La Misión Permanente de la República Dominicana ante las Naciones Unidas, presenta sus saludos a la Misión Permanente de la República de Argentina ante las Naciones Unidas y tiene el honor de enviar adjunta la propuesta del Consejo Nacional de la Persona Envejeciente de la República Dominicana, con los insumos del Grupo de Trabajo de Composición abierta de las Naciones unidas sobre envejecientes.

La Misión Permanente de la República Dominicana ante las Naciones Unidas, aprovecha la ocasión para reiterar a la Misión Permanente de Argentina ante las Naciones Unidas las seguridades de su más alta consideración.

Nueva York, N.Y.
04 de febrero del 2019

Misión Permanente de la República de Argentina
Ante las Naciones Unidas
Focus Areas of the X Session of the Open-Ended Working Group of the United Nations on Aging

1. Education, training, lifelong learning and capacity development

National legal framework

The Constitution of the Dominican Republic in its Article 63 establishes the right of every person to receive a comprehensive, quality, permanent education, in equal conditions and opportunities, with no limitations other than those derived from their aptitudes, vocation and aspirations. Accordingly: 1) Education aims at the integral formation of the human being throughout his life and be directed to the development of their creative potential and their ethical values .... "

On the other hand, Law 1-12 on the National Development Strategy establishes in Article 8, as the second strategic axis, "a society with equal rights and opportunities, in which the entire population is guaranteed education, health, decent housing and basic services of quality, and that promotes the progressive reduction of poverty and social and territorial inequality ". The general objective 2.1 of this axis establishes a quality education for all, and speaks of implementing and guaranteeing a national quality education system that enables continuous learning throughout life, promotes human development and an exercise progressive of responsible citizenship, within the framework of moral values and ethical principles consistent with sustainable development and gender equality [1]. Likewise, within the lines of action raises the diversification of the educational offer, including professional technical education and schooling of adults, so that they respond to the characteristics of the different population groups that offer options of continuing, face-to-face and virtual education [2].

Likewise, the Dominican Republic has the National Pact for educational reform (2014-2030), which seeks to ensure the installation in the educational system of a comprehensive, systematic, permanent and transversal evaluation culture for all processes and actors of the system, levels, modalities, sub-sectors and instances of the educational function in the Dominican Republic, from early childhood to higher education, as well as technical-professional training [3].

In the sectoral legal framework, Law 352-98 on the Protection of the Elderly provides in Article 15 that "all (a) senior citizen is entitled to access to formal and informal education at all levels and modalities.

The Secretary of State for Education and Culture, public and private universities and other higher education centers, will promote the incorporation of the elderly into appropriate educational programs for them, as well as implement special courses that are organized according to the characteristics and needs of each one. Education, in these cases, will be aimed at the promotion and integration of the elderly and the progress of their faculties, to benefit the coexistence between generations and the satisfaction of their intellectual and cultural concerns. Access to education must take place in conditions of equal opportunities ".

Availability, accessibility and adaptability

With regard to availability, older adults have a varied academic offer at different levels. For example, those who have not accessed primary education have the National Literacy Plan, which has been developed since 2012, where 80% (confirm data) of the participants have been older adults. The National Council of the Aging Person, helps with the issue of accessibility by implementing the Street x Street Literacy program identifying older adults in remote areas who do not have access to the national program by joining the nearest geriatric center.

On the other hand, CONAPE implements the SECARE program, which provides services, training and recreation to the elderly in the geriatric centers. With regard to training, older adults are trained in occupational therapy, crafts, handicrafts, technical-vocational training, entrepreneurship, orchards, among others, whose result they can then use for their livelihood. Likewise, the literacy information program is developed, which seeks to teach or update the use of technologies in such a way that they can be endowed with the necessary skills to have greater access to job offers.

As for higher education, there are several universities that offer technical and professional careers to which older adults have access without discrimination by age, there are even flexible academic programs designed for this population.

To ensure that these services are available and accessible to all people older, adapted to their needs, their preferences and motivations and that are of high quality have implemented different measures, including inter-institutional agreements with different state entities, as well as with some universities. Moreover, within the programs carried out in schools, seniors have the opportunity to adjust the classes they receive according to their inter- and countries.

Despite these advances, there are still barriers that prevent this population from having access to these programs and they feel comfortable in these environments, including having accessible spaces according to the different physical-motor conditions of people who require it, they also lack of adaptation of health systems to the challenges associated with the aging of the population, there is a lack of a system based on primary care with programmatic approaches to the life cycle, which makes it possible to adequately frame the execution of activities from the first stage of life, contributing thus to an active and healthy aging. In addition to this, we should have specific studies on lifelong learning and data segregated by age of access to education where this population group is visualized.

