



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **PLAN OF ACTION ON THE HEALTH OF OLDER PERSONS, INCLUDING ACTIVE AND HEALTHY AGING**

#### **Introduction**

1. Healthy independent older persons contribute to the welfare of their household and community, and to describe them as passive recipients of social or health services is to perpetuate a myth. Today, however, the number of older persons is increasing exponentially in socioeconomic situations that are both complex and uncertain, and only timely interventions will make it possible to increase the contributions of this group to social development and keep it from turning into a crisis for the health and social security structure of the Americas.
2. In the next 40 years, the Region's demographic situation will offer a window of opportunity in which the economically active sector will be growing faster than the dependent sectors. Only through adequate social and health investment will it be possible to achieve healthy and active longevity resulting in a lower economic burden in the future.
3. Responding to international and regional mandates, we present the Strategy and the Plan of Action for the Health of Older Persons, which set the priorities for the period 2009-2018. The two documents are designed to enhance opportunities in the Region to foster healthy longevity and well-being among its inhabitants. The strategy is grounded on the preamble to the Constitution of the World Health Organization, which states "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition",<sup>1</sup> the recommendations of the 26th Pan American Sanitary Conference,

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<sup>1</sup> Stated in the preamble to the Constitution of the World Health Organization, adopted by the International Health Conference in New York, held from 19 June to 22 July 1946; signed on 22 July 1946 by the

held in 2002 (Resolution CSP26.R20),<sup>2</sup> urging Member States to “...advocate for the promotion and protection of the human rights and basic freedoms of older persons ....”, and the conventions, declarations, and recommendations of the United Nations and Inter-American systems detailed in the annex B.<sup>3</sup>

## Background

4. In 2002, the countries of the Region adopted the International Plan of Action on Aging (1) and in 2003, its Regional Strategy for Implementation (2). In 2007, the United Nations evaluated the execution of the two plans in the Region, a process that culminated in the II Regional Intergovernmental Conference on Aging in Latin America and the Caribbean (3). The signatories of the Brasilia Declaration recognized the progress that had been made during the period and in particular, compliance with the recommendations issued in Resolution CSP26.R20 of 2002 on health and aging.

5. During the period 2002-2009 the Pan American Health Organization (PAHO) has served as a catalyst for mobilizing technical and financial resources to improve the health and well-being of older persons and their families, and to this end it has forged partnerships in the United Nations and Inter-American systems and with other external actors. Despite their commitment and the progress made in the execution of effective strategies to buttress these activities in their countries, the Member States recognize that the importance of this issue, and the magnitude of its implications call for enormous additional efforts (3).

6. In the Health Agenda for the Americas 2008-2017, the Region’s Ministers of Health recommended the following: “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 adults 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.”

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representatives of 61 States (*Off. Rec. WHO*, 2, 100) and entered into force on 7 April 1948. See also document CD48/8 of the Directing Council (“Regional Strategy for Improving Adolescent and Youth Health”) of 21 August 2008. Accessible at: <http://www.paho.org/english/gov/cd/cd48-08-e.pdf>.

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

<sup>3</sup> See Strategic Plan 2008-2012 for the PASB, Strategic Objective 7, 27th Pan American Sanitary Conference, Washington, D.C., 1-5 October 2007, p. 70-74. Available at: [http://intranet.paho.org/DPM/PPS/0\\_OD\\_328\\_post-PASC\\_strat\\_Plan\\_eng\\_0908.pdf](http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf). See also document CD47/15 and Resolution CD47.R1 on “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. 10-16, 47th Directing Council, PAHO, Washington, D.C., 25-29 September 2006 Available at: <http://www.paho.org/English/gov/cd/CD47-15-e.pdf>.

## Situation Analysis

7. The changing demographic profiles put tangible demands on households and health systems and services. In 2006, some 106 million people aged 60 and over were living in the Region of the Americas. By 2050, this figure will be approximately 310 million, with 190 million living in Latin America and the Caribbean. Life expectancy at 60 today has been calculated at 21 years, 81% of the people born in the Region will live to the age of 60, while 42% will live past 80. In 2025, there will be 15 million people aged 80 or over (4). Greater longevity, however, has not been accompanied by comparable improvements in well-being, health, and the quality of life (5).

8. Every country in the Region is aging. However, in Latin America and the Caribbean the transition has not been associated with a favorable economic situation as it has in the more economically developed regions. LAC is aging demographically at a time when it still lacks sufficient economic resources (4); almost 50% of the older persons interviewed for the SABE<sup>4</sup> study said that they did not have the financial means to meet their daily needs, and one-third did not have a pension or a paying job. Their level of schooling is lower than that of the general population, and they have very high illiteracy rates (5). Ill health in old age is not inevitable, and there is a demonstrable association between ill health and social and health conditions. In the United States, 77% of people over the age of 65 claim to be in good health (7). In Latin America and the Caribbean, however, less than 50% of people over 60 describe their health as good. Furthermore, Latin American and Caribbean women say that they are in poorer health than men (5). In the United States and Canada, various studies show a reduction in the prevalence of disability in this group; however, in Latin America and the Caribbean, basic functional capacity has been affected in 20% of the members of this group, necessitating long-term care at home or in institutions (8-9).

