



ECLAC

Economic Commission for Latin America and the Caribbean

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13 April, 2011

Dear Mr. Mokhiber,

In response to your request and to the invitation extended to us in resolution 65/182 of December 2010, I am pleased to provide relevant information on the situation of the rights of older persons in the Latin America and Caribbean region.

Beginning with the Brasilia Declaration —adopted at the Second Regional Intergovernmental Conference on Ageing, held in Brazil 2007— ECLAC has developed a series of studies and proposals that contribute to the implementation of a human rights approach in ageing issues. To that end, among other activities, it has compiled statistical information and legal and policy documentation on older persons in the regional context.

With regard to the specific information requirements annexed to your letter, I inform you that we have made substantive progress on the updating of the identified material, which has been compiled in the document entitled “Ageing and the protection of human rights: current situation and outlook,” available online at the following link: <http://www.cepal.org/publicaciones/xml/8/42998/LCW353-I.pdf>.

Furthermore, I attach herewith the report that ECLAC has prepared under the framework of the project “Understanding Our Ageing World,” carried out by the United Nations Population Fund (UNFPA), entitled “Regional Overview on the Implementation of the Madrid International Plan of Action in Latin America and the Caribbean.” This document provides a comparative summary on the advances of the regional implementation of the Madrid International Plan of Action on Ageing since its adoption in 2002 to December 2010.

We trust that the background information provided will be useful for the Secretary General’s report. Should you require further references on particular topics, please contact Mr. Dirk Jaspers_Faijer, Director of CELADE-Population Division of ECLAC.

Yours sincerely,

Alicia Bárcena
Executive Secretary

Mr. Craig Mokhiber, Officer-in-Charge
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Office of the United Nations High Commissioner for Human Rights
Geneva - Switzerland

Report

Regional Overview on the Implementation of the Madrid International Plan of Action in Latin America and the Caribbean

Latin American and Caribbean Center for Demography
(CELADE) – Population Division of the Economic
Commission for Latin American and the Caribbean (ECLAC)



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ECLAC

The document was prepared by the Latin American and Caribbean Demographic Center (CELADE) - Population Division of ECLAC, under the supervision of Dirk Jaspers Fajier, Director, under the project entitled "Understanding Our Ageing World" carried out by the United Nations Population Fund, in partnership with HelpAge International.

The report was prepared by project coordinator Sandra Huenchuan and consultant Pablo Tapia.

The opinions expressed in this document, which have not been submitted for editorial review, are the exclusive responsibility of its authors and may not coincide with those of the Organization.

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Presentation

The document was prepared by the Latin American and Caribbean Demographic Center (CELADE) - Population Division of ECLAC, under the supervision of Dirk Jaspers Faijer, Director, under the project entitled "Understanding Our Ageing World" carried out by the United Nations Population Fund, in partnership with HelpAge International.

The report presents a summarized and actualized analysis on the regional implementation of the Madrid International Action Plan on Ageing. The objective of this document is to contribute to incorporating the regional perspective in the evaluation of the Madrid International Action Plan on Ageing (MIPAA), through a specific review on the work performed by the countries in the region on the matter from 2002 onwards.

The compiled information comes from different sources: national reports presented to ECLAC in 2007 for the Second Regional Intergovernmental Conference on Ageing; survey performed by ECLAC in 2007 and 2009, as well as the results of research on Institutional frameworks and ageing the the Division is conducting with the financial help of the Swedish International Cooperation Agency for Development (ASDI). Eventually direct consultations were made with national counterparts with the aim of clearing up or deepening the information gathered from secondary sources.