Equality and non-discrimination

Regarding discrimination, age does not constitute in itself a factor for the denial of the right to education, as we mentioned earlier, the Constitution is a right provided in equal conditions and opportunities, without limitations other than those derived from its aptitudes, vocation and aspirations. However, the processes must continue to be strengthened so that this right is of greater scope for the elderly.
Responsibility

Since education is a fundamental right established in the Constitution, the main mechanism for claiming the denial of this right is through an appeal for protection before the Superior Administrative Court. There are also other mechanisms such as the CONAPE that receives the statements in these cases and brings it to justice.

2. **Protection and social security (including social protection floors)**

**National legal framework**

The Dominican State contemplates the protection of the economic and social rights of all Dominicans. The Dominican Constitution protects the right to security and social protection, as provided in Article 60.

Article 60.- Right to social security. Everyone has the right to social security. The State will encourage the progressive development of social security to ensure universal access to adequate protection in disease, disability, unemployment and old age.

The right to social security and social protection is a fundamental right, which protects and protects with constitutional rank, and other laws, norms and regulations, among which are:

- Law No. 1896 of August 30, 1948, on social insurance.
- Through this law citizens who worked in private companies were deducted the corresponding contribution, as well as the employer, who had the duty to report it to the Dominican Social Security Institute, in order that workers could complete pension contributions by seniority in the service or work.
- Law No. 87-01, which creates the Dominican Social Security System.

one) Important decisions have been made to create laws and mechanisms to guarantee universal coverage of citizens. Among these great advances we have regulations and social security institutions.

Law 87-01 that creates the Dominican Social Security System, whose purpose is to establish the Dominican Social Security System (SDSS) within the framework of the Constitution of the Dominican Republic, to regulate and develop reciprocal rights and duties of the State and citizens regarding the financing for the protection of the population against the risks of old age, disability, unemployment due to advanced age, survival, illness, maternity, childhood and labor risks.

This social security law is governed by the following principles: Universality, obligatory nature, integrality, unity, equity, solidarity, free choice, plurality, separation
of functions, flexibility, participation, gradualism and financial equilibrium. Create the following non-contributory and subsidized regimes for citizens.

**Contributive Regime**

**Subsidized Regime**

**Subsidized Contributory Regime**

Decree number 381-13, dated December 24, 2013, which approves the regulation for the granting of solidarity pensions. Its purpose is to establish the procedure to grant the Solidarity Pensions for old age, disability and survival, corresponding to the Old Age, Disability and Survivorship Insurance of the Subsidized Regime.

Through Law 87-01 different institutions that make up the Dominican social security system are created. (one)

**Availability**

The creation and implementation of law 87-01 on social security, which provides for a social security system under the principle of universality, which includes contributory and subsidiary protection, pension for survival, and pensions for old age, survival and disability. Also solidarity pensions where older adults are included. The law also establishes social services for the elderly.

Law 87-01 establishes health services through service providers (ARS), both for contributory and subsidized regimes, expansion for services offered through the catalogs of medical benefits, higher coverage for members, coverage of chronic diseases and high-cost procedures, which is why regular people suffer from advanced age.

Through the National Health Insurance (SENASA) health coverage is provided to all members of the subsidized and contributory regime. The affiliation to the subsidized regime of SENASA, to the elderly without age limit in the basic health plan, which guarantees them universal access to health services.
Adaptability

The steps that have been taken for the implementation of the Dominican security system, in terms of ensuring the levels of social protection for the elderly are important. In terms of health through SENASA, all the elderly people who are in the Care and Welcoming Centers for Older Adults were affiliated to the subsidized regime, an action that guarantees health assistance in all the national health service centers of the State, with a coverage of the basic plan. Older adults are also affiliated who through CONAPE request their affiliation to SENASA.

In cases in which the elderly are affiliated, either directly or as dependents to the contributory regime, the appropriate standard for health services will depend on the type of affiliation they have (be it basic or complete).

Regarding pension payments, in the Dominican Republic the minimum pension of an older adult who worked and acquired the right to pension through the law 1896 or 379-81, is RD $ 5,117.00, an amount that is not enough to guarantee a proper life standards.

To retire through Law 87-01, whose implementation began in 2001, workers must be affiliated with a pension fund administrator (AFP).

The AFPs whose sole purpose is to manage the personal accounts of the affiliates and to invest adequately the pension funds; grant and administer the benefits of the pension system, strictly observing the principles of social security and the provisions of this law and its complementary regulations.