9. Despite the tangible implications of this phenomenon for social security and public health, the Region still lacks a comprehensive vision of health for older persons. Knowledge about their health needs and care is not uniform, and most health systems lack indicators to permit monitoring and analysis of the impact of health measures. Coverage, continuity of care, and geographical, physical, economic, and cultural access to health services without discrimination is deficient, and the people who have access still do not receive services adequate to their needs (2-3). There is some knowledge about the current situation in cities, as indicated by some of the data obtained through the SABE study: 40% of older persons with hypertension had not gone for a primary care

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<sup>4</sup> The SABE study (for *Salud, Bienestar y Envejecimiento*, or Health, Welfare and Aging), conducted by PAHO with the collaboration of numerous national and International institutions in the Region, was based on a representative sample of over 10,000 subjects from the population aged 60 and over who were living in the community in seven Latin American capitals (Buenos Aires, Argentina; Santiago, Chile, Chile; Bridgetown, Barbados; São Paulo, Brazil; Havana, Cuba; Mexico City, Mexico; and Montevideo, Uruguay).

consultation in the last 12 months; only 27% of women had had a mammogram in the last two years; and 80% of interviewees, reported having unmet dental needs (8).

10. In Latin America and the Caribbean, it is families, and especially women (90%), who care for the elderly; however, their capacity to do so is changing. Some 60% of these caregivers say that “it’s too much” for them, and over 80% indicate that they are having trouble covering the cost of the care involved. The rapid demographic transition has affected the availability of household resources to support the elderly, as the number of and age of children has declined. Factors such as the transformation of the family, women’s participation in the labor market, migration, and urbanization support the assertion that more and more older adults will not have this type of care available to them (5-6).

11. With the steady increase in life expectancy, unless disability declines and living conditions improve for this group, the growing demand for different types of home or institutional care, particularly long-term care, will steadily increase. Notwithstanding, government regulation of long-term care services and institutions and efforts to guarantee respect for the rights of the older persons that use them are still in their infancy.

12. The health workforce is the cornerstone of health systems and key to meeting the challenge. However, the availability and distribution of human resources to address this problem are unequal. Even in countries with a high percentage of older population, an comprehensive approach to the health of older persons is rarely included in health sciences research.

### **Strategy**

13. The strategy is based on the explicit values of the United Nations Principles for Older Persons (independence, participation, care, self-fulfillment, and dignity) (10). It recognizes that no country or agency can by itself take on the entire challenge of health and aging; thus, the integration of initiatives that facilitate effective, sustainable cooperation is a necessity.

14. The strategy takes the needs of the Member States into account and generates appropriate responses; it takes advantage of current and potential strengths, emphasizes activities that have a better likelihood of success, and focuses on capacity building and learning. It identifies four critical areas, represented in the Plan of Action as four interdependent strategic areas that link together commitments, values, resources, capacities, and opportunities and constitute an effective participatory strategy and plan of action to meet the commitments acquired.

- (a) Health of older persons in public policy.
- (b) Suitability of health systems to meet the challenges of an aging population.
- (c) Training of the human resources necessary to meet this challenge.
- (d) Development of the capacity to generate the information needed to undertake and evaluate action to improve the health of the older population.

15. The strategy demands a major reorganization of international cooperation to tackle the new challenges of aging and the health of older persons, especially during the period covered by the proposal. It requires the active participation of Member States with experience and human and technical resources, and of partners and direct stakeholders from multilateral and bilateral organizations, donors, the private sector, scientific societies and academia, nongovernmental organizations, faith-based organizations, civil society, and others.

16. The success of the Plan of Action also depends on a sound internal strategy. Thus, the Pan American Sanitary Bureau will evaluate the internal demands that successful implementation of the strategy and plan will generate for other areas whose activities are linked with this issue (for example, family and community health, human rights, chronic diseases, health policy and planning, health systems and services, etc.). The strategy calls for the intensification of subregional activities in zones with greater population aging and the search for new sources of funding. In this context, the Representative Offices will also need to reorganize their technical capacity to enable them to respond to identified needs and priorities with respect to the health and quality of life of older persons.

17. PAHO technical support will center on the health sector's response to the health needs of older persons, paying particular attention to the training and upgrading of human resources and the preparation and adaptation of standards, protocols, methodologies, and tools, in addition to the dissemination of the information gathered and wider application of successful evidence-based interventions.

18. It is equally important for PAHO to help strengthen the existing mechanisms for cooperation and technical cooperation among countries. These technical cooperation mechanisms will lend visibility to the health needs of older persons and help to mobilize the political, social, and economic backing necessary for the adoption of effective public policies and a care continuum, within the framework of health systems based on primary care.

### **Action by the Directing Council**

19. The Directing Council, after reviewing the information provided, is invited to consider adoption of the resolution recommended by the 144th Session of the Executive Committee in Annex D.

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## **PLAN OF ACTION ON THE HEALTH OF OLDER PERSONS, INCLUDING ACTIVE AND HEALTHY AGING**

1. Over the past two years, a broad consensus has been reached on this proposal with the different actors and stakeholders in health systems and services, social security, family protection, and human rights. Government, nongovernmental organizations, academia, and research institutions have been involved in the consultations.

2. The Plan of Action is comprised of four strategic areas broken down into objectives, with each objective having a goal that represents a result to be achieved. The objectives of each activity are broken down into regional and national activities.