1. Integration of the Ageing Perspective in Public Policies and Research

a) Policies and Legislation

17 of the 41 countries analyzed count on a national ageing and old age policy. Most originate prior to 2002, with only 5 countries having created these instruments afterwards (Anguilla, Belize, Colombia, Guatemala, Panama, Peru). Nevertheless, currently there is a renewed interest in preparing national action plans on the issue. Argentina, Bolivia, Chile, Costa Rica, Peru, Mexico, the Dominican Republic and Uruguay are involved in such a process. In some cases, it is due to the fact that the issue of ageing was incorporated for the first time in development strategies or social development programs (for example, the Dominican Republic and Paraguay, respectively).¹

Although all the recognized rights and guarantees in constitutional texts are applicable to older persons, there are countries in which the rights of this social group are specifically covered² and as a demonstration in how ageing has constituted itself as an issue that grows in importance in the region, as seen in the constitutions of Ecuador, Bolivia and the Dominican Republic, approved in 2008, 2009 and 2010 respectively, which have a much broader development, particularly with regard to economic, social and cultural rights in old age.

With regards to legislative measures, the countries include issues of older persons in general rules (Argentina and Cuba for example); in the normative framework which creates institutionality (Bahamas, Barbados, Chile, Trinidad and Tobago, among others) or in the legislation that specifically protects older persons. Up until now, 13 countries count on a specific law. Of these, Belize, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Paraguay, Peru and Venezuela created them after 2002. In others, the legislative process is ongoing (Bolivia, Argentina, Panama) or in the process of reform (Costa Rica). Most of this legislation has the objective of promoting and guaranteeing the human rights of older persons, integrating in these norms the contents of the human rights treaties and constitutional provisions.

b) Public Institutional Frameworks

Many of the countries in the region have integrated an organization in charge of policies and programs for older persons in the organizational structure of the public apparatus. Some are Directorates within a sectional ministry (Argentina, Ecuador, Bolivia, Paraguay, Peru and Honduras); of Institutes and Services (Chile, Venezuela, Mexico and Uruguay); or a Council (Brazil, Costa Rica and Dominican Republic). Also there are others where it is a Program (Cuba and Guatemala), or of a social welfare area in which older persons are considered to be part of

¹ República Dominicana "Estrategia Nacional de Desarrollo 2010-2030", Eje 2. (www.end.gov.do) : Gabinete Social, Presidencia de la República, "Paraguay para todos y todas. Propuesta de política pública para el desarrollo social 2010-2020" (www.sfp.gov.py/pdfs/Publicaciones/PLAN_DESARROLLO_SOCIAL.pdf)

² Argentina, Brazil, Costa Rica, Colombia, Belize, Cuba, Guatemala, Haiti, Honduras, Nicaragua, México, Panamá, Paraguay, Perú, Venezuela, among others.

vulnerable populations, such as in Colombia and Panama. In some cases these organizations count on decentralized instances at the level of lesser territorial units.

In 15 of the 41 countries analyzed, the institutions were created from 2002 onwards. In some cases, in response to certain laws or rules about creating social ministries (Panama, Uruguay, El Salvador, Paraguay, among others) In the English-Speaking Caribbean countries, there exists a broad institutional development directed towards older persons. The Netherlands Antilles, Aruba, Bahamas, Barbados, Belize, the British Virgin Islands, Guyana, Saint Kitts & Nevis, St. Lucia, count on a specific institution dedicated to issues of old age, although only 2 of these were created after 2002. The most common sectional affiliation is the Ministry of Social Development, of the Family or Health.

b) Data and Research

The available information indicates that in practically all Latin American countries there is a body dedicated to research on the issues of ageing. Only in some of the English-Speaking Caribbean countries was it impossible to locate an institution dedicated to this work (Anguilla, Antigua & Barbuda, Netherlands Antilles, British Virgin Islands, Dominica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, for example).

It should be noted, however, that the institutions that conduct research on the subject are very heterogeneous, both in terms of the breadth of topics studied, research coverage, and the allocated budget. In several cases they are small centers that perform specific studies without great impact on the national agenda.

The information available shows that only in Cuba (via the Latin American Center on Aging created in 1992) and Mexico (through the National Institute on Aging created in 2008) is there research institutes similar to those of other continents. They would be joined by Ecuador in 2011 by the National Institute of Gerontology. In another small number of countries (Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Jamaica, Trinidad & Tobago, and Uruguay) there are departments within universities or research institutes that develop important tasks in terms of knowledge production, especially in subject areas of anthropology, population, psychology, among others, but it does not extend to other countries in which the development of research is significantly lower.

