OF THE CARIBBEAN, 1980-2010

Years	1980	1990	2000	2005	2010
Total					
Caribbean	**31.19**	**23.01**	**15.11**	**13.16**	**11.52**
Bahamas	35.9	40.2	24.3	22.4	20.8
Barbados	24.8	19.0	8.4	7.0	6.0
Belize	48.2	32.4	29.3	26.7	24.2
Guadalupe	34.1	13.1	5.0	4.0	2.9
Guyana	29.4	21.7	17.2	14.9	13.1
Jamaica	34.1	39.5	37.4	34.3	31.6
Martinique	31.2	16.4	3.8	3.0	2.5
Netherlands Antilles	9.5	9.6	8.2	7.5	6.7
Puerto Rico	30.5	15.4	9.3	5.6	2.4
Suriname	35.0	22.9	11.3	9.2	7.6
Trinidad and Tobago	30.4	22.9	12.0	10.2	8.9
Women					
Caribbean	**11.07**	**11.29**	**7.44**	**6.83**	**6.31**
Bahamas	18.0	28.3	15.2	14.7	14.2
Barbados	19.0	10.9	4.1	3.4	2.9
Belize	11.9	7.5	5.2	4.6	4.1
Guadalupe	7.8	6.0	5.1	4.7	4.4
Guyana	11.4	23.6	23.7	22.3	21.0
Jamaica	5.4	4.8	3.6	3.1	2.6
Martinique	4.8	2.9	2.7	2.3	2.0
Netherlands Antilles	8.9	7.1	2.2	1.9	1.6
Puerto Rico	12.4	10.5	5.2	4.5	4.0
Men					
Caribbean	**57.13**	**41.91**	**29.30**	**25.64**	**22.46**
Bahamas	60.9	57.9	36.4	32.7	29.7
Barbados	42.0	34.0	15.0	12.8	11.2
Belize	88.1	59.4	55.0	50.1	46.0
Guadalupe	60.4	41.4	31.4	27.8	25.0
Guyana	67.0	59.5	53.8	49.3	44.8
Jamaica	18.4	16.8	14.4	13.5	12.6
Martinique	58.4	28.7	17.1	10.0	2.8
Netherlands Antilles	65.6	40.6	21.7	18.4	15.9
Puerto Rico	53.4	38.9	18.9	16.2	14.1

Source: Economic Commission for Latin America an the Caribbean (ECLAC), *Population Ageing in the Caribbean: An Inventory of Policies, Programmes and Future Challenges* (LC/CAR/G.772), Port of Spain, ECLAC subregional headquarters for the Caribbean, December, 2003.

Annex 2

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:

- 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.

- 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.

- 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.

- 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.

- 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.

- 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:

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

- Formulate and propose specific legislation to define and protect these rights in accordance with international standards and the instruments accepted by the States.

- 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:

- 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.

- 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.

- Generate incentives for the participation of older persons in paid and unpaid (volunteer) work.

- 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.

- Promote access to credit opportunities for older persons in order to help them embark upon undertakings of their own.

- Foster a solidarity-based economic model in rural, marginal and indigenous areas.

- 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:

- Foster the creation of jobs with shorter working hours that are more in keeping with labour-market demand.

- 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.

- 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:

- 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.

- Include the problems of the older population in comprehensive poverty reduction strategies.

- 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:

- 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.

- 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.

- 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.

- Incorporate the interests and expectations of older persons into the services offered by non-governmental organizations, private enterprise and Governments.

- 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:

- Foster equality of opportunity to facilitate access to literacy training for older persons so that they may achieve greater social autonomy.

- Develop incentives and flexible systems for enabling older persons to complete their basic and secondary education.

- 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.

- Foster access for older persons to programmes of higher education.

- 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:

- 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.

- 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.

- 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.

- 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.

- 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.

- Formulate policies that define the types of care needed by older persons and mechanisms for providing access to them.

