

THE OFFICE OF THE PROSECUTOR FOR THE DEFENSE OF HUMAN RIGHTS OF EL SALVADOR (PDDH)

Contributions on the following specific topics related to Older Adults: "Right to health and access to health services", "Social Inclusion", "Contribution of older people to sustainable development" and "Economic Security", to be addressed by the Open-ended Working Group on Ageing at its Thirteenth Working Session at the United Nations Headquarters in New York, April 3 to 6, 2023.

Topic 1: Right to health and access to health services

Legal and political national framework

1. The Constitution of the Republic of El Salvador constitutes the supreme law of the national legal system, it establishes the fundamental rights and duties of all Salvadorans; as well as the protection of the human person without distinction of any kind.

Likewise, the right to health is developed, fundamentally, in the Special Law for the Protection of the Rights of the Elderly Person (2022), Inter-American Convention on the Protection of the Human Rights of the Elderly (2015).

El Salvador has ratified the main international instruments in which the right to health is recognized, including the International Covenant on Economic, Social and Cultural Rights (1966), the additional Protocol to the American Convention on Human Rights in the area of Human Rights Economic, Social and Cultural (Protocol of San Salvador, 1988).

2. In this sense, the launch of **the Public Policy for the Elderly**, (launched in October 2017), through its component "One: Health and nutrition" is counted as an action aimed at providing quality and warmth of care. which establishes: *"Contemplates actions to promote health, disease prevention, early diagnosis, cure and rehabilitation; through strengthening the technical capacity of health personnel and the development of intersectoral actions"*. From this component, the work of the Comprehensive Care Model for the Elderly of the Ministry of Health began, giving space to guidelines for "preventive and curative care, health promotion and intersectorality as a means to promote autonomy, healthy aging. Likewise, the health personnel of the First Level of Care have been strengthened, for the application of the geriatric assessment and the community team in the care of the elderly, in order to provide a better quality of health care. In the area of preventive health, at least 800 clubs for the elderly have been established in the Community Family Health Units, with the participation of 20,000 older adults, promoting healthy lifestyles and intergenerational rapprochement, which contribute to successful aging" (Pp. 18).

From the Public Policy of the Elderly Person (October 2017) therefore, lines of action specified in the numeral axis 5.3 INTEGRAL HEALTH AND CARE are generated: whose general objective is: *"To promote health, nutrition and care services with quality, warmth and in a timely manner for older adults within the institutions of the Executive Branch."*

3. For HelpAge (2018) health systems encounter obstacles, which become challenges for States in terms of guaranteeing the right to health for elderly people. Such obstacles require a comprehensive response from the authorities, thus:
- *“Age discrimination is common, even among health workers who may not consult elderly people about their care and restrict or deny access to interventions based on age”,* in this sense, they target caregivers primary secondary to request authorizations or provide explanations about the health condition of the elderly person. Also, health professionals do not provide preferential care to the elderly, but on the contrary, they may discriminate, marginalize or exclude the person from quality services, for the sake of being a "non-productive" person. for the labor area.”
 - *“The poor physical accessibility of services”,* this refers to the accessibility of spaces, through adaptations in health establishments, as well as placing adequate means of transportation, as well as the approach of the system, through home visits if necessary, among others.”
 - *“The lack of coverage in the communities, poverty and exorbitant health costs”,* that is, to the lack of physical accessibility, is added the lack of coverage for the population in rural areas, communities and populations in vulnerable conditions, this includes the lack of specialist in regions outside the country's capital.
 - *“Health workers are inadequately prepared to respond to common health problems of the elderly”,* coupled with the lack of curricular offer in gerontology-geriatric areas, restricts the specialized training of health care professionals, increases the risk of inefficiency in approaching the elderly.
 - One of the biggest obstacles involves the conception of homogeneous aging, generating a generalized attention to personnel, depriving integrated attention and centered on people that understand the heterogeneity of aging that can respond to the specific needs of the person.

In addition to these barriers, "health systems have not been able to keep up with two global transitions that are interrelated: a demographic transition and an epidemiological transition", this means that the system has not prepared for the increase in older population in the provision of personnel, infrastructure, and special approach to the elderly.¹

¹ HelpAge International (2018) Tendencia de Envejecimiento y Salud en El Salvador. el derecho a ser tenido en cuenta. Editado por Green Ink Inglaterra. <http://www.helpagela.org/noticias/se-presentaron-hallazgos-sobre-la-salud-de-las-personas-mayores-en-el-salvador/>

4. Different attempts to partially implement the health care model for the elderly have been observed, since as the years have passed, public and private health institutions have become more aware of the implementation of person-centered care elements. According to what has been stated, it can be established that the Ministry of Health, through the Office for the Right to Health, promotes the creation, promotion, dissemination and implementation of the Health Care Model for the Elderly, which aims to give a response from the public health system, in gerontology-geriatric care to the Salvadoran population.