The availability of data on older people is an issue that has become more widespread across countries thanks to the contribution of the UN Office of Statistics, although the experiences are dissimilar with respect to the frequency of their production, quality, issues studied and accessibility. There are issues related to aging and older people that are still unknown or poorly documented. One is the election information, which only in few cases is broken down by age and sex. Only Bolivia, Brazil, Chile, Costa Rica, Guatemala, Peru and Puerto Rico stand out. This problem affects other equally important areas of research, such as domestic violence, disability, access to technologies, among others.

2. Analysis by Madrid Plan Priority Area

a) Older persons and development

In the last period, especially after 2007, a limited number of countries have stood out by opening and/or strengthening channels of participation for older persons. One is Costa Rica, which formed an advisory board composed of leaders from around the country who are consulted on the actions taken by the institution. Another is Argentina, through the Federal Council on Aging, which seeks to institutionalize the cooperation and participation of older people in defining, implementing and monitoring public policies. Panama has also re-founded the Council for Older Adults after a couple of years of inactivity and Nicaragua should do so in 2011 in compliance with the law 720.

On the other hand, some countries have encouraged the participation of older people in developing national plans. Since 2003, in Brazil, the National Conference on the Rights of Older People brings together over 1000 participants every two years to set policy guidelines. Bolivia implemented a consultation strategy for the plan to be built and validated in conjunction with organizations. Uruguay is undergoing a process of consultation with older people to develop the national plan. The same was done in the Dominican Republic with the national development strategy and in Peru with its national plan.

A new phenomenon that may in the future impact the number of countries that have expanded opportunities for participation is the establishment of organizations of older people that promote specific defence of their rights. This is the case of the Pensioners Association (AJUPIN) in Nicaragua, the Aging Network (REDAM) in Uruguay, the National Association of Older Persons in Bolivia (ANAMBO), among others. Add to these strong movements of older people in Paraguay, Guatemala and Puerto Rico, which have won approval of specific laws for or prevented retrogressive measures that affect their rights. However, the promotion of participation in old age is an area of work that must involve more resources and will for its full development. The main obstacle that is faced comes from the discrimination of older persons, which affects their levels of partnership and consideration in making decisions on issues that affect them.

Work in old age is an issue that has often been included in the specific norms for older persons, as well as existing policies. One of the most important developments after 2002 is the expansion of the number of countries seeking to eliminate age discrimination at work, expressed in positive action or prohibiting limitation of segregating any worker because of age (Brazil, El Salvador, Mexico, Paraguay, Peru and Uruguay). Nevertheless, the initiatives implemented to promote work in old age are still limited to isolated actions, are low-budget and in some cases do not provide adequate guarantees for older workers. In some countries job training is available (Chile, El Salvador, Uruguay, Panama; Honduras, Mexico, Puerto Rico and Colombia). Others maintain a data bank and information on jobs for seniors (El Salvador, Mexico and Puerto Rico). There are also those that have favoured access for entrepreneurship. In some cases confined to pensioners (Peru and Costa Rica) and others aimed at creating credit opportunities for groups excluded from the financial market (El Salvador, Honduras, Brazil). Donations to support

productive initiatives also take different forms, either through direct delivery of subsidies (Belize) or competitive funds (Chile, Mexico, Paraguay, Honduras).

Perhaps one of the most important achievements since 2002 is the decision to expand access to social security through the creation of non-contributory pension schemes for older people in countries with incipient aging and low coverage of social protection. Belize, since 2004, has granted a non-contributory pension for women over 65 years and older. In Guatemala, from 2005, the economic support program provides a pension for older people without pension coverage. In Bolivia, the Renta Dignidad established in 2007, provides a monthly income for all persons over sixty years of age. Panama approved in 2009 the delivery of a bonus to those over 70 who have no pension and retirement benefits. Paraguay in 2009 passed a food subsidy for the older persons in poverty. El Salvador in 2009 created the basic pension for persons over 70 who do not have some kind of pension or who do not receive remittances. Peru, in September 2010, instituted a pilot program of supportive care (Gratitud), whose objective is to transfer, directly, financial subsidies to older persons in extreme poverty, beginning at 75 years of age. Similar initiatives are implemented in the Bahamas and Anguilla.