- 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:

- 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.
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- Apply a basic plan for the distribution of equipment, medications, prostheses and ortheses, products and technologies that help older persons to function, participate and be independent.

- 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.

- Establish appropriate mechanisms for collaboration among the different public and private institutions that provide health-care services to older persons.

- 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:

- 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.

- Develop adequate mechanisms for making information on healthful habits accessible.

- Promote the inclusion of the issue of ageing in formal and informal education programmes from a life-cycle perspective.

- Generate multisectoral collaboration at the local level for the implementation of health promotion activities for older persons.

- 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:

- 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.

- 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.

- Train the personnel in charge of compliance with those standards and with all international instruments ratified by the States and supervise their performance.

- Prepare and regularly update a registry of establishments offering long-term care and set up oversight mechanisms involving various State institutions, as appropriate.

- 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.

- 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.

- 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:

- Propose that the basic tools of gerontology and geriatrics be incorporated into university education in the field of health.

- Promote the development of specialization programmes in geriatrics in schools of medicine.

- Promote the involvement of existing health-care professionals in specialized training in gerontology and geriatrics.

- Formulate regional and national initiatives for the establishment of practical geriatrics training models.

- 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:

- 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.

- 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.

- Promote the establishment of an agenda for research on health and ageing and the search for resources for its implementation.

- Develop trained human resources for research on health and ageing, especially in the areas of epidemiology, biology, the demography of ageing and bioethics.

- 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:

- 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.

- Introduce into national housing construction standards the needs of older persons in relation to accessibility, safety and the provision of public services.

- 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.

- 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.

- 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:

- Foster the creation and improvement of social and community services infrastructure at the local level.

- Encourage incentives to support families who provide care for older persons.

- 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.

- 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.

- Support the creation and strengthening of local self-managing organizations formed by older persons and other stakeholders.

- Ensure gender equity in access to the social protection system and other sources of formal support.

- 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:

- Seek to ensure that advertising does not include discriminatory images of older persons and ageing.

- 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.

- 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.

- 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.

- 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.

- Facilitate access to legal and psychosocial assistance for the reporting and punishment of abuse and mistreatment of older persons.

- 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:

- 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:

- 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.

- Establish or strengthen, where they already exist, focal points on ageing within the appropriate national ministries.

- 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.

- 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.

- 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.

- 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:

- 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.

- 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.

- 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.

- 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:

- 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.

- 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.

- Establish a system for monitoring the situation of older persons in the framework of oversight systems developed in other summits or national programmes.

- 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:

- Promote the formulation of a research agenda that covers the main issues relating to older persons in the countries and in the region.
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- Implement strategies to raise financing for this research.

- 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.

Annex 3

REPRESENTATION OF STATES MEMBERS AND OTHER COUNTRIES AT THE REGIONAL INTERGOVERNMENTAL CONFERENCE ON AGEING

Santiago, Chile, 19 to 21 November 2003

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
- Ecuador
- El Salvador
- Spain
- United States of America
- France
- Haiti
- Honduras
- Italy
- Jamaica
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Dominican Republic
- Saint Lucia
- Trinidad and Tobago
- Uruguay
- Venezuela

Also attending were representatives of three associate members of the Commission:

- Anguila
- Aruba
- Puerto Rico

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:

- Russian Federation
- Morocco
- Poland
- Romania
- Switzerland

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

Annex 4

LIST OF INDICATORS ON THE SITUATION OF OLDER PERSONS

Areas and indicators	Definition of the indicator	Remarks
1. Sociodemographic areas		
A. Demographics of ageing		
a.1 Number of persons 60 years and over	Total population (both sexes, men, women) 60 years and over	
a.2 Percentage of persons 60 years and over	Ratio of the population 60 years and over to the total population, percentage	
a.3 Number of persons 65 years and over	Total population (both sexes, men, women) 65 years and over	
a.4 Percentage of persons 65 years and over	Ratio of the population 65 years and over to the total population, percentage	
a.5 Number of persons 85 years and over	Total population (both sexes, men, women) 85 years and over	
a.6 Percentage of persons 85 years and over	Ratio of the population de 85 years and over to total population, percentage	
a.7 Ageing index	Ratio of the population 60 years and over to the population under 15 years, percentage	
a.8 Elderly dependency ratio	Ratio of the population 65 years and over to the population 15 to 64 years of age, percentage	
a.9 Support ratio	Ratio of the population 85 years and over to the population 50 to 64 years of age, percentage	
a.10 Percentage of the elderly among older persons	Ratio of the population 75 or 80 años and over to the population 60 years and over, percentage	
a.11 Median age of the population	This is the age which divides the population into two numerically equal groups, so that half the population is younger than this age and the other half is older	
a.12 Annual average growth rate of the population 60 years and over	Percentage annual average increase or decrease of the population 60 years and over in the last inter-censal period	Pt = Po *e
a.13 Annual average growth rate of the population 85 years and over	Percentage annual average increase or decrease of the population 85 years and over in the last intercensal period	
a.14 Sex ratio of older persons	Number of men 60 years and over per 100 women 60 years and over	
B. Family arrangements		
b.1 Percentage of households with older persons	Ratio of the number of households with older persons to total households, percentage	
b.2 Annual average growth rate of households with older persons	Percentage annual average increase or decrease of households with older persons in the last intercensal period	
b.3 Average size of households with older persons	Sum of all the usual members of the households with older persons divided by the total number of these households	
b.4 Percentage of households with older persons made up of one generation	Ratio of the number of households in which only older persons reside to the total number of households	
b.5 Percentage of households with older persons made up of two generations	Ratio of the number of households with older persons in which there are { (a) (Sons or daughters or son-in-law/daughter-in-law) or (b) grandchildren or (c) parents/parents-in-law of the head} to the total number of households with older persons, percentage	

Areas and indicators	Definition of the indicator	Remarks
b.6 Percentage of households with older persons made up of three generations	Ratio of the number of households with older persons in which there are: {(a) (sons (daughters or son-in-law/daughter-in-law) and (grandchildren) of the head, or (b) (sons (daughters) or son-in-law/daughter-in-law) and (parents/parents-in-law), or (c) grandchildren) and parents/parents-in-law of the head}, to the total number of households with older persons, percentage	
b.7 Percentage of households headed by an older person	Ratio of the number of households whose head is an older person to the total number of households, percentage	
b.8 Percentage of households headed by an older male	Ratio of the number of households whose head is an older male to the total number of households, percentage	
b.9 Percentage of households headed by an older female	Ratio of the number of households whose head is an older female and the total number of households, percentage	
b.10 Rate of average annual growth of households headed by an older person (total)	Percentage average annual increase or decrease of households headed by older persons during the last intercensal period. Total	
b.11 Rate of average annual growth of households headed by an older person (male)	Percentage average annual increase or decrease of households headed by an older person during the last intercensal period. Male	
b.12 Rate of average annual growth of households headed by an older person (female)	Percentage average annual increase or decrease of households headed by an older person during the last intercensal period. Female	
b.13 Average size of households headed by an older person (total)	Sum of all the usual members of the households headed by an older person divided by the total number of such households. Total	
b.14 Average size of households headed by an older person (male)	Sum of all the usual members of the households headed by an older male divided by the total of these households	
b.15 Average size of households headed by an older person (female)	Sum of all the usual members of the households headed by an older female divided by the total of these households	
b.16 Percentage of older persons who are heads of households	Ratio of older persons who are heads of households to the total number of older persons, percentage	
b.17 Percentage of older heads of households who live alone	Ratio of older heads of households who live alone to total older heads of households, percentage	
b.18 Percentage of older heads of household who live alone with their spouse	Ratio of older heads of households who live alone with their spouse to total older heads of households, percentage	
b.19 Percentage of older heads of household who live with their spouse and with: - unmarried children - married children	Ratio of older heads of households who live with their spouse and with unmarried children to total older heads of households (repeat for married children)	
b.20 Percentage of older couples who live with: - unmarried children - married children	Ratio of older couples who live with unmarried children to total older couples, percentage. (repeat for married children)	
b.21 Percentage of older heads of households who live ONLY with other relatives who are not children and who are not a spouse	Ratio of older heads of household who live only with other relatives who are not children to total older heads of households, percentage	
b.22 Percentage of older heads of households who live ONLY with non-relatives.	Ratio of older heads of households who live ONLY with non-relatives to total older heads of households, percentage	
b.23 Percentage of heads of households who are older persons	Ratio of the number of older heads of household to total heads of households, percentage	

