

ANNEX 01

Guiding questions for the focus areas of the Ninth Session of the Open-Ended Working Group on Ageing: Autonomy and Independence

N°	QUESTIONS
1	<p>In your country/region, how is the right to autonomy and independence of elderly persons defined in legal and regulatory frameworks?</p> <p>In Law N° 30490, Law of the Elderly Person, in its unique article it mentions in literal a) Promotion and protection of the rights of the elderly: Every public or private action is dedicated to promote and protect the dignity, the independence, protagonism, autonomy and self-realization of the elderly person, as well as their valorization, role in society and contribution to development.</p> <p>Through Ministerial Resolution No. 941-2005/MINSA, "Guidelines for Comprehensive Health Care for Elderly Persons", which in its specific objectives states: <i>"(...) develop health interventions pointed at promoting protective factors, participation and co-responsibility of the elderly in the care of their health, their family and community (...)"</i>.</p> <p>Literal a) of Article 4, of the General Law of Persons with Disabilities, Law No. 29973, establishes that the policies and programs of the different sectors and levels of government are subject, among others, to the principle of respect of inherent dignity; individual autonomy, including the freedom to make one's own decisions; and the independence of the person with disability.</p>
2	<p>What other right is essential for the enjoyment of the right to autonomy and independence of the elderly, or is it affected by the non-enjoyment of this right?</p> <p>The right to equal opportunities and non-discrimination mainly for reasons of age; the right to a dignified retirement; right to accessibility; the right to access to justice and the right to social security limited to pensioners and spouses.</p>
3	<p>What are the main problems and challenges that older adults face in their country/region regarding the right to autonomy and independence? What studies and statistical data are available?</p> <ul style="list-style-type: none"> • Regarding the economic aspect: Only 34.4% of the elderly population receives a pension for retirement, which is lower than the basic family basket and 65% is not affiliated to a pension system. • Regarding education: 17.5% of the elderly population does not have an educational level or only has an initial level, 43.5% reached primary level. 20.2% of the adult population aged 60 and over cannot read or write. • Regarding disability: 40.2% of elderly people suffer from a disability. • Regarding health: 80.4% of the elderly female population had a chronic health problem. In the male population, this health problem affects 67.3%.
4	<p>What measures have been taken to guarantee the enjoyment of the right to autonomy and independence of the elderly?</p> <p>In relation to health: The approval of Law No. 29344, Framework Law for Universal Health Insurance, approved on April 8, 2009, whose objective is to establish the regulatory framework for universal health insurance, in order to guarantee the full right and progressive of every person to the social security in</p>

	health, as well as to regulate the access and its functions of regulation, financing, provision and supervision of the assurance.
5	<p>What mechanisms are necessary, or are they already in force, so that older adults can be compensated for the violation of their rights to autonomy and independence?</p> <p>On November 23rd, 2015, Law No. 30364, Law to Prevent, Punish and Eradicate Violence against Women and Members of the Family Group, was published and its Regulation Supreme Decree No. 009-2016-MIMP dated 27th July 2016, whose purpose in the area referred to the elderly persons is the prevention, sanction and eradication of all types of violations of their fundamental rights.</p> <p>On December 13th, 2016, the Chair of the First Chamber of Constitutional and Social Transitional Law of the Supreme Court of Justice of the Republic, by Administrative Resolution No. 003-2016-PSDCST-CS-P, resolved to consolidate the rules of procedural speed in the First Chamber of Constitutional and Social Transitory Law for the prompt resolution of litigation in favor of the elderly persons.</p>
6	<p>What are the responsibilities of private companies regarding the protection of the right to autonomy and independence of the elderly persons?</p> <p>Currently, private companies such as DANLAC and RIPLEY are carrying out actions that put into practice social responsibility, so these companies are reinserting older adults into the labor market taking into account their expertise. This type of initiatives by private companies must be promoted from the State, thus achieving the existence of complementarity by private companies and the State.</p>

ANNEX 02

Guiding questions for the focus areas of the Ninth Session of the Open-Ended Working Group on Aging: Long-term care and palliative care