Actions aimed at the eradication of poverty account for a significant range of measures. In several countries - especially in the English-speaking Caribbean - in-kind subsidies are given to ensure the nutrition of poor older persons. In other Latin American countries (Argentina, Ecuador, Peru, Guatemala, El Salvador) a food subsidy is offered or food in public canteens. This is compounded by the inclusion of this population segment in the conditional cash transfer programs, through which comes a financial subsidy to those families in poverty who have older person members (Brazil, Colombia, Chile, Panama and Uruguay).

Other areas such as older people in emergency situations, migration, rural development and urbanization, are issues raised by a very small number of countries. Regarding the first issue, the natural disasters in Haiti and Chile show evidence of the vulnerability of older people, but the harshness of the situation has not yet translated into concrete action by States on the issue. Only some countries (such as Anguilla and Belize) have been concerned about the issue. The issues of rural older people are treated frequently in Bolivia, Belize and Peru, highlighting emerging issues related to inheritance, access to productive resources and technology, but this practice has not spread to other countries with attention it deserves. Finally, education remains a topic based at the Universities for Older Persons, with notable experiences in Costa Rica, Chile, Panama, among others, but still quite far from the concept of lifelong education - with the exception of Cuba-

b) Advancing health and well-being into old age

In recent years, the advances of countries in this second priority area are broader and more documented than in the previous area. One of the most outstanding cases occurs in the field of public health institutions, as most Latin American countries have created health programs for seniors within the respective ministries or departments (Argentina, Brazil, Chile, Costa Rica, Panama, Nicaragua, Mexico, Peru, Paraguay, Dominican Republic, Uruguay, among others.). Institutional arrangements are starting to emerge as key issues to include the aging of the population in the public health agenda, although there are notable differences between the powers, management capacity and resources of these government agencies. For English-speaking countries, the situation is different because often the same institutions of governance in the field of aging usually develop activities in the field of health of older people.

With respect to promoting health and wellness throughout life, several countries have explicit guarantees universal packages that include diseases with high incidence among older persons. Catastrophic diseases³ have been included in the Universal Access Plan with Explicit Guarantees (AUGE) in Chile (2006), in the Basic Care Plan (BAP), Brazil (2006), in the obligatory health plan (POS) and Required Subsidized Health Plan (POSS) of Colombia (updated 2009). While others such as Mexico (2004) and Peru (2001) offer partial coverage. All these measures are mechanisms of health prioritization directed towards prioritizing the investment of resources and are offered to the population in a manner independent of their individual economic condition and relative risk.

Along with this, other countries have made progress in the integration of older people in health plans and programs. Bolivia, in 2005, established the Health Insurance for Older Persons (SSPAM). Peru simultaneously approved the guidelines for comprehensive health care for older persons and Uruguay, through health care reform (2005-2010), improved health care coverage in old age.

In the English-speaking Caribbean there are similar initiatives (for example in the Bahamas which has implemented a national plan for healthy aging) but differ in the conditions met and modes of organization. Thus, the subregion has a long tradition in home care services (Anguilla, Antigua and Barbuda, Netherlands Antilles, Aruba, Barbados, Bahamas, Dominica, Trinidad and Tobago, among others). It has also incorporated other issues that in Latin America are not yet fully installed as a matter of concern, as is the care of older people with HIV / AIDS, mental health and nutrition. The care of older people with disabilities also is common in the Caribbean. The British Virgin Islands, Netherlands Antilles, Aruba, Saint Lucia, Bahamas, Barbados, Antigua and Barbuda, have specific support programs in this area, including mental disabilities. In several countries, older people also receive free medical care (Bahamas Antigua and Barbuda, Saint Vincent and Grenadines, Suriname) and there are specific programs for the treatment of chronic diseases.