### **General Objective**

3. Older persons in the Region have access to comprehensive health services that meet their needs.

### **STRATEGIC AREA 1: HEALTH OF OLDER PERSONS IN PUBLIC POLICY AND ITS ADAPTATION TO INTERNATIONAL INSTRUMENTS**

Improving health conditions and reducing disability in the older population demands shared commitment and responsibility. The Member States should create an enabling environment for the formulation of policies and regulatory frameworks for their execution to meet the challenge of aging in their respective countries. PAHO, in turn, will collaborate in support of these activities.

#### **Objective 1.1**

Formulate policies, laws, regulations, programs, and budgets consistent with the human rights instruments of the United Nations (UN) and Inter-American (OAS) systems.

#### **Goal**

By 2018, every country in the Region will have a policy, a legal framework, and a national plan on aging and health.

#### ***Activities at the regional level***

- 1.1.1 Promote the Regional Strategy and the Plan of Action approved by the Governing Bodies.
- 1.1.2 Disseminate the human rights instruments of the United Nations (UN) and Inter-American (OAS) systems detailed in the annex B.
- 1.1.3 Promote projects with a gender and intercultural approach in health services for older persons.
- 1.1.4 Include specific activities to protect the health and well-being of older persons in disaster situations.

***Activities at the national level***

- 1.1.5 Formulate and adapt national policies, laws, and regulatory frameworks to the international and Inter-American instruments in the annex B.
- 1.1.6 Execute a duly-budgeted national health plan based on the needs of older persons.
- 1.1.7 Put mechanisms in place to ensure the participation of older persons in the design and evaluation of policies, plans, and strategies.
- 1.1.8 Include guaranteed benefits for the most vulnerable older persons (poor, uninsured, frail, and severely disabled people; the residents of rural areas; etc.).
- 1.1.9 Include specific activities in disaster prevention plans to protect the health and mitigate the risks to older persons.

**Objective 1.2**

Develop legal frameworks and execution mechanisms to protect the health of older persons in long-term care services.

**Goal**

By 2018, the countries of the Region will have adopted a legal and regulatory framework based on human rights governing the care of older persons who use long-term care services.

***Activities at the regional level***

- 1.2.1 Advise on the formulation and modification of legal frameworks and mechanisms for protecting the human rights of older persons who use long-term care services, ensuring that they are consistent with the human rights instruments of the United Nations (UN) and Inter-American systems detailed in the annex B.<sup>1</sup>

***Activities at the national level***

- 1.2.2 Develop and execute programs to train relevant actors in the formulation of legal frameworks; such programs should include the dissemination and explanation of human rights instruments.
- 1.2.3 Formulate and adapt legal frameworks and their implementation mechanisms to ensure protection of the human rights of older persons who use long-term care services.
- 1.2.4 Develop guidelines and protocols to support the activities to oversee institutions that provide long-term care.
- 1.2.5 Allocate an adequate budget and personnel for oversight activities.
- 1.2.6 Design and set up an intersectoral system to enforce the regulations governing the supervision of long-term care services that guarantees the well-being of older persons.

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<sup>1</sup> PAHO has been holding training workshops for public health workers and personnel from other sectors since 2000, with support from UN and OAS agencies. To date, it has held 40 training workshops to disseminate general instruments, recommendations, and universal and regional human rights standards to these workers as they relate to the most vulnerable groups, especially older persons. Training courses on aging and human rights have been offered in Barbados, Belize, Chile, El Salvador, and Uruguay.

### **Objective 1.3**

Promote cooperation to and among countries in the design of strategies and the sharing of skills and resources to execute their plans on health and aging.

#### **Goal**

By 2018 every country in the Region will have at least one partnership for executing its national plan on health and aging.

#### *Activities at the regional level*

- 1.3.1 Strengthen networks that address health and aging in the Region.
- 1.3.2 Promote a system for sharing and adapting experiences and tools connected with the health of older persons.
- 1.3.3 Forge interinstitutional partnerships to address the problem of aging and health.

#### *Activities at the national level*

- 1.3.4 Identify potential partners and other actors for intersectoral partnerships connected with the National Plan on Aging.
- 1.3.5 Design and execute a work program aimed at forging and nurturing partnerships.

### **STRATEGIC AREA 2: ADAPT HEALTH SYSTEMS TO THE CHALLENGES ASSOCIATED WITH THE AGING OF THE POPULATION AND THE HEALTH NEEDS OF OLDER PERSONS**

A primary care-based health system with programmatic life cycle approaches helps provide an adequate framework for the execution of activities from in the early stages of life onward, which helps to ensure healthy and active aging. These interventions require effective sustainability throughout the life cycle and the involvement of groups of elderly people, as their positive impact on health and the quality of life has been demonstrated.

### **Objective 2.1**

Formulate strategies that include healthy environments and personal behaviors<sup>2</sup> throughout the life cycle to ensure active aging.

#### **Goal**

By 2018, every country in the Region will have a strategy in place to promote healthy behaviors and environments.

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<sup>2</sup> According to the International Plan of Action on Ageing (adopted in the Second World Assembly on Ageing that took place in Madrid, 8-12 April 2002), “to reach old age in good health and well-being requires individual efforts throughout life and an environment within which such efforts can succeed” (Report of the Second World Assembly on Ageing, page 22, paragraph 59. Available at: <http://daccessdds.un.org/doc/UNDOC/GEN/N02/397/51/PDF/N0239751.pdf?OpenElement>).