Progressive realization and use of the maximum available resources

5. Within the framework of the vulnerability of the economy and the health of the elderly population aged 60 years and over in the face of COVID-19, the need to have social protection instruments more responsive to the needs of the generations aged 60 and over was highlighted more and a national health system capable of managing the health crisis caused by COVID without neglecting its structural demand for care. In this sense, improvements have been detected for the guarantee of rights that need to continue over time. In response to these pressures, the sustainability of social protection measures in favor of the elderly population was ensured. Between 2019 and 2021, the demographic scope of state social assistance among older adult generations in poverty increased by more than 10 percentage points, to the extent that the percentage of the population aged 60 or over in a situation of poverty went from 5.3% to 15.9%, who at some point during the year had government support. Between 2019 and 2021, the weight of the adult population aged 60 or over living in a household with access to essential energy subsidies (liquefied petroleum gas and electricity) increased. Likewise, the coverage of contributory pensions (referring to those provided by the Pension Savings System and the Public Pension System) and non-contributory pensions (referring to the Universal Basic Pension) and the average amount of pensions have increased slightly. old age pensions. Although the incidence of poverty increased among the adult population, their exposure to lack of food has decreased. The percentage of adult-elderly people whose household ran out of food at some time during the last three months due to lack of money and resources dropped from 14.9% in 2019 to 13.3% in 2021.

Equality and non-discrimination

6-7-8- As the Ombudsman for the Defense of Human Rights through institutional positions, recommendations have been directed to the State Authorities for the provision of health services, as the following:

- Promote Policies, Programs, Plans and Legislation for the provision of comprehensive health services that include health promotion, prevention and care of the disease at all stages, and rehabilitation and palliative care for the Elderly, that is

consistent with the Treaties, Human Rights Standards and National Legislation, in order to promote the best health and quality of life for the Elderly.

- Promote education and training in Geriatrics and Gerontology of health personnel for the comprehensive care of older adults in the different Health Care Centers. Promote the creation and strengthening of Specialized Gerontology-Geriatric Care Units in the different health establishments at the regional level. It is also suggested, the decentralization of health establishments with specialties in the Municipality of San Salvador, it is necessary to expand medical specialties throughout the health system nationwide so that older adults receive comprehensive health care.
- Guarantee in the different services of the health Centers preferential care for the Elderly with a human rights approach.
- Generate awareness and sensitization campaigns for health personnel, to provide quality care with warmth and a humanized treatment that includes understanding and empathy towards the elderly. Likewise, it is recommended that the personnel working in the health system be trained in the rights of the elderly in order to improve the service to this sector of the population.
- It is recommended to establish care protocols with preference for older people at home in one of the service areas of health establishments, in order to promote a culture of good treatment of older people, establishing dignified treatment that guarantees their rights to health and long-term care. In compliance with article 27 of the Law of Comprehensive Care for the Elderly Person.

Commitment

9-10 The Special Law for the protection of the rights of the Elderly Person, establishes sanctioning administrative procedures, effective as of January of this year, directed towards the Care Centers for the Elderly, which regulates slight, serious, and very serious sanctions.

Topic 2: Social Inclusion

Elderly people do not participate much in decision-making in their communities. The activities in which they most frequently participate are patron saint festivities, pilgrimages, pilgrimages and processions; Likewise, the activities they carry out in interaction with the community are attendance at religious celebrations and, to a lesser extent, community meetings and assemblies. Work should be done at the local level to strengthen and empower elderly people so that they can continue to contribute opinions and participate in community life. Work must also be done so that elderly people know and accomplish their rights and can recognize when they are faced with any kind of violence, especially within

the family, and where to seek for help. It is also necessary to design mechanisms for training, prevention and attention to gender violence against women, particularly within families.

Elderly people have not been included in the benefits of development, nor have they been considered as subjects of rights. Traditionally, charity or welfare actions have been promoted, starting from the base that the elderly person should be cared for mainly by their families, especially from the unpaid work of women. However, this vision is faced with the fact of the precarious situation of the elderly, who cannot be cared for exclusively within the private sector. Recognizing them as persons with rights is the first step to ensure that any type of program has as its main purpose the strengthening of their autonomy and the exercise of their will, even in cases of some type of disability.

CONAIPAM, as the governing body of programs and policies towards the elderly, in the new legislation determines the annual legislator for the fulfillment of its powers consigned in the General Budget of the State, but this Attorney General's Office is unaware of the resources available for this purpose.