Facilities to access medicine continue to be scarce throughout the region. Highlighted experiences that benefit older people are developed in Argentina, British Virgin Islands, Belize, Cuba, Dominican Republic, Dominica, Antigua and Barbuda, Venezuela, Saint Vincent and Grenadines and Paraguay. Conversely, the training of human resources in geriatrics in the region is still in its early stages and, in general, the lack of medical professionals is stark.⁴ This is compounded by the emigration of health personnel in the English-speaking Caribbean, which partly due to baby boomers (baby boomers) in developed countries reaching retirement age, which requires personal and social services geared to health care, influencing the migration of trained personnel.

To overcome these deficiencies some countries make available the specialization in geriatrics at the university level (Chile, Costa Rica, Mexico, Dominican Republic and Venezuela).

³ Catastrophic diseases are any pathology that, in addition to difficult technical resolution, imply high risk in recuperation and some probability of death. They can be subdivided into two categories: sudden illnesses, that are habitually resolved in the short-term, without prolonged treatment and with a high cost per episode (an example of which is myocardial infarction); and chronic illnesses, which require long-term care, which do not necessarily accompany a significant outflow of money, but do represent a significant cost flow in time (for example, kidney dialysis and some mental pathologies).

⁴ According to the latest information available (2007) there are 14 geriatric physicians in Puerto Rico; in Panama there are 20 geriatric physicians, in Peru 86 and in Cuba 273 specialized medical professionals in gerontology and geriatrics.

Another method that is still quite recurrent is training in geriatrics and gerontology from other health professionals, which generally reaches a wider coverage (Argentina, Cuba, Chile, Brazil, El Salvador, Belize, Netherlands Antilles). Finally, the training of caregivers is more common in countries of the English-speaking Caribbean. Most of the countries under review have developed initiatives in this area (Aruba, Belize, Saint Vincent and Grenadines, St. Lucia, Trinidad and Tobago, etc.) This does not happen as often in Latin America, where existing programs are not always institutionalized, are sporadic and with low coverage and implementation. An exception is Argentina with the National Home Care Program.

Finally, long-term care is also a policy area in which the countries have been making inroads, though there are vast challenges to face in the coming years on this subject. In general, several have focused on the regulation of long-stay institutions (Argentina, Netherlands Antilles, Aruba, Chile, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Panama, Dominican Republic, Uruguay, Trinidad and Tobago, among many others). Nevertheless, the greater part of the cases the regulations are weak and usually deal with problems with administrative measures. A detailed examination shows that most of these regulations do not guarantee the full rights and fundamental freedoms of older persons, with recurrent complaints of violations of security of residents. Guatemala and Puerto Rico are exceptions as they have performance monitoring mechanisms for long-stay institutions. In Guatemala, this is done through the Ombudsman for Older Persons and in Puerto Rico, the Office of the Advocate for Older Persons developed a program for resident establishments Attorney long.

In sum, in this priority area, countries have expanded their efforts to improve services and benefits for the older person population. However, inequalities persist due to low coverage, the quality of care associated with the likelihood of payment and access deficiencies that result not only of economic but also the possibilities of travel, cultural relevance effectiveness of interventions and effective clinical care for strengthening autonomy.

C) Ensuring enabling and supportive environments

In Latin American, the actions related to housing are directed, for the most part, to sectors in condition of poverty (Chile, Costa Rica, Cuba, El Salvador, Mexico, Panama, Peru and Uruguay). In several cases, these programs are directed towards improving the living conditions of housing or the provision of homes as a loan. Uruguay is one of the more developed Latin American countries in this field. The law 18340 of 2001 established the first benefits to retirees to access housing, which were expanded in 2006 with the creation of a rent subsidy, it was upgraded in September 2009 by Decree 397/009 of the Executive Branch.