Areas and indicators	Definition of the indicator	Remarks
b.24 Percentage of older persons living in institutions	Ratio of the number of older persons living in group residences to the total number of older persons, percentage	
b.25 Percentage of older persons living in homes	Ratio of the number of older persons living in homes to the total number of older persons, percentage	
b.26 Percentage of older persons living in hospital establishments	Ratio of the number of older persons in hospital establishments to total older persons, percentage	
C. Nuptiality		
c.1 Percentage of older persons who are married (civil or religioius marriage)	Ratio of the number of older persons who are married to total older persons, percentage	
c.2 Percentage of older persons living in a consensual union	Ratio of number of older persons living in a consensual union to total older persons, percentage	
c.3 Percentage of older persons who are divorced or separated	Ratio of the number of older persons divorced or separated to the total number of older persons, percentage	
c.4 Percentage of older persons who have been widowed	Ratio of the number of older persons widowed to the total number of older persons, percentage	
c.5 Percentage of single older persons (never been in a marriage or consensual union)	Ratio of the number of single older persons to total older persons, percentage	
D. Urbanization/Rurality		
d.1 Percentage of older persons residing in urban areas	Ratio of the number of older persons who reside in urban localities to the total urban population	
d.2 Percentage of older persons residing in rural areas	Ratio of the number of older persons residing in rural localities to total rural population	
E. Education		
e.1 Percentage of older persons who are illiterate	Ratio of the number of older persons who do not know how to read or write to the total number of older persons	
e.2 Average years of schooling of older persons	Sum of the years of study completed by older persons divided by the total number of older persons	
e.3 Percentage of older persons with basic education or no education	Ratio of the number of older persons who are uneducated or who have not gone beyond primary school (who have not passed more than eighth grade) to total older persons	
e.4 Percentage of older persons with secondary education	Ratio of the number of older persons who have have passed at least some grade of secondary education (ninth to twelfth grade) to total older persons	
e.5 Percentage of older persons with higher education	Ratio of the number of older persons who have passed some level of higher education (thirteenth grade and higher) to total older persons	
F. Ethnic group		
f.1 Percentage of older persons belonging to the indigenous population	Ratio of the number of indigenous older persons to total older persons	
2. Economic security, employment, poverty		
A. Economic participation		
a.1 Economic participation rate of older persons	Ratio of economically active older persons (employed plus unemployed) to total older persons, percentage	
a.2 Unemployment rate among older persons	Ratio of the number of unemployed older persons to economically active older persons, percentage	

