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WORLD HEALTH ORGANIZATION



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### **HEALTH OF OLDER PERSONS, INCLUDING ACTIVE AND HEALTHY AGING: REGIONAL STRATEGY**

#### **Introduction**

1. At the 27th Directing Council (Resolution CD27.R16) in 1980, prior to the First World Assembly on Aging, the Pan American Health Organization (PAHO) urged its Member States to recognize and develop health care for older persons. This commitment has subsequently been reaffirmed by the Governing Bodies on several occasions, and today a new demographic and epidemiological situation has emerged, requiring the countries to adapt to new contexts.
2. Healthy, independent older persons actively contribute to their family and community. Their participation is an important resource that can be associated with projects to promote health and well-being of this group. Experiences in and outside of the Region show that these capacities can be used, debunking the myth that these persons are passive recipients of services. Timely interventions would prevent one of the most tangible results of social development and public health in the Region —*the democratization of longevity*— from becoming a crisis for the social security and health structure.
3. This document proposes regional strategic lines of action to support national efforts in the Region to improve the opportunities of older persons to enjoy a healthy old age with well-being. Moreover, the objective of this document is to ensure that older persons attain active and healthy aging, as established international instruments and guidelines that protect the right to the enjoyment of the highest attainable standard of health<sup>1</sup> and other related rights of older persons. This document also points out the

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<sup>1</sup> The Member States of WHO adopted important principles in regard to public health that are enshrined in the preamble to its Constitution. Hence, the Constitution establishes as a fundamental international principle that “enjoyment of the highest attainable standard of health” is not only a state or condition of

window of opportunity presented over the next four years with regard to the demographic situation in the Regions, as the sector that is actively employed continues to grow faster than the dependent sectors, which would enable social and health investment in this age group.

4. This document is based on the recommendations issued by the 26th Pan American Sanitary Conference in 2002 (Resolution CSP26.R20),<sup>2</sup> which urge the Member States of PAHO to "... advocate for the promotion and protection of the human rights and basic freedoms of older persons..." (among other things). The Member States of PAHO have emphasized that regional and international human rights conventions and standards could benefit vulnerable populations, such as older persons, as well as provide measures to evaluate success and clarify the accountability and responsibilities of the different stakeholders.<sup>3</sup>

## Background

5. In 2006, the Region of the Americas had approximately 106 million persons 60 years of age or older. By 2050, this figure will be approximately 310 million, 190 million of whom will live in Latin America and the Caribbean. Eighty-one percent of the people born in the Region will live to the age of 60, and 42% will live more than 80 years. Current life expectancy at 60 years of age has been calculated at 21 years. Thus, in 2025 there will be 15 million people 80 years of age or older, including 116,000 centenarians. (1) However, the longer survival of these persons has not been accompanied by comparable improvements in well-being, health, and quality of life. (2)

6. In Latin America and the Caribbean, it is families, and especially women (90%), are the ones who care for older persons. Their capacity to do so is changing, as 60% of these caregivers state that they "can't go on" and more than 80% indicate that they have

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the individual, but "...one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition..." The Constitution was adopted by the International Health Conference, held in New York from 19 June to 22 July 1946 and signed on 22 July 1946 by representatives of 61 States. Furthermore, the Universal Declaration on Human Rights and the American Declaration of the Rights and Duties of Man protect the "Right to the preservation of health and to well-being." For its part, the United Nations Covenant on Economic, Social, and Cultural Rights protects "...the right of everyone to the enjoyment of the highest attainable standard of physical and mental health..." (Article 12) and the Protocol of San Salvador (OAS) protects "the Right to Health" (Article 10). Moreover, the protection of health as a human right is enshrined in 19 of the 35 constitutions of the Member States of PAHO (Bolivia, Brazil, Chile, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela).

<sup>2</sup> Available at <http://www.paho.org/english/gov/csp/csp26.r20-e.pdf>.

<sup>3</sup> See the Strategic Plan of PASB 2008-2012, Strategic Objective 7, 27th Pan American Sanitary Conference, Washington DC, 1-5 October 2007, p. 74-78. Available at <http://www.paho.org/english/gov/csp/od328-obj5-8-e.pdf>.

problems “covering the expenses” required to provide this care. This is compounded by the transformation of the family, the entry of women into the labor market, migration, and the Region’s rapid urbanization, which translates into a larger number of older persons having no one able to care for them. (2-3)