***Activities at the regional level***

- 2.1.1 Advise on the preparation of plans and protocols on health promotion and protection throughout the life cycle.
- 2.1.2 Disseminate guidelines for developing communication and social mobilization strategies to encourage healthy behaviors and living spaces.
- 2.1.3 Promote the elder-friendly cities movement in the Region and its adaptation to the special characteristics of the Region.

***Activities at the national level***

- 2.1.4 Adopt an intersectoral approach to promote active aging.
- 2.1.5 Include specific goals in national health promotion plans to reduce disabilities in older persons.
- 2.1.6 Execute projects with their respective budgets to promote and protect the health older persons through community promoters (health community workers).
- 2.1.7 Take action and/or adopt regulatory measures that facilitate the creation of physical and social environments that promote active aging, within the framework of the international and Inter-American instruments included in the annex B.

**Objective 2.2**

Improve prevention and management of chronic diseases and other health problems of older persons.

**Goal**

By 2018, at least 75% of programs for the prevention and management of chronic diseases in the countries will have met specific evidence-based requirements suited to characteristics of older persons.

***Activities at the regional level***

- 2.2.1 Consider the characteristics and needs of older persons when formulating programs and services for chronic disease management.
- 2.2.2 Create, adapt, and disseminate tools to develop comprehensive programs and protocols for evidence-based prevention and management of chronic degenerative diseases and geriatric problems.
- 2.2.3 Provide technical assistance to adapt programs and strategies to the situation in each country.

***Activities at the national level***

- 2.2.4 Consider the special characteristics and needs of older persons when designing programs and services for chronic disease management.
- 2.2.5 Design, adapt, and apply evidence-informed instruments for the development of comprehensive programs and protocols geared to the prevention and management of chronic degenerative diseases and geriatric problems.
- 2.2.6 Adapt and use protocols for periodic health check-ups, timely detection of risks and threats, and the treatment of health problems.

- 2.2.7 Address health problems and degenerative diseases with a high epidemiological impact in national chronic disease programs.
- 2.2.8 Consider the special characteristics and needs of older persons when developing drug therapy and other types of protocols.

**Objective 2.3**

Establish quality services for older persons while strengthening health systems based on primary care.

**Goal**

By 2018, at least 75% of the countries of the Region will have a strategy to optimize services for older adults in primary health care (PHC).

*Activities at the regional level*

- 2.3.1 Promote access to instruments for quality health management.
- 2.3.2 Make active aging an essential component of the strategy for renewing primary health care.
- 2.3.3 Promote national primary care-based health systems to improve health and reduce disability.
- 2.3.4 Disseminate the models and achievements of primary care-based health systems related to the health of older persons in the Region.
- 2.3.5 Promote technical cooperation to create specialized services for older persons consistent with the complexity of their health problems.
- 2.3.6 Collaborate in the accreditation of health programs and services.
- 2.3.7 Facilitate the sharing of good practices in self-care programs for older adults and the training of formal and informal caregivers.

*Activities at the national level*

- 2.3.8 Develop or adapt and execute a comprehensive health program for older persons based on primary health care.
- 2.3.9 Formulate strategies to improve access by older persons to services, diagnostic technologies, drugs, and prosthetics.
- 2.3.10 Use information and scientific evidence to improve access to and the quality of health services, involving the community in the process.
- 2.3.11 Promote the establishment of continuous, coordinated, specialized services consistent with the complexity of the health problems.
- 2.3.12 Create incentives to improve the hiring and retention of personnel who work with older persons, prioritizing the most neglected zones (rural and remote areas).
- 2.3.13 Promote the accreditation of health programs and services.
- 2.3.14 Execute and adapt self-care programs for older adults and set up support systems with informal and formal caregivers.

**STRATEGIC AREA 3: TRAINING OF THE HUMAN RESOURCES NECESSARY FOR MEETING THE HEALTH NEEDS OF OLDER PERSONS**

Health systems must meet the challenge of providing care for users with different characteristics and needs than the ordinary user. To this end, workers in the sector need to acquire new competencies that will enable them to meet the health care needs of this population group.

**Objective 3.1**

Develop the competencies of personnel for the delivery of health service to older persons.

**Goal**

By 2018, every country will have provided at least one training program for health workers on topics related to aging and the health of older persons.

***Activities at regional level***

- 3.1.1 Create and/or improve educational networks to complement the training programs, based on the needs of the health systems.
- 3.1.2 Improve the training on aging and health offered in undergraduate and graduate programs.
- 3.1.3 Define and disseminate information on the basic competencies required of health workers in the Region with respect to health and aging.
- 3.1.4 Offer training programs on care and quality management in care for older persons.
- 3.1.5 Promote cutting-edge strategies for training human resources, taking particular advantage of new information technologies.

***Activities at the national level***

- 3.1.6 Create networks to enable training centers to improve their ability to develop programs on aging and health.
- 3.1.7 Define the basic competencies and content required in geriatrics and gerontology for professionals and health workers to meet country needs.
- 3.1.8 Promote inclusion of the topic of aging in the undergraduate and graduate programs of all health professionals and professionals in the related sciences.
- 3.1.9 Promote specialized training in geriatrics and gerontology.
- 3.1.10 Formulate and execute strategies for ongoing training on health and aging for professionals and health workers at the various levels of care, including long-term care services.
- 3.1.11 Formulate and execute a plan to evaluate competencies in health care for older persons and their impact on the health of the population.