Areas and indicators	Definition of the indicator	Remarks
a.3 Percentage of economically inactive older persons who are retirees or pensioners	Ratio of economically inactive older persons in the category of retirees or pensioners to total economically inactive older persons, percentage	
a.4 Percentage of economically inactive older persons who devote themselves to housework	Ratio of economically inactive older persons devoted to housework to total older persons, percentage	
a.5 Percentage of economically inactive older persons who are disabled or confined to the house	Ratio of economically inactive older persons who are disabled or confined to the house to total economically inactive older persons, percentage	
a.6 Percentage of retired older persons who participate in the workforce	Ratio of older persons who are retirees or pensioners, who participate in economic activities to total older persons who are retirees or pensioners, percentage	Source: Household surveys
a.7 Percentage of older persons who are retirees or pensioners, who do not carry out economic activities and who would be willing to accept paid employment	Ratio of older persons who are retirees or pensioners who would accept an offer of paid employment to total older persons who are retirees or pensioners, percentage	Source: Household surveys
a.8 Percentage of older persons employed as wage-earners	Ratio of older persons employed in the category of wage-earners to total employed older persons, percentage	
a.9 Percentage of older persons employed as employers	Ratio of older persons employed in the category of employers to total employed older persons, percentage	
a.10 Percentage of older persons occupied as own-account workers	Ratio of older persons employed in the category of own-account workers to total employed older persons, percentage	
a.11 Percentage of older persons employed as unpaid family workers	Ratio of older persons employed in the category of unpaid family workers to total employed older persons, percentage	
a.12 Percentage of older persons who are wage-earners who work in the public sector	Ratio of older persons who are wage-earners and who work in or State-owned institutions or enterprises to total older persons who are wage-earners, percentage	
a.13 Percentage of older persons who work in the primary sector (agriculture, forestry, hunting and fisheries, mines and quarries)	Ratio of older persons employed in the primary sector of the economy to total employed older persons, percentage	
a.14 Percentage of older persons employed in the informal sector of the economy	Ratio of older persons employed in informal-sector economic activities to total employed older persons, percentage	Source: Household surveys
a.15 Average weekly working hours of employed older persons	Sum of the weekly working hours of all employed older persons divided by total employed older persons	
a.16 Percentage of older persons employed in low-income jobs	Ratio of employed older persons who receive less than two thirds of the average income of all employed persons to total employed older persons, percentage	
a.17 Average monthly income of employed older persons derived from the main occupation (in US$, PPP)	Sum of the monthly income of all employed older persons, based on the concept of the main occupation, divided by total employed older persons	PPP = purchasing power parity
a.18 Gender wage gap of older persons	This indicator measures, in percentage terms, the difference between the average wage of women and the average wage of men (derived from the main occupation)	Yp WOM 100 - ---------- x 100 Yp MEN
a.19 Ratio of gender wage gap of older persons	Ratio of the gender wage gap of older persons to the gender wage gap in the population 20 to 59 years of age	

Areas and indicators	Definition of the indicator	Remarks
a.20 Economic participation rate of older persons with basic education or without schooling	Ratio of economically active older persons with basic education or without schooling to total number of older persons with basic education or without schooling, percentage	
a.21 Economic participation rate of older persons with secondary education	Ratio of economically active older persons with secondary education to total older persons with secondary education, percentage	
a.22 Economic participation rate of older persons with higher education	Ratio of economically active older persons with higher education to total older persons with higher education, percentage	
B. Income and poverty		
b.1 Percentage of older persons who receive regular monetary income of whatever kind	Ratio of older persons who have regular monetary income (monthly) to total older persons, percentage	
b.2 Average total monthly income received by older persons (in US$ PPP)	The sum of total monthly income received by older persons divided by the total number of older persons	
b.3 Average total monthly income of households with older persons (in US$ PPP)	The sum of the total monthly income of households with older persons divided by the total number of households with older persons	
b.4 Percentage of total income of households with older persons contributed by the latter	Sum of the total monthly income of older persons divided by the sum of the monthly income of households with older persons, percentage	
b.5 Percentage of households with older persons living in poverty, according to the unmet basic needs method	Ratio of total households with older persons classified as poor (according to the UBN method) to total households with older persons, percentage	
b.6 Percentage of households with older persons living in poverty, according to the poverty line method	Ratio of total households with older persons classified as poor (poverty line method) to total households with older persons, percentage	Source: Household surveys
b.7 Percentage of older persons who own real estate (land, dwellings, businesses, etc.) or who have investments in securities (stocks, bonds, etc.)	Ratio of older persons who own real estate or investments to total older persons, percentage	Source: Household surveys
C. Social security		
c.1 Percentage of older persons covered by social security	Ratio of the number of older persons who are beneficiaries of social security and total older persons, percentage	Source: Census, registries and household surveys
c.2 Average value of old age pensions (in US$, PPP)	Sum of the amounts of all pensions and retirement benefits of the social security system divided by the total number of retirees and pensioners	Source: Continuous registries, household surveys
c.3 Pension adjustment index	Median of the value of pensions and retirement benefits of the social security system divided by the per capita poverty line	Source: Registries y household surveys
c.4 Percentage of retired older persons whose pensions are inadequate	Ratio of older persons with pension income lower than the cost of the basic basket for one person to total older persons who are retirees and pensioners, percentage	Source: continuous registries, household surveys
c.5 Legal retirement age	Retirement age as established by law in each country	Source: National legislation
c.6 Real average retirement age	Sum of the effective retirement ages of all retired persons divided by the total number of retired persons	Source: Household surveys