As of 2001, older contributing members must complete 360 contributions to obtain their old-age pension, so that only the AFPs have been pensioned for disability or survival until now (in the case of a disability or the death of a contributor). The amount of this pension is different, since they depend on the amount of the individual capitalization account (CCI) of the contributor. However, the amounts are not enough to cover the needs of a larger adult publication with health risks and high costs in care.

However, the Dominican State, through Law 87-01, established a solitary pension regime for the following beneficiaries: (Article 63, Law 87-01). To:

a) People of any age with severe disability;
b) Persons over sixty (60) years of age who lack sufficient resources to meet their essential needs;
c) Unemployed single mothers with minor children who lack sufficient resources to meet their essential needs and ensure their education.

Accessibility

To ensure that older adults have accessible or available information on social security and social protection, the law 87-01 that creates the Directorate of Defense of the Affiliate (DIDA), which is an institution that is an instrument of defense and guidance of the affiliates of the SDSS. (Article 29 of Law 87-01).

The DIDA has the following functions:
to)

a) Promote the Dominican Social Security System and inform affiliates about their rights and duties;
b) Receive complaints and complaints, as well as process them and follow them up until their final resolution;
c) Advise affiliates in their friendly or contentious resources, for denial of benefits, through the procedures and resources established by this law and its complementary regulations;
d) Conduct studies on the quality and timeliness of the services of the AFPs, the National Health Insurance (SNS) and the ARS, and disseminate their results, in order to contribute objectively to the decision of the affiliate;
and) Supervise, from the point of view of the user, the operation of the Dominican Social Security System.

For all the design and creation of laws and policies related to social security, the Dominican State has always included the participation of civil society, especially non-governmental organizations (civil society) that carries out activities and actions in favor of adults. greater.

Equality and non-discrimination

Among the measures adopted to ensure equal access, we can highlight the implementation of Law 352-98 on protection for the elderly, and its current process of modification. It establishes responsibilities to different ministries, directorates and institutions, to create projects, programs and apply public policies in favor of the elderly person.

Responsibility

Mechanisms:

Implementation of law 87-01 that creates the social security system, which creates different institutions for compliance with this law.

For the complaints and complaints system we have the DIDA, the older adult can make requests before the DIDA and resources before the National Social Security Council. Initiate appeals before the Constitutional Court in case of proceeding.
Guiding questions for the normative framework of the issues examined in the IX session of the Open-Ended Working Group of the United Nations on Aging

Autonomy and Independence

National legal framework

1. Dominican Constitution.

Normative elements

The right to autonomy and independence in the elderly is a fundamental principle for this population sector to fully enjoy their life, and to be guaranteed other rights must be conjugated. In this sense, Law 352-98 on Protection of the Aging Person establishes several rights that reaffirm the autonomy and independence of the elderly. In the first place, we can mention the right of the elderly person to remain in their family nucleus [1]. Your family must provide the necessary care and ensure that your stay is as pleasant as possible. Likewise, it establishes that that "he suffers from any serious physical or mental illness has the right to special protection, so that he has easy access to health services" taking all the "indispensable actions for the prevention and treatment of the diseases of aging " [2].

Other rights guaranteed are free and easy access to public and private services [3]. The right to work, with equal opportunities and all the guarantees that labor laws grant in this regard, without any discrimination [4]. The right to form or form part of any association and to participate widely in community and national public life [5]. Likewise, the right to employment and generation of income is connoted as a resource to expand the independence of the elderly, by establishing that it must "ensure a minimum level of resources to meet the essential needs of the elderly and expand their independence "[6].

Autonomy and independence in the elderly should be defined as the ability to make their own decisions, choose where to live, and do with the development of their lives on equal terms.

[2] Ibid. Art. 4
[3] Ibid. Art. 7
[4] Ibid. Art. 8
[5] Ibid. Art. 9
[6] Ibid. Art. 19, literal C.
Implementation

To ensure the autonomy and independence of the elderly, the Dominican Republic implements the National System of Integral Development for Older Adults, which promotes the new paradigm in terms of the Elderly of an active, productive, participatory and protected aging, framed in 7 axes strategic:

1. Education Management
2. Economic management
3. Health Management of the National Geriatrics Plan
4. Legal Management
5. Social reintegration
6. Culture and Recreation Management.
7. Welcome Management

In terms of best practices we can highlight the implementation of the SECARE program, which provides articulated responses between the State, the Family and the Community with programs and services such as: home visits, positive image, complementary feeding, special donations, donations of medicines, management of medical insurance, psychological care, reception in permanent centers, reception in day centers, reception in model centers, reception in rehabilitation centers, literacy, family reunification, adults relocated in their homes, housing repair, sports, recreational games, art and culture, among others [4]. These programs allow older adults to have greater autonomy and independence.