In the countries of English-speaking Caribbean actions in this area are quite common, though under different forms. In some it gives a direct transfer (subsidies) for the improvement of housing (St. Lucia, Saint Vincent and Grenadines). In other homes are delivered on a loan of government property and/or provide rental units at low cost (Aruba, Bahamas). There are also those that provide services to maintain the good condition of the home by cleaning, supply of domestic equipment or rebates on basic services (Barbados, Bahamas)

In transport, only a few countries offer free services and others establish discounts (Aruba, Argentina, Brazil, Guatemala, Puerto Rico, Venezuela, Belize, British Virgin Islands and Chile). However, many face difficulties in their control or involve complicated procedures that older people are not always willing to undertake. In the accessibility of public space, the most interesting interventions are related to strategies for inclusion in the city, but generally are limited

to certain countries (Aruba, Argentina, Peru, Colombia, Paraguay, Argentina, Honduras, Mexico). In several of them, accessibility initiatives are closely linked to the mobility of persons with disabilities, while certainly some also benefiting older persons.

In the area of care and support for caregivers, the countries of the English-speaking Caribbean show a broader development of health and social services, while the need for care begins to gain more and more space on the agenda of the Latin American governments. This has led to gradually going beyond the health vision of such services towards more comprehensive initiatives in several cases with settlement in the community. Nevertheless, the few evaluations there are show that in general they are inadequate and of poor quality.⁵ In this issue, there are two initiatives are highlighted: (i) the progressive care network for comprehensive care of older people in Costa Rica, which seeks to implement a model based on all actors involved in the care (community, government, businesses, families, etc.) to provide an organized and coordinated set of services and benefits, and (ii) the National Care System being developed in Uruguay, where the older population in a situation of dependency is one of the priority groups.

Violence against older people prior to 2007 was mainly worked from campaigns aimed at prevention. At present, the task has grown substantially, either through the development of specific protocols (policy guidelines for the prevention of child abuse and the rights of older people in Peru), institution building (prosecutor for older persons in the Dominican Republic) and development of special programs (prevention of discrimination and abuse of older persons in Argentina). Also, it is becoming more frequent counselling services of a socio-legal orientation (Peru, Brazil, Bolivia).

A remarkable experience in this area is being conducted by the Federal District of Mexico City that has: (i) a network of prevention, detection and treatment of violence against older people which works in close collaboration with social organizations, (ii) an interagency group for the prevention, detection and response to violence against older persons, opened in 2005, and composed of ten institutions that are currently working on a treatment protocol, and (iii) a specialized agency for the care of older person victims of violence created in April 2010. Unlike other policy areas, this topic is not seen widespread development in countries of English-speaking Caribbean, with the exception of Trinidad and Tobago, which has established a Help Desk to report cases of abuse and regulations that are designed to prevent abuse in the institutions of long-term care.

Finally, image is a niche of action closely associated with the celebration of the International Day of Older Persons, but remains an area that is not worked on consistently. A significant initiative was pushed by Bolivia in 2009, when it introduced August 26 as the Day of Dignity for Older Persons, to replace a 1948 executive decree instituting the Aged Day. This update responds to the rights approach that promotes the new Constitution of the country and it is expected to move towards a reappraisal of older persons based on their capabilities and contribution to society. Another initiative was developed in Trinidad and Tobago by an awareness campaign between 2004 and 2005 with the aim of preventing use of discriminatory images in the media. Some similar measures associated with research, are also being worked on in Colombia.

⁵ In Bolivia, a study performed by the People's Ombudsman, for example, demonstrated that care services only protect one out of every ten older persons in a situation of abandonment.

In short, this priority area tends to be more visible in the context of the actions implemented by lead institutions in the field of aging and it is possible to see significant progress. However, the actions suffer from weaknesses arising from the lack of funds, coverage, quality and sustainability. Along with this, there needs to incorporate more innovation to meet the diverse needs of older people, which are more evident when dealing with social inclusion.