Areas and indicators	Definition of indicator	Comments
3. Health		
A. State of health		
a.1 Life expectancy at birth	Average age to which a cohort of persons is expected to live if prevailing mortality rates by sex and age at the time of birth remain constant	Source: Vital statistics, household surveys, estimates
a.2 Life expectancy at 60 years of age	Average age to which a cohort of persons is expected to live past the age of 60 if prevailing mortality rates by sex and age at the time remain constant	Source: Vital statistics, household surveys, estimates
a.3 Self-perceived health status	Percentage of persons that rate their health status according to predetermined categories (excellent, good, etc.)	Source: Household surveys
a.4 Percentage of older persons with some form of chronic illness	Ratio between the number of older persons who suffer from at least one form of chronic illness and the total population of older persons (expressed as a percentage)	Source: Household surveys
a.5 Percentage of older persons that suffer from a specific chronic illness (diabetes, high blood pressure, etc.)	Ratio between the number of older persons who suffer from a particular chronic illness and the total population of older persons (expressed as a percentage)	Source: Household surveys
a.6 Percentage of older persons that have suffered from an illness or a health problem in the past month	Ratio between the number of older persons who have suffered from illness or had a health problem in the last 30 days and the total population of older persons (expressed as a percentage)	Source: Household surveys
a.7 Mortality rate for the five principle causes of death among older persons	Quotient of the number of older persons who have died in the past year, grouped by the most common causes, and the total population of older persons (expressed in hundreds of thousands)	Source: Vital statistics, household surveys
a.8 Percentage of obese older persons		Source: Household surveys
B. Disability/Functionality		
b.1 Life expectancy at 60 years of age, without a disability	Average age to which a cohort of persons without a disability is expected to live past the age of 60 if mortality and disability rates by age for that year remain constant	Source: Household surveys, vital statistics, estimates
b.2 Percentage of older persons with some form of severe mental or physical disability	Ratio of older persons who suffer from at least one severe mental or physical disability and the total population of older persons (expressed as a percentage)	Source: Household surveys, censuses
b.3 Percentage of older persons who suffer from a specific disability (problems with vision, hearing, mobility, etc.)	Ratio of older persons with a specific disability and the total population of older persons (expressed as a percentage)	Source: Household surveys, censuses
b.4 Index of functional disability among older persons	Ratio of older persons who are unable to carry out at least one basic activity of daily living (BADL)* or more than one instrumental activity of daily living (IADL),** and the total population of older persons (expressed as a percentage)	Source: Household surveys. * BADL: Eat, dress, bathe, etc. ** IADL: Prepare food, clean house, shop, etc.
C. Access to services		
c.1 Percentage of older persons who consulted a health professional in the past month regarding health problems or chronic illness	Ratio of older persons who sought medical attention in the past month and the total population of older persons (expressed as a percentage)	Source: Household surveys