7. In Madrid in 2002, the countries of the Region approved the International Plan of Action on Aging (4), and in Santiago, Chile in 2003, the Regional Strategy for the Implementation of the Madrid Plan. (5). In Resolution CSP26.R20, the 26th Pan American Sanitary Conference urged the Member States to take advantage of this momentum to meet goals related to health and well-being as enshrined in the Madrid International Plan of Action. In 2007, the United Nations evaluated country compliance with the Madrid Plan. The Region of the Americas culminated this process with the Second Regional Intergovernmental Conference on Aging in Latin America and the Caribbean (6), at which the governments recognized the progress made in the period and committed to making a greater effort to comply with the Madrid commitments. In addition, in 2007, the Member States of PAHO adopted the Declaration of Buenos Aires, “Towards a Health Strategy for Equity, Based on Primary Care,” in which they committed to taking the principles of the primary health care strategy into account for structuring their health systems for all persons and achieving the enjoyment of the highest attainable standard of health, which is a fundamental basic right of every human being.<sup>4</sup>

### **Analysis**

8. All of our countries are “aging”, and this transition has not been associated with a favorable economic situation, unlike what has happened in regions with a higher level of development. Therefore, the Region is aging while it is still poor. (1)

9. Poor health in old age is not inevitable, and good health at this age is associated with sanitary and social conditions. In the United States, 77% of people over 65 years of age indicate that they are in good health. (7) In contrast, in Latin America and the Caribbean, fewer than 50% of people over 60 years of age indicate that they are in good health. Of this group, Latin American and Caribbean women indicate that they are in poorer health than men.

10. While several studies in the United States show a reduction in the prevalence of disabilities in this age group, 20% of the population in Latin America and the Caribbean has impairments in their basic functional capacity, requiring permanent care at home or lengthy stays in institutions. The prevalence of highly disabling problems, such as cognitive deterioration, which has been found in between 8% and 20% of the subjects in different studies in the Region, may, increase the need for care if appropriate

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<sup>4</sup> Adopted by 24 Member States of PAHO within the framework of the International Conference on Health for Development: “Rights, Facts and Realities,” Buenos Aires, 16-17 August 2007.

interventions are not in place. Nevertheless, the coverage levels for these problems are still very low. For example, the prevalence of symptoms of depression was found in 18% of older persons, although only 5% receive antidepressant treatment. (8-9)

11. In addition to the effect of aging and the greater burden of disease, different social determinants have a significant impact on the lives of older persons. Almost 50% of the interviewees in the Health, Well-being, and Aging (SABE) project said they lacked the financial resources to meet their daily needs, and according to the Economic Commission for Latin America and the Caribbean (ECLAC), one-third of persons over 65 years of age do not have a retirement benefit, pension, or paid employment. The levels of schooling among this group are lower than among the rest of the population, with very high levels of illiteracy. (2)

12. The Region lacks a comprehensive view of the health of older persons. Despite the impact of this phenomenon on public health and social security, evidence-based health interventions for this age group are limited. According to a regional survey, 70% of the focal points that deal with this issue in the ministries of health in Latin America indicated that they had not received prior training in issues related to aging and public health.

13. Coverage and geographic, physical, economic, and cultural access to health services, without discrimination, are limited, and people who do have access still do not receive services in line with their needs. In this regard, primary health care is expected to play a key role. In light of demographic changes, implementation of the renewal of primary health care (PHC) currently under way should carefully consider the needs and special features of these new consumers.

14. Despite the availability of more data, there is a dearth of knowledge about the real health needs and health care of older persons. More research projects are needed in this area. Furthermore, most health systems lack indicators with which to analyze the impact of health actions and policies focusing on access to and the quality of health care for older persons or a system for monitoring trends in the situation.

15. Continuity of care (a basic concept in health maintenance and recovery among older persons) is highly fragmented in the Region. The current situation is known partially, because of some examples obtained in SABE: 40% of people with hypertension had not had a primary health care consultation in the preceding 12 months; only 27% of women had a mammogram in the preceding two years; and 80% indicated that they had unmet dental needs. Also, 69% of older persons had not been vaccinated against influenza, and services associated with eye and ear health care have very low levels of coverage. (8)

16. There are disparities within the Region and within countries in the availability and distribution of human resources in this field. Even in countries that are aging rapidly, an integrated approach to the health of older persons is barely covered in undergraduate, graduate or continuing education curricula. Some activities, such as those of the Latin American Academy of Medicine for Older Persons (ALMA), have begun to have an impact on the recognition of this topic in academia. Without the presence of trained human resources, it will be impossible to meet the challenge posed by aging.

17. The demand for long-term care in the Region is expected to increase. Nevertheless, the State's role in regulating long-term care institutions and services and efforts to ensure that the rights of older persons who use the institutions are respected are still in their infancy. Greater protection of older persons is required through laws and regulations that guarantee the prevention of abuse and mistreatment.