### **Objective 3.2**

Train other actors involved in the health of older persons.

#### **Goal**

By 2018, at least 75% of the countries of the Region will have a training program in health geared to older persons and their caregivers.

#### *Activities at the regional level*

- 3.2.1 Provide training in the use of legal frameworks and implementation mechanisms for protecting the human rights of older persons that includes dissemination and explanation of the instruments of the United Nations and Inter-American systems detailed in the annex B.
- 3.2.2 Advise on the inclusion of aging in the curriculum of training programs for professionals outside the health sector.
- 3.2.3 Prepare and disseminate tools that bolster the competencies of community workers and other social actors involved in the care of older persons.
- 3.2.4 Formulate strategies for training older adults in self-care and for training formal and informal caregivers.

#### *Activities at the national level*

- 3.2.5 Provide training on the legal frameworks and the mechanisms for applying them to the protection of human rights.
- 3.2.6 Adapt and apply tools that strengthen the competencies of community workers and other social actors in areas related to active aging.
- 3.2.7 Include the topic of aging in the training programs of other sectors linked to the health sector.
- 3.2.8 Formulate and adapt self-care training programs.
- 3.2.9 Formulate and adapt training programs for formal and informal caregivers.

### **STRATEGIC AREA 4: STRENGTHEN THE CAPACITY TO GENERATE THE NECESSARY INFORMATION FOR EXECUTING AND EVALUATING ACTIVITIES TO IMPROVE THE HEALTH OF THE ELDERLY POPULATION**

Aging will demand efficiency, effectiveness, and quality in health systems and services. Tackling this challenge will also require academic and research institutions to play an active role in the production of new knowledge and scientific evidence to inform decision-making in connection with the health of older persons. Appropriate information mechanisms and products will facilitate monitoring, evaluation, and supervision, as well as the adaptation of plans and strategies.

### **Objective 4.1**

Strengthen the technical capacity of the health authority to monitor and evaluate health care for the older population.

#### **Goal**

By 2018, at least 75% of the countries will use a system surveillance and evaluation of the health of older persons.

#### ***Activities at the regional level***

- 4.1.1 Develop guidelines for the production of health and aging indicators.
- 4.1.2 Promote and coordinate with the countries the registry and annual publication of health indicators associated with aging.
- 4.1.3 Promote periodic analysis of the health situation of older persons.
- 4.1.4 Promote the use of indicators such as disability-free life expectancy as a proxy for health in old age.

#### ***Activities at the national level***

- 4.1.5 Include indicators of access and the quality of care for older persons in information systems.
- 4.1.6 Ensure stratification by age in health statistics.
- 4.1.7 Promote the inclusion of functionality and disability indicators in the health statistics system.
- 4.1.8 Use health situation analysis to develop evidence-based public health interventions.
- 4.1.9 Compile a registry of long-term care institutions, both public and private.
- 4.1.10 Disseminate information in a useful format for decisionmakers and administrators of policies, programs, and health services for older persons.

### **Objective 4.2**

Promote acquisition and dissemination of the scientific evidence necessary for adapting health interventions to national situations.

#### **Goal**

By 2018, 75% of the countries will have conducted at least one national research study on the health and well-being of older persons.

#### ***Activities at the regional level***

- 4.2.1 Support applied research projects on public health and aging at scientific and academic institutions.
- 4.2.2 Promote and strengthen regional, subregional, and national research networks on aging and health.

*Activities at the national level*

- 4.2.3 Encourage and collaborate in research on public health and aging at academic and scientific institutions.
- 4.2.4 Create and strengthen national networks on health research and aging and their participation in regional networks.
- 4.2.5 Promote research on public health and aging in rural settings that includes the study of original populations and minorities.

## **INTERNATIONAL HUMAN RIGHTS INSTRUMENTS IN THE CONTEXT OF THE HEALTH OF OLDER PERSONS AND THE STRATEGIC PLAN 2008-2012**

1. The Member States of PAHO have stressed that international human rights conventions and standards offer a unifying conceptual and legal framework for strategies to improve benefits to the most vulnerable populations, which older persons are, as well as measures to ensure accountability and clarify the responsibilities of the various actors involved.<sup>1</sup> It is therefore important to incorporate the provisions of the following conventions, declarations, and recommendations of the United Nations (UN) and Inter-American (OAS)<sup>2</sup> systems into the policies, plans, programs, legislation, practices, and strategies for promoting the health of older persons:

### **Instruments of the United Nations (UN)**

- Universal Declaration of Human Rights (1);
- International Covenant on Civil and Political Rights (2);<sup>3</sup>
- International Covenant on Economic, Social, and Cultural Rights (3);<sup>4</sup>
- Convention on the Elimination of All Forms of Discrimination against Women (4);<sup>5</sup>
- Convention on the Rights of Persons with Disabilities (5);<sup>6</sup>

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<sup>1</sup> See Strategic Plan 2008-2012 for PASB, Strategic Objective 7, 27th Pan American Sanitary Conference, Washington, D.C., 1-5 October 2007, p. 70-74. Available at: [http://intranet.paho.org/DPM/PPS/0\\_OD\\_328\\_post-PASC\\_strat\\_Plan\\_eng\\_0908.pdf](http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf).