Areas and indicators	Definition of indicator	Comments
c.2 Percentage of older persons who sought medical attention provided by the public sector in the past month	Ratio of older persons who sought medical attention at public health facilities in the past month and the total population of older persons who sought medical attention (expressed as a percentage)	Source: Household surveys
c.3 Percentage of older persons with specific chronic illnesses who receive ongoing treatment for the illness	Ratio of older persons who receive ongoing treatment for a certain chronic illness and the total population of older persons who suffer from that specific illness (expressed as a percentage)	Source: Household surveys
c.4 Percentage of older persons admitted at a health facility in the past six months	Ratio of older persons admitted to a health facility in the past six months and the total population of older persons (expressed as a percentage)	Source: Household surveys
c.5 Percentage of older persons covered by some form of health insurance	Ratio of older persons who have some form of health insurance (as a member or a dependent) and the total population of older persons (expressed as a percentage)	Source: Household surveys
c.6 Percentage of older persons with unmet health care needs	Ratio of older persons who needed medical treatment in the past month but did not receive it due to costs, distance or poor quality of services, and the total population of older persons (expressed as a percentage)	Source: Household surveys
4. Environment		
A. Physical		
a.1 Housing and basic services		
a.1.1. Percentage of older persons who reside in an owner-occupied dwelling (belongs to them or other household members)	Ratio of older persons who reside in an owner-occupied dwelling that belongs to a household member and the total population of older persons (expressed as a percentage)	
a.1.2. Percentage of households headed by older persons who reside in an owner-occupied dwelling	Ratio of households headed by older persons who reside in a dwelling that belongs to a household member and the total number of households headed by an older person (expressed as a percentage)	
a.1.3. Percentage of older persons who reside in dwellings with substandard walls	Ratio of older persons who reside in dwellings with substandard walls and the total population of older persons (expressed as a percentage)	Substandard materials shall be defined by each country
a.1.4. Percentage of households headed by older persons who reside in dwellings with substandard walls	Percentage of households headed by older persons who reside in dwellings with substandard walls and the total number of households headed by an older person (expressed as a percentage)	Substandard materials shall be defined by each country
a.1.5. Percentage of older persons who reside in dwellings that lack running water (systems for drinking water) inside the household	Ratio of older persons who reside in dwellings that lack running water (systems for drinking water) inside the household and the total population of older persons (expressed as a percentage)	
a.1.6. Percentage of households headed by older persons that lack running water (systems for drinking water) inside the household	Ratio of households headed by older persons that lack running water (systems for drinking water) inside the household and the total number of households headed by an order person (expressed as a percentage)	
a.1.7. Percentage of older persons who reside in dwellings that lack electricity	Ratio of older persons who reside in dwellings that lack electricity and the total population of older persons (expressed as a percentage)	
a.1.8. Percentage of households headed by older persons that lack electricity	Ratio households headed by older persons that lack electricity and the total number of households headed by an order person (expressed as a percentage)	