**The enjoyment of the highest attainable standard of health, other human rights, and citizen participation of older persons<sup>5</sup>**

18. According to a several international organizations and experts in public health and human rights, a certain degree of physical and mental health is required to be able to exercise basic human rights and fundamental freedoms and participate in the civil, social, political, and economic life of a country. At the same time, the exercise of human rights and freedoms is essential for enjoying genuine physical and mental health, especially in the context of older persons, including those who use long-term care services (and other vulnerable groups) (10) Thus, it is important that the policies, plans, programs, laws, practices, and strategies linked to the health of older persons be formulated in a manner consistent with the existing international human rights conventions, and especially the international norms, recommendations and standards that protect the human rights of older persons and that are detailed as follows: (11)

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<sup>5</sup> The Directing Council of PAHO has issued a clarification on what the most important links between health and human rights are, in accordance with human rights organizations and the law. See technical document CD47/15, titled "Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Health and Other Related Rights," p. 10-15, 47th Directing Council, PAHO, Washington D.C., 25-29 September 2006, available at <http://www.paho.org/English/gov/cd/CD47-15-e.pdf>.

**General human rights instruments applicable to the health of older persons in the context of the Strategic Plan 2008-2012 of the PASB<sup>6</sup>:**

19. Older persons are protected by declarations, covenants, or conventions formulated by the States that are part of the United Nations and the Inter-American systems for the protection of human rights (see Annex, Tables 1 and 2).

20. In addition, these States have formulated the following international and regional recommendations or standards for the health of older persons:

***United Nations System for the Protection of Human Rights***

- Principles of the United Nations for Older Persons (12);
- General comment 6 on Older Persons, Committee on Economic, Social and Cultural Rights (13); and
- General comment 14, Right to the Highest Attainable Standard of Health (article 12 of the International Covenant on Economic, Social and Cultural Rights), Committee on Economic, Social, and Cultural Rights (14)

***Inter-American System for the Protection of Human Rights***

- Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action;
- Brasilia Declaration; and
- Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas<sup>7</sup> (15)

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<sup>6</sup> The States of PAHO have emphasized that general applicable human rights instruments include the international and regional human rights conventions or treaties of the United Nations System and of the Inter-American System (OAS) and international and regional human rights standards. These standards are guidelines established by the United Nations General Assembly and the OAS, the United Nations High Commissioner for Human Rights, the United Nations Human Rights Council, and agencies of the United Nations and OAS, among others. See Strategic Objective 7, Strategic Plan of PAHO, p. 75, in <http://www.paho.org/english/gov/csp/od328-obj5-8-e.pdf>.

<sup>7</sup> The Inter-American Commission on Human Rights (IACHR) includes in these Principles institutions for older persons where these persons reside for reasons of humanitarian assistance, treatment, guardianship, or protection.

## Strategy Proposal

21. Over the next 40 years, the demographic situation in the Region will offer a window of opportunity in which the sector that is actively employed will continue to grow faster than will the dependent sectors. There is a favorable economic situation associated with the political will demonstrated by the adherence of all the governments of the Americas to the principal commitments on the issue of health of older persons, including healthy and active aging. Only with adequate health and social investment can healthy and active aging be attained. This, in turn, will translate into less of an economic burden on social security and health systems. Consequently, it is essential that sustainable interventions for older persons be implemented now.

22. International agencies, especially those of the United Nations and the Inter-American System, as well as nongovernmental and civil society organizations, have expressed their intention to provide technical cooperation for the mobilization of needed technical and financial resources. These resources, together with horizontal collaboration among countries, will make it possible to implement the International Plan of Action on Aging with respect to the health and well-being of older persons in the Region.<sup>8</sup>

23. In the Health Agenda for the Americas 2008-2017, the ministers of health of the Region stated: “Maintaining the quality of life of elderly people should be part of health programs geared specifically to this age group. Combining economic and food subsidies to accompany these health interventions is key to ensuring that older persons participate in health programs. Educating health workers about elderly care technologies should be a priority and the focus of specific primary health care training programs.”

24. In response to these international and regional mandates, PAHO proposes a strategy for integrated health care for older persons in the context of primary health care and human-rights based approaches that support the strengthening of national capacities with respect to access, an intersectoral approach, human resources, horizontal cooperation, and monitoring and evaluation, in order to guarantee appropriate, quality care, with dignity and without discrimination to older persons.

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<sup>8</sup> Report of the Regional Intergovernmental Conference on Ageing: Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Aging. Santiago, Chile, November 2003.