<sup>2</sup> The Member States of PAHO have underscored that the applicable general human rights instruments include the regional and international human rights treaties or conventions of the United Nations (UN) and Inter-American (OAS) systems and international and regional human rights standards. These standards are the guidelines established by the United Nations General Assembly and the OAS, the Office of the UN High Commissioner for Human Rights, the Human Rights Council of the United Nations, and other UN and OAS agencies. See Strategic Objective 7, Strategic Plan for PASB, p. 70 at [http://intranet.paho.org/DPM/PPS/0\\_OD\\_328\\_post-PASC\\_strat\\_Plan\\_eng\\_0908.pdf](http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf).

<sup>3</sup> Entered into force on 23 March 1976 and ratified by Argentina, 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, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela.

<sup>4</sup> Entered into force on 3 January 1976 and ratified by Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

<sup>5</sup> Entered into force on el 3 September 1981 and ratified by Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, Uruguay, and Venezuela.

- United Nations Principles for Older Persons (6).

#### **Instruments of the Inter-American system (OAS)**

- American Declaration on the Rights and Duties of Man (7);
- American Convention on Human Rights (8);<sup>7</sup>
- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights, or Protocol of San Salvador (9);<sup>8</sup>
- Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (10);<sup>9</sup>
- Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities<sup>10</sup> (among others) (11);
- Principles and Good Practices on the Protection of People Deprived of their Liberty in the Americas (12).<sup>11</sup>

#### **References**

1. Declaración Universal de Derechos Humanos. A.G. Res. 217 A (III), ONU Doc. A/810 p. 71 (1948).
2. Pacto Internacional de Derechos Civiles y Políticos. A.G. Res. 2200 A (XXI), 21 ONU GAOR Sup. (No.16) 52, ONU Doc. A/6316 (1966).

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<sup>6</sup> Entered into force on 3 May 2008 and ratified by Argentina, Brazil, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, and Peru.

<sup>7</sup> Entered into force on 18 July 1978 and ratified by Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

<sup>8</sup> Entered into force on 16 November 1999 and ratified by Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Suriname, and Uruguay. Article 17 states that the States Parties commit to gradually providing adequate facilities for older persons, as well as food and specialized medical care for older persons who lack them, and to executing specific employment programs for these people.

<sup>9</sup> Entered into force on 5 March 1995 and ratified by Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Colombia, Costa Rica, Chile, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis, St. Lucia, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

<sup>10</sup> Entered into force on 14 September 2001 and ratified by Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

<sup>11</sup> In these Principles, the OAS' Inter-American Commission on Human Rights (IACHR) refers to guidelines applicable to institutions for older persons in which they reside for humanitarian assistance, treatment, or protection.

3. Pacto Internacional de Derechos Económicos, Sociales y Culturales. A.G. Res. 2200A(XXI), 21 ONU GAOR Sup. (No. 16) 49, ONU Doc. A/6316 (1966).
4. La Convención sobre la eliminación de todas las formas de discriminación contra la mujer. A.G. res. 34/180, 34 U.N. GAOR Supp. (No. 46) p.193, ONU Doc. A/34/46 (1979).
5. Convención sobre los derechos de las personas con discapacidad. G.A. doc. A/61/611 (2006).
6. Principios de las Naciones Unidas en favor de las personas de edad. Aprobados por la resolución A/RES/46/91 de la Asamblea General de las Naciones Unidas del 16 de diciembre de 1991.
7. Declaración Americana de los Derechos y Deberes del Hombre. 199 OEA res. XXX. OEA/Ser.L.V/IL82 doc. 6 rev.1, p.17 (1992).
8. Convención Americana sobre Derechos Humanos. OEA, Off. Rec., OEA/Ser.L./ V.II.23 doc. 21 rev. 6 (1979).
9. Protocolo Adicional a la Convención Americana sobre Derechos Humanos en Materia de Derechos Económicos, Sociales y Culturales, “Protocolo de San Salvador”. OEA, No. 69 (1988), adoptado el 17 de noviembre de 1988, Documentos básicos en materia de derechos humanos en el Sistema Interamericano, OEA/Ser.L.V/II.82 doc. 6 rev. 1, p. 67 (1992).
10. Convención Interamericana para Prevenir, Sancionar y Erradicar la Violencia Contra la Mujer, “Convención de Belém do Pará”. 33 I.L.M. 1534 (1994), *entrada en vigor* el 5 de marzo de 1995.
11. Convención Interamericana para la Eliminación de Todas las Formas de Discriminación contra las Personas con Discapacidad. AG/RES 1608 (XXIX-0/99), 7 de junio de 1999.
12. Resolución 1/08, Principios y Buenas Prácticas sobre la Protección de las Personas Privadas de Libertad en las Américas. Comisión Interamericana de Derechos Humanos (CIDH), Organización de los Estados Americanos, 2008.