Areas and indicators	Definition of indicator	Comments
a.1.9. Percentage of older persons who reside in dwellings that lack sanitation services (ABSENT)	Ratio of older persons who reside in dwellings that lack sanitation services and the total number of households headed by an older person (expressed as a percentage)	
a.1.10. Percentage of households headed by older persons that lack sanitation services	Ratio of households headed by older persons that lack sanitation services and the total number of households headed by an older person (expressed as a percentage)	
a.1.11. Percentage of older persons who reside in dwellings with a toilet	Ratio of older persons who reside in dwellings with a toilet and the total population of older persons (expressed as a percentage)	
a.1.12. Percentage of households headed by older persons with a toilet	Ratio of households headed by older persons with a toilet and the total number of households headed by an older person (expressed as a percentage)	
a.1.13. Percentage of older persons who reside in overcrowded dwellings	Ratio of older persons who reside in overcrowded dwellings (over three persons per bedroom) and the total population of older persons (expressed as a percentage)	
a.1.14. Percentage of households headed by older persons that are considered overcrowded	Ratio of households headed by older persons that are considered overcrowded (over three persons per bedroom) and the total number of households headed by an older person (expressed as a percentage)	
a.1.15. Percentage of older persons who reside in dwellings with inadequate living conditions	Ratio of older persons who reside in dwellings considered inadequate with respect to infrastructure and services, and the total population of older persons (expressed as a percentage)	This classification (which can also include floor and ceiling materials) must be made according to the standards of each country
a.1.16. Percentage of households headed by older persons who reside in dwellings with inadequate living conditions	Ratio of households headed by older persons who reside in dwellings considered inadequate with respect to infrastructure and services, and the total number of households headed by an older person (expressed as a percentage)	This classification (which can also include floor and ceiling materials) must be made according to the standards of each country
a.2 Infrastructure and transport		
a.2.1. Percentage of older persons who report difficulties in getting around in their outside surroundings, due to physical obstacles, problems in accessing transportation or for reasons of security	Ratio of older persons with difficulties in getting around in their outside surroundings for the reasons given, and the total population of older persons (expressed as a percentage)	Source: Household surveys
a.2.2. Percentage of older persons who participate in some type of moderate physical activity on a regular basis	Ratio of older persons who participate in at least 30 minutes of moderate exercise three or more days per week, and the total population of older persons (expressed as a percentage)	Source: Household surveys
B. Social		
b.1 Civic involvement		
b.1.1. Percentage of older persons who participate in civil society organizations (organizations for older persons, volunteer groups, etc.)	Ratio of older persons who in the past year have participated in civil society organizations and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2 Support network		

Areas and indicators	Definition of indicator	Comments
b.2.1. Percentage of older persons who are supported by their children (they are cared for or assisted by them financially)	Ratio of older persons who are cared for or assisted financially by their children, and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2.2. Percentage of older persons who maintain ongoing relationships with their children, siblings or other relatives	Ratio of older persons who maintain ongoing relationships with their children, siblings or other relatives, etc., and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2.3. Percentage of older persons who regularly receive assistance (in completing daily activities) from community-based groups	Ratio of older persons who receive assistance from community-based groups in completing daily activities and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2.4. Percentage of older persons who regularly help their children in caring for their grandchildren	Ratio of older persons who help their children regularly in caring for their children, and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2.5. Percentage of older persons who provide financial support to their children on a regular basis	Ratio of older persons who provide financial support to their children on a regular basis, and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.2.6 Average number of surviving children	Ratio of the total number of surviving children of 60-year-old women or older and the total population of women in this age group	
b.3 Violence/Abuse		
b.3.1. Percentage of older persons who have suffered some form of violence or abuse	Ratio of older persons who have suffered any form of violence or abuse, and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.3.2. Percentage of older persons who have suffered violence or abuse committed by a family member	Ratio of older persons who have suffered violence or abuse committed by a family member, and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.3.3. Percentage of older persons who have suffered specific forms of violence or abuse	Ratio of older persons who have suffered specific forms of violence or abuse (beatings, threats, financial abuse, robbery, etc.) and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.4 View of ageing		
b.4.1. Percentage of the population 15 years old and older that associates ageing with dependency and frailty	Ratio of the population 15 years old and older that associates ageing with dependency and frailty, and the total population 15 years old and older (expressed as a percentage)	Source: Household surveys
b.4.2. Percentage of older persons who are happy with life	Ratio of older persons who are happy with life and the total population of older persons (expressed as a percentage)	Source: Household surveys
b.4.3. Percentage of older persons who feel discriminated or mistreated when outside the home	Ratio of older persons who feel discriminated or mistreated when outside the home and the total population of older persons (expressed as a percentage)	Source: Household surveys