N°	QUESTIONS
1	<p>In your country/region, how is legal and regulatory frameworks defined and envisaged for long-term care for elderly persons? What types of support and services are covered?</p> <p>Regarding long-term care referring to health care and palliative care MINSA, Law No. 29344, Framework Law on Universal Health Insurance in its Article 5 states: <i>"(...) The universalization of health insurance will be gradual and progressive in the national territory, in what refers to the extension of the coverage of affiliation and the geographical extension of application, and the expansion of the benefit plan of the Essential Plan of Health Insurance (PEAS) according to the approved Implementation Plan (...) "</i>.</p> <p>In Peru, the universalization of health covers approximately 17 million people and provides free care to all people without age discrimination, including services and medicines for palliative care and pain treatment of elderly persons, benefits that although they are available, they are not accessible to all due to geographic reasons and centralization, among others.</p>
2	<p>What are the specific challenges that elderly persons face in accessing long-term care?</p> <p>That Peru adheres to the Inter-American Convention on the Protection of the Human Rights of Older Persons, adopted by the General Assembly of the OAS in 2015, which contains obligations in the area of palliative care, which will allow us to visualize specific points as challenges to achieve.</p> <p>Regarding health: a) Health and aging in all policies. b) Adapt the systems to the needs of the elderly persons. c) Implementing geriatric services with multidisciplinary teams with competences in IAH (International Action for Health) of the elderly persons. d) Aging in safe and friendly environments with elderly persons. e) Have a <u>long-term care</u> system. f) Strengthen research and measurements of health and aging.</p>
3	<p>What measures have been taken/are necessary to guarantee high-quality systems and sustainability of long-term care including elderly persons?</p> <p>The measures that are necessary to guarantee quality and sustainability are related to:</p> <p>a) Sufficient availability, accessibility and sustainability of basic non-discriminatory services. b) High quality of services provided. c) Autonomy and the free, prior and informed consent of elderly persons in relation to long-term care. d) Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint), in long-term care. e) Sustainable financing of long-term care and support services. f) Reparation and remedy in case of abuse and violations.</p>
4	<p>What other rights are essential for the enjoyment of the right to long-term care by the elderly persons, or what rights are violated?</p> <p>There is no rule with the status of a law that identifies what are the rights for older</p>

	adults with respect to long-term care.
5	<p>In your country/region, how are palliative care defined in legal and political frameworks?</p> <p>In the Oncological Technical Norm No. 001-INEN/DIMED-DEM-V.01: <i>"Technical Oncological Standard of the Unit for the Production of Palliative Care Oncological Health Services of INEN"</i>. Jefatural Resolution No. 334-2016-J/INEN, defines palliative care as: <i>"Approach that improves the quality of life of patients and families who face the problems associated with life threatening diseases, through prevention and relief of suffering through early assessment and identification, treatment of pain and other physical, psychological, social and spiritual problems"</i>, based on the concept suggested by WHO.</p>
6	<p>What are the specific needs and challenges that elderly persons face regarding end-of-life care? Are there studies, data and evidence available?</p> <p>There are no studies or national data regarding the specific challenges faced by elderly persons.</p>
7	<p>To what extent is palliative care available to all elderly people in a non-discriminatory way?</p> <p>Currently, the Esperanza Plan provides coverage to oncological patients with low economic resources and this budget includes palliative and pain treatments, without age discrimination. In addition, the National Palliative Care Plan is being drafted, through the Directorate of Cancer Prevention and Control, in coordination with other directorates, aimed at people at all stages of life.</p>
8	<p>How is palliative care provided in relation to the long-term care described above and what other services are provided for the elderly persons?</p> <p>The one provided by our system in home care is PADOMI, which is the preferential care provided by EsSalud, with the aim of improving their quality of life and giving them a comprehensive and dignified care. In the country, palliative care is currently delivered as an isolated provision (Atlas of Palliative Care for Latin America 2013), with formal units in the field of MINSA, EsSalud, Armed Forces and private entities; however these units are insufficient and centralized.</p>
9	<p>Are there good practices available in terms of long-term care and palliative care? What are the lessons learned from the perspectives of human rights?</p> <p>The majority of professionals related to palliative care services are organized through Scientific Societies, such as the International Network of Palliative Nurses RIENCUPA (50 members), the Peruvian Society of Palliative Nurses (11 members) and the Peruvian Palliative Care Society (140 members), the latter being multi/interdisciplinary association dedicated to continuing education and dissemination of good practices in palliative care.</p>