PAN AMERICAN HEALTH ORGANIZATION  
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CD49/8 (Eng.)  
Annex C

**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS**

**1. Agenda item:** 4.4. Plan of Action on the Health of Older Persons, Including Active and Healthy Aging.

**2. Responsible unit:**

- THR/VP (Aging and Health)
- THR/VP (Human Rights Project)

**3. Preparing officer:**

- Enrique Vega (Regional Adviser on Aging and Health)
- Javier Vásquez (Regional Adviser on Human Rights)

**4. List of collaborating centers and national institutions linked to this Agenda item:**

- WHO Collaborating Center on Aging and Health. Universidade Aberta da Terceira Idade, Rio de Janeiro.
- WHO Collaborating Center for Geriatrics and Gerontology Education. Geriatrics and Gerontology Center. Pontifical Catholic University of Chile (PUC).
- WHO Collaborating Center on Aging and Health. Department of Community Health and Psychiatry, University of the West Indies.
- WHO Collaborating Center on Gerontological Nursing Education, Division of Nursing, College of Education Sciences, New York University.
- WHO Collaborating Center on Aging and Health. Sealy Center on Aging, University of Texas Medical Branch (UTMB).
- WHO Collaborating Center, Georgetown Law School /Johns Hopkins on human rights and public health legislation.
- WHO Collaborating Center on Public Health and Aging. Center for Research on Longevity, Aging, and Health. Havana (Cuba).
- WHO Collaborating Center on Aging and Health. Hospital Blanco Cervantes San José. Costa Rica.
- Institute of Geriatrics. Secretariat of Health. Mexico City.
- Center for Research on Aging. Saint Martin of Porres University. Lima (Peru).
- Latin American Academy of Medicine for Older Persons (ALMA).
- Inter-American Center for Social Security Studies (CIESS).
- Inter-American Conference on Social Security (CIESS).
- Helpage International.
- ECLAC/CELADE.

**5. Link between Agenda item and Health Agenda for the Americas 2008-2017:**

- Situation and Trend Analysis. Paragraph 15.
- Areas of Action: Paragraph: 55, Section D.
- Declaration of the Ministers of Health (paragraph 1) and Principles/Values (paragraph 9) on health protection as a human right, in keeping with the Constitution of WHO.

**6. Link between Agenda item and Strategic Plan 2008-2012:**

- Strategic Objective 4, regionwide expected results 4.1 and 4.8.
- Strategic Objective 7 and regionwide expected result 7.4.1.

**7. Best practices in this area and examples from countries within the Region of the Americas:**

- Development of the academic network of ALMA (Latin American Academy of Medicine for Older Persons).
- Extension of the multinational SABE study.
- Development of a Program for Specialization in Managing the Health of Older Persons, with 43 participating Focal Points on Aging and Health in Latin American Ministries of Health and Social Security Agencies.
- Technical training for health workers and other government officials on regional and international human rights norms that protect the health of older persons, with emphasis on institutions that provide long-term care (El Salvador, Belize, and Uruguay, the Caribbean, Panama, Argentina).
- Request by the Member States to amend their legislation in keeping with regional and international human rights commitments (legislation of Belize in progress).

**8. Financial implications of Agenda this item:** Included in the budget. Only one part is funded.



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## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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CD49/8 (Eng.)  
Annex D  
ORIGINAL: SPANISH

### ***PROPOSED RESOLUTION***

#### **PLAN OF ACTION ON THE HEALTH OF OLDER PERSONS, INCLUDING ACTIVE AND HEALTHY AGING**

#### ***THE 49th DIRECTING COUNCIL,***

Having reviewed the report of the Director *Plan of Action on the Health of Older Persons, Including Active and Healthy Aging* (Document CD49/8);

Mindful of the United Nations Principles for Older Persons (1991); the international mandates proposed in the International Plan of Action on Aging of Madrid, 2002; the Pan American Sanitary Conference Resolution CSP26.R20 (2002), the regional implementation strategy approved by the Regional Intergovernmental Conference on Aging (2003); the Brasilia Declaration adopted by the Second Intergovernmental Regional Conference on Aging (2007); the Health Agenda for the Americas 2008-2017; and the Resolution AG/RES.2455 (XXXIX-O/09) of the Organization of American States, "Human Rights and Older Persons," adopted by the 39th Regular Session of the General Assembly of the OAS (San Pedro Sula, Honduras, 4 June 2009);

Recognizing the high degree of complementarity between this strategy and other objectives established in the PAHO Strategic Plan (*Official Document 328*), such as those related to disability (prevention and rehabilitation), mental health, the health of indigenous peoples, nutrition in health and development, and social and economic health determinants (approaches that favor the poor, are gender-sensitive, and human rights-based);

Emphasizing that the exponential shift toward a new demographic and epidemiological situation means not only that countries must rapidly adapt but they must anticipate new contexts, and that only adequate social and health investment can produce healthy and active longevity with benefits in all areas for individuals, families, and society as a whole; and

Considering the importance of having a strategy and plan of action that will enable Member States to respond effectively and efficiently to the needs and demands that the aging population is already rapidly making on health and social security systems, society, and the family,