Equality and non-discrimination

Among the measures adopted to ensure equitable access to the enjoyment of autonomy and independence in the older adult population we can highlight the following:

1. The implementation of the law 352-98 on protection for the elderly person, and its current modification process.
3. Survey of the socioeconomic situation of the elderly
4. Implementation of open programs in geriatric centers

Participation

Older adults through the civil society organizations and geriatric centers where they attend, have the opportunity to participate in the design of programs and policies implemented, but, however, other mechanisms of greater scope are necessary to ensure their participation.

Responsibility
There are several judicial and non-judicial mechanisms for older adults to obtain redress for the denial of this right:

1. Judicial: amparo remedies
2. Non-judicial: legal assistance in the National Council of the Aging Person

**Palliative care and long-term care**

**National legal framework**

With regard to palliative care and care's long term, the Constitution of the Dominican State establishes the right to health, ensuring the treatment and prevention of diseases and medical and hospital care for all people.

Seen from a broader and more comprehensive approach than from a strictly pathological point of view and taking into account the interdependence of physical, mental, social and environmental factors, Article 20 of Law 352-98 on the Protection of the Elderly on the right to health and nutrition of the elderly person, sets the "duty of the Ministry of Public Health and Social Assistance (SESPAS), the Dominican Institute of Social Security (IDSS), from the state and private universities, from the other governmental and non-governmental organizations, from the community and from the family, to take actions to compensate for the disabilities, reactivate the remaining functions, alleviate the pain, maintain physical and mental functionality and seek the well-being and dignity of the elderly, and among others, ensure that health care allows the participation of the entire health and social sector and families in the improvement of the quality of life of the elderly.

Although there is no specific legislation for palliative and long-term care, there are public policies that provide care that promotes improvements in the quality of life of older adults. In addition, the modification of Law 352-98 that attends the National Congress has these issues contemplated in a specific way.

**Normative elements**

**Define the rights that should be enshrined in this topic**

Palliative Care is treated as care and social health support to people with a serious illness. These prevent or treat the symptoms and side effects of the disease and treatments. With palliative care, emotional, social, practical and spiritual problems that the disease poses are also treated. When people feel better in these areas, they have a better quality of life. These can be given when the disease is diagnosed, throughout the treatment, during follow-up and at the end of life.

Long-term care provides services that help people with chronic diseases overcome the limitations that prevent them from being independent. It helps people maintain their level of functionality instead of improving or correcting medical conditions.
For example, if people have diseases or disabilities, they often need help with activities of daily living. These activities include bathing, continence, clothing, feeding, toileting and transportation. People with cognitive disabilities usually need supervision, protection or verbal reminders to perform daily activities.

Long-term care includes the last level of care, but is comprehensively addressed in order to achieve recovery and independence of the elderly.

The CONAPE has a tool, which generates the comprehensive file of the elderly, and through scales and indicators determines the degree of dependence of a person and establishes the intervention plan, level of care and type of care required to improve the category or floor of attention in which it is.

**Implementation**

Currently these care are provided through the Care Centers for elderly people (permanent or long stay), which are the public, private and/or non-profit associations, where the SECARE program (service, training and recreation) is developed, offering direct care services to the elderly permanently (24 hours) such as: accommodation, food, health, education, recreation, training and all services aimed at promoting the comprehensive care of the elderly. Currently the country has 31 permanent centers registered and accredited nationwide.

Among the best practices, we can include:

a) **Home Visits**: Carried out by a multidisciplinary staff (doctor, psychologist and social worker). With these visits a follow-up in health and psychological aspect is given to the elderly person. Accompaniment is provided in order to improve the quality of life of the elderly.

b) **Care and supervision offered in the permanent comprehensive care centers.** These involve a routine review of the elderly who are in palliative care status, monitoring and evaluation thereof, in order to ensure that they are receiving care and care until the end of their life cycle.

**Equality and non-discrimination**

To ensure equitable access of older persons to the enjoyment of these rights, we rely on the implementation of Law 352-98 on protection of the elderly, and its current amendment process and the application of article 39 of the Dominican Constitution.

With regard to the participation of older adults in the design and implementation of these policies, although there are mechanisms to achieve effective participation of these, it is necessary to greater scope of these mechanisms.

**Responsibility**

Judicial: Amparo remedy; b) Non-judicial: CONAPE complaints department.
[1] Specific objective 2.1.1 Law 1-12 on the National Development Strategy 2030, page 37
[4]