**Strategic Lines of Action 2008-2013:**

- Promote efforts to ensure that the political agenda of the Region includes a guarantee of greater coverage for and access by older persons to quality health services;
- Promote and support horizontal cooperation for and among the countries in the development of policies, laws, agreements, plans, and resources that will sustain an integrated program of health service for older persons, based on primary health care;
- Support the training of human resources, with special emphasis on trainers and those who manage health programs for older persons, through the strengthening of regional capacities, resources, and networks;
- Promote research and development and the dissemination of knowledge, as well as culturally appropriate, evidence-based technical and scientific resources;
- Promote active aging throughout the life cycle and through a strategy for the integration of healthy environments and personal behaviors. At the same time, strengthen the prevention and management of chronic diseases and other health problems of older persons through self-care and comprehensive programs adapted to their needs;
- Promote and participate in the formulation and/or review of legal frameworks, and the mechanisms to implement them, especially for protecting the human rights of older persons who use long-term care services; and
- Strengthen the technical capacity of health authorities to monitor and evaluate the health care provided to the older population.

**Action by the Executive Committee**

25. The Executive Committee is requested to consider the previous agreements adopted in the Region on this subject, evaluate this proposal, and urge the Member States to translate these commitments into a plan of action and support for the mobilization of technical and financial resources that will enable the action plan to be implemented.

Annex



**REGIONAL AND INTERNATIONAL HUMAN RIGHTS TREATIES OR CONVENTIONS  
APPLICABLE TO THE HEALTH OF OLDER PERSONS IN THE CONTEXT OF THE  
STRATEGIC PLAN 2008-2012 OF PASB**

**Table 1: United Nations System for the Protection of Human Rights**

	International Covenant on Civil and Political Rights		International Covenant on Economic, Social and Cultural Rights		Convention on the Elimination of All Forms of Discrimination against Women		Convention on the Rights of Persons with Disabilities	
	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession
Antigua and Barbuda						√	√	
Argentina	√	√	√	√	√	√	√	
Bahamas						√		
Barbados		√		√	√	√	√	
Belize		√	√		√	√		
Bolivia		√		√	√	√	√	
Brazil		√		√	√	√	√	
Canada		√		√	√	√	√	
Chile	√	√	√	√	√	√	√	
Colombia	√	√	√	√	√	√	√	
Costa Rica	√	√	√	√	√	√	√	
Cuba	√		√		√	√	√	√
Dominica		√		√	√	√	√	
Dominican Republic		√		√	√	√	√	
Ecuador	√	√	√	√	√	√	√	√
El Salvador	√	√	√	√	√	√	√	√
Grenada		√		√	√	√		
Guatemala		√		√	√	√	√	
Guyana	√	√	√	√	√	√	√	
Haiti		√			√	√		
Honduras	√	√	√	√	√	√	√	√
Jamaica	√	√	√	√	√	√	√	√
Mexico		√		√	√	√	√	√
Nicaragua		√		√	√	√	√	√
Panama	√	√	√	√	√	√	√	√
Paraguay		√		√	√	√	√	
Peru	√	√	√	√	√	√	√	√
Saint Kitts and Nevis						√		



**Table 2: Inter-American System for the Protection of Human Rights**

	American Convention on Human Rights		Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights		Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women		Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities	
	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession
Antigua and Barbuda						√		
Argentina	√	√	√	√	√	√	√	√
Bahamas					√	√		
Barbados	√	√			√	√		
Belize					√	√		
Bolivia		√	√	√	√	√	√	√
Brazil		√		√	√	√	√	√
Canada								
Chile	√	√	√		√	√	√	√
Colombia	√	√		√		√	√	√
Costa Rica	√	√	√	√	√	√	√	√
Dominica		√				√	√	
Dominican Republic	√	√	√		√	√	√	
Ecuador	√	√	√	√	√	√	√	√
El Salvador	√	√	√	√	√	√	√	√
Grenada	√	√				√		
Guatemala	√	√	√	√	√	√	√	√
Guyana					√	√		
Haiti		√	√			√	√	
Honduras	√	√			√	√		
Jamaica	√	√			√		√	
Mexico		√	√	√	√	√	√	√
Nicaragua	√	√	√		√	√	√	√
Panama	√	√	√	√	√	√	√	√
Paraguay	√	√	√	√	√	√	√	√
Peru	√	√	√	√	√	√	√	√
Saint Kitts and Nevis					√	√		
Saint Lucia					√	√		

	<b>American Convention on Human Rights</b>		<b>Additional protocol to the American Convention on Human Rights with regard to economic, social, and cultural rights</b>		<b>Inter-American convention on the prevention, punishment and eradication of violence against women</b>		<b>Inter-American Convention for the elimination of all forms of discrimination of the persons with disability</b>	
	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession	Signature	Ratification Accession
Saint Lucia					√	√		
Saint Vincent and the Grenadines					√			
Suriname		√		√		√		
Trinidad and Tobago		√			√	√		
Uruguay	√	√	√	√	√	√	√	√
Venezuela	√	√	√		√	√	√	√

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