***RESOLVES:***

1. To support the present *Plan of Action on the Health of Older Persons, Including Active and Healthy Aging* and its consideration in policies, plans and development programs as well as proposals and the discussion of the national budgets, to enable them to create the conditions for meeting the challenge of aging in their respective countries.
2. Urge the Member States to:
  - (a) consider the United Nations Principles for Older Persons (independence, participation, care, self-fulfillment and dignity) as the foundation for public policies on aging and health, and the need to include older persons when designing and executing these policies;
  - (b) adopt national policies, strategies, plans, and programs that increase access by older persons to health programs and services that meet their needs, including in particular health promotion and disease prevention programs based on primary health care that promote the development of strategies that integrate healthy personal and environmental behaviors to achieve active aging throughout the life cycle, with the participation of society as a whole, the family, and the individuals themselves;
  - (c) promote an internal dialogue among public sector institutions and between them and the private sector and civil society, with a view to building a national consensus on the issue of the health of older persons and healthy and active aging and its link with national development processes;
  - (d) advocate for the promotion and protection of the human rights and basic freedoms of older persons through the adoption of legal frameworks and implementation mechanisms, chiefly in the context of long-term care services, bearing in mind

Resolution CSP26.R20 “Health and Aging” adopted by the 26th Pan American Sanitary Conference (Washington, D.C., United States, 23 September 2002);

- (e) collaborate with the Permanent Council of the Organization of American States in efforts that include a special meeting of national representatives and experts from the academic sector and civil society, as well as from international organizations, for the purpose of sharing information and best practices and also of examining the feasibility of preparing an inter-American convention on the rights of older persons;
  - (f) support capacity building for training the human resources needed to tend to the health needs of older persons;
  - (g) strengthen the capacity to generate information and research for the development of strategies based on evidence and the needs of this population group, ensuring the ability to monitor and evaluate their results; and
  - (h) conduct an internal review and analysis of the relevance and viability of this strategy in the national context, based on national priorities, needs, and capabilities.
3. Request the Director to:
- (a) support the Member States in the implementation of the strategy and *Plan of Action on the Health of Older Persons, Including Active and Healthy Aging*, in a manner consistent with their needs and the demographic and epidemiological context;
  - (b) promote the implementation and coordination of this strategy and Plan of Action, guaranteeing that it cuts across program areas, the Organization’s different regional and subregional contexts, collaboration with and among countries, the strategy design, and the sharing of skills and resources in order to execute its plans on health and aging;
  - (c) encourage the development of collaborative research that will yield better knowledge about the impact of aging on health systems and the modeling of future scenarios that will enhance national forecasting capacity in this area, the design of related strategies, and interventions based on the specific needs of the Region’s different contexts;

- (d) support development and capacity building to ensure adequate training and distribution of the necessary human resources for health to the countries to address the health needs of older persons;
- (e) consolidate and strengthen technical collaboration with the committees, organs, and rapporteurships of United Nations and Inter-American agencies, and promote partnerships with other international and regional agencies, scientific and technical institutions, organized civil society, the private sector, and others in creating a Coalition of the Americas for Healthy Aging that will contribute to the implementation of this strategy and Plan of Action; and
- (f) report periodically to the PAHO Governing Bodies on progress and constraints in the execution of this strategy and Plan of Action, as well as its adaptation to new contexts and needs, when necessary.



**PAN AMERICAN HEALTH ORGANIZATION**  
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 Annex E

**Report on the Financial and Administrative Implications for the  
 Secretariat of the Resolution Proposed for Adoption**

<b>1. Agenda item:</b> 4.4. Plan of Action on the Health of Older Persons, Including Active and Healthy Aging.	
<b>2. Linkage to Program Budget 2008-2009:</b>	
<b>Area of work</b>	<b>Expected results</b>
SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	4.1.3 Number of countries that have a policy on the promotion of active and healthy aging
	4.8.1 Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging
	4.8.2 Number of countries that have multisectoral programs for strengthening primary health care capacity to address healthy aging
SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based	7.4.1 Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination
SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	13.4.3 Number of countries that have established continuous education systems to improve the competencies of health personnel

### 3. Financial implications

**(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):**

For implementation of the Strategy and Plan of Action, it is anticipated that partners from other international agencies will be involved and that other United Nations and national cooperation agencies will provide cooperation. A search for external donors is essential.

The cost for implementation of the Strategy and Plan of Action over the life cycle of the resolution has been calculated on the basis of PAHO expenditures during the biennium 2008-2009. To this has been added the figure of US\$ 100,000.00 requested from WHO for maintenance of the current staff, the hiring of additional staff, and the implementation of activities at the regional and national level.

Implementation of the Strategy and Plan of Action 2009-2018 is estimated at approximately US\$ 5 million.

**(b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US\$ 10,000, including staff and activities):** The estimated cost for the biennium 2008-2009 is US\$ 732,000.

**(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** At this time, the allocated funds total US\$ 440,000.

### 4. Administrative implications

**(a) Indicate the levels of the Organization at which the work will be undertaken:**

All the countries of the Region are aging, and activities are programmed in all countries and subregions. The activities will be stratified to ensure their suitability to the level of aging, the identified needs of the older population, and the degree of development of the national programs on Aging and Health, as well as multisectoral activities in this area.

Integration with other programs of the community, family, gender, and indigenous populations Areas, as well as the health determinants, will be essential to the Plan in priority and poorer countries, where the process, although still in its infancy, is being implemented under highly unfavorable socioeconomic and health conditions.

**(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** Hiring of at least two professionals as subregional coordinators/advisers.

**(c) Time frames (indicate broad time frames for the implementation and evaluation):**

2009: Approval of the Strategy and Plan of Action  
2009-2018: Implementation of the Strategy and its Plan of Action  
2018-Evaluation of the Strategy's Implementation

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