

## **INPUT OF THE OMBUDSMAN OF PERÚ ABOUT ON THE RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES OF THE OLDER PERSONS**

Within the international regulatory framework that protects the right to health of the older persons in Peru, the Inter-American Convention on the Protection of the Human Rights of the Older Persons<sup>1</sup> stands out, a Convention that entered into force on March 31, 2021<sup>2</sup>.

Regarding the internal regulatory framework, article 7 of the Political Constitution of Peru recognizes that everyone has the right to the protection of their health. In this same way, the Peruvian State, through Law No. 30490, recognizes the right of the older persons to comprehensive, relevant, quality and effective health care, as well as to actively participate in the care process of their health.

The Ministry of Health (Minsa) has provided the Technical Standard for comprehensive health care for the older persons<sup>3</sup> and the Technical Guide for filling out the patient's comprehensive health care clinical history<sup>4</sup>. Likewise, it created the consultative committee of specialists in gerontology for the elaboration of normative documents<sup>5</sup>.

Furthermore, Law No. 30795, Law for the Prevention and Treatment of Alzheimer's and other dementias, and its Regulation<sup>6</sup>, provide measures for the prevention, evaluation, diagnosis, and promotion of a comprehensive health care system regarding mental health conditions that could affect older persons considerably.

Among the measures that have been adopted to guarantee access to health services is the Home Care Program (PADOMI) provided by the Social Health Security of Peru (EsSalud). The program is aimed at patients affiliated with this insurance, over 70 years, residing in Metropolitan Lima and Callao who cannot travel to health centers due to presenting temporary or permanent functional dependency. It also cares for those with terminal illnesses. Likewise, there are the so-called Tayta Wasi, which are units created by the Minsa that provide comprehensive outpatient health care to the older persons<sup>7</sup>.

In relation to the claim against the denial of access or enjoyment of the right to health, there are no specific pathways for the older persons. However, in the judicial system, there is the Judicial Power Alert System<sup>8</sup> that warns judges about the existence of judicial processes in which older people participate, in order to guarantee celerity<sup>9</sup>.

---

<sup>1</sup> Specifically by articles 11, 12 and 19.

<sup>2</sup> According to a text published in the official newspaper El Peruano on March 10, 2021.

<sup>3</sup> Approved by Ministerial Resolution No. 529-2006-MINSA.

<sup>4</sup> Approved by Ministerial Resolution No. 1147-2006-MINSA.

<sup>5</sup> <https://www.datosabiertos.gob.pe/sites/default/files/recursos/2017/09/GUIA%20TECNICA%20DE%20LA%20HC%20DEL%20ADULTO%20MAYOR.pdf>

<sup>6</sup> Adjunct Report No. 006-2019-DP/AEE, Aging in Peru: Towards the strengthening of policies for older persons, p. 30.

<sup>7</sup> Supreme Decree No. 030-2018-SA

<sup>8</sup> See: <https://www.gob.pe/institucion/minsa/noticias/30034-minsa-implementa-56-tayta-wasi-para-adultos-mayores-en-19-regiones-del-pais>

<sup>9</sup> Directive No. 006-2016-CE-PJ approved by Administrative Resolution No. 134-2016-CE-PJ.

<sup>9</sup> According to the Directive, if the person is between 60 and 75 years old, "preferred care" (amber color) will be provided. If the person is over 75 years old, "priority in preferential care" (red color) will be provided.

In 2021, the National Multisectoral Policy for Older Persons by 2030<sup>10</sup> was ruled, which considered the promotion of healthy aging in older persons as one of its priority objectives. Within the framework of this public policy, a Permanent Multisectoral Commission has been set up to monitor its implementation<sup>11</sup>.

Despite the efforts made, the barriers to access to health by the older persons remain. Taking into account that this social group represents 11.9% of the total population by 2017<sup>12 13</sup>, being 52,60% women and 47,40% men, some of the main challenges they face are:

- Reduced specialized staff to meet their needs and characteristics<sup>14</sup>. There is a reduced health training offer in Peru with a gerontological and geriatric approach<sup>15</sup>. Until 2018, there were only 277 geriatricians nationwide who are working in the Minsa, EsSalud, Armed Forces and Police health centers. Additionally, 80% of these specialists are concentrated in the Metropolitan Lima region<sup>16</sup>.

- Insufficient supply of health benefits depending on the type of health insurance coverage. 89.4% of the elderly population has some type of health insurance<sup>17</sup>. However, not all people belong to the same health system and, therefore, do not have the same benefits (covered layers of care).

- Little prevention and care in the face of a high incidence of chronic diseases<sup>18</sup>. 85.9% of older woman and 75.3% of older males have a chronic disease, which are those of long duration and, generally, slow progression (heart disease, heart attacks, cancer, respiratory diseases and diabetes).

---

<sup>10</sup> Approved by Supreme Decree No. 006-2021-MIMP.

<sup>11</sup> Created by Supreme Decree No. 008-2022-MIMP.

<sup>12</sup> Inei (218). National Census 2017: XII of Population, VII of Housing and III of Indigenous Communities.

<sup>13</sup> According to the Inei, by 2022, older persons represent 13.3% of the total population.

<https://m.inei.gob.pe/media/MenuRecursivo/boletines/04-informe-tecnico-poblacion-adulta-mayor-iii-trim-2022.pdf>

<sup>14</sup> National Multisectoral Policy for Older Persons by 2030, p. 54.

<sup>15</sup> Ob. Cit., p. 71

<sup>16</sup> Íbidem.

<sup>17</sup> Inei (2022). Situation of the Older Population: July-August-September 2022.

<sup>18</sup> Adjunct Report No. 006-2019-DP/AE, Aging in Peru: Towards the strengthening of policies for older persons, p. 21.