3. Conclusions and Recommendations

From 2002 onwards, the countries of the region have made progress in including issues of aging and old age on the public agenda. Many of them, in compliance with the recommendations of the Madrid International Plan of Action on Ageing, initiated action on behalf of older persons. Others consolidated their work on the issue. It could be said that no country in the region of Latin America and the Caribbean is distant from the process initiated in Madrid eight years ago. The Regional Strategy on Ageing adopted in 2003 and then the Brasilia Declaration reinforced this momentum and were opening new possibilities for action, both in the legislative, programmatic and institutional areas.

The only area of work that took a different course was research. The main paradox is that academia in general exhibits a delay that is not consistent with the evolution of public affairs or the organizations of civil society. The thematic unit of transnational networks hinder the emergence of original knowledge associated with the real concerns and interests of older people.

Public institutions and aging is a matter that must be addressed seriously by the States, civil society and international agencies. The region has moved slowly toward more holistic approaches in the public treatment of issues of older persons and this is reflected in that many have implemented reforms to include them in the area of social ministries. In recent years, this step has allowed issues such as violence, care, participation, among others, are acquiring greater prominence in actions aimed at older persons. Notwithstanding the importance of this advance, we must recognize also that there are risks that are necessary to prevent. In some cases, the transition from one institutional unit to another (from a health ministry to that of social development, for example) can be beneficial to extend the areas of intervention, but also risks circumscribing only those interventions to groups in poverty, because of the evolution of social actions in several countries in the region. This potential difficulty must be anticipated with clear strategies so that the change of ministerial dependency be an opportunity and not weaken the institutions of aging.

On the legislative front, the main challenge is to advance the real coverage of guaranteed rights. In several countries a broad consensus was reached to arrive at a specific law, but this has not always translated into the provision of sufficient financial resources to implement actions that ensure the rights. Another difficulty for the implementation of the laws are institutional weaknesses. There was a long lag time between when a law is passed and the institution in charge gets the ability to implement them (in terms of skilled human resources, experience in management and budget). There is often a trial period that must be decreased with the development of interventions aimed at institutional strengthening. However, the existence of laws is always a favourable situation to further actions on behalf of older people. Another opportunity

arises from the willingness of countries to organize their actions through action plans designed to improve coordination and coverage of actions.

Through the examination by priority area, we can conclude that a common element that runs through the work of States, is the inequality as a structural feature of the region. Inequalities in old age can be deepened if there are no appropriate interventions to reverse them. In the area of older persons and development, several countries with high poverty levels have established since 2004 a non-contributory pension, being one of the greatest achievements in recent years. For this advance not to be mirage structures that manage pensions need to be strengthened - in some cases outside the traditional scope of social security institutions - design solid instruments to select beneficiaries and provide transparency to the allocation of benefits. Along with that, to the extent that these pensions are focused on the poorest population of older persons - with the exception of Bolivia - it is necessary to gradually move towards greater coverage and improve the quality of services.

In the area of health, the challenges identified at the beginning of this century are still valid: the extension of coverage and the democratization of access to quality healthcare are two central pillars which actions should be focused. Along with this, efforts should be focused on developing initiatives to promote personal autonomy in old age, both people with some level of dependence and those at risk. The regulation of the institutions of long-term care must be urgently improved in order to effectively protect the rights and freedoms of older persons who use these services, and must incorporate new issues into the agenda of public health (health mental, HIV / AIDS, women's health, etc.).

In the area of environment, there needs to be enormous efforts to develop experiences that promote the full inclusion of older people. Generational segregation in the social and physical environment is a barrier that must be removed in the coming years. Discrimination is another underlying problem when referring to image or urban integration. Finally, care is an emerging issue for many States and must be paid special attention to approaches from which they will be designed. In this framework, the integration of social services must advance as a pillar of social protection. There is a challenge to society as a whole, because care may become a source of inequality without interventions to strengthen gender equality in the gender distribution of the tasks of caring, solidarity as a central principle of actions and the recognition of dignity of older persons in respect to their decisions and independence.