Segunda Conferencia regional intergubernamental sobre envejecimiento en América Latina y el Caribe: hacia una sociedad para todas las edades y de protección social basada en derechos

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ARUBA

Informe de la aplicación de la Estrategia regional de implementación para América Latina y el Caribe del Plan de Acción Internacional de Madrid sobre el Envejecimiento

ARUBA'S COUNTRY REPORT ON THE APPLICATION OF THE REGIONAL STRATEGY FOR THE IMPLEMENTATION IN LATIN AMERICA AND THE CARIBBEAN OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

ADVANCES IN THE PRIORITY AREAS OF THE REGIONAL STRATEGY ON AGEING

Economic Security

A noteworthy development in the priority area: Economic Security, has been the in 2005 formalized legal and organizational arrangement that allows the civil-workers' pension scheme to introduce a voluntary-based second-tier pension program for noncivil workers. The latter is significant considering that about three out of four pensioners are not covered by a second-tier pension. Moreover, recent adjustments to the (maximum) pension entitlement maintained a relatively favorable pension/minimum wage ratio. The maximum benefit to minimum wage ratio of an unmarried/widowed person ranged between a high of circa 77.2% in 2005 to a low of circa 67.8% in 2007 for the 2002-2007 period. The pension scheme is a PAYG-system. The qualification criterion is total years of legal residency between the ages of 15-60. The present maximum benefit of an unmarried/widowed pensioner is circa US\$ 550 per month and that of a married couple equates US\$ 927 per month. The estimated coverage of the pension scheme is circa 95%.

Healthcare

The introduction of the universal healthcare insurance scheme in the year 2001 promoted a more equitable access to (curative) healthcare. Before, there was a combination of employers' sponsored schemes, both in the private and public sectors, private health insurance, social security health care scheme and public assistance program for the indigent population, in place. An important minority population, namely those not possessing the Dutch nationality and who was not economic active, was mostly uninsured. Also the beneficiaries of the public assistance healthcare programs seemed to experience a longer waiting period. The present universal healthcare insurance scheme is mandatory for all residents on the island. The employees cover most of the premium (employees pay 1% and employers pay 8.5% of the employees' gross income up to a established ceiling). Those self-employed and retired pay the whole premium themselves, though. The scheme is warranted by the Government and partially public funded.

With regard to long-term care, initiatives were carried out to expand on and improve the quality of the sector's present institutional capacity. In accordance with a recently adopted care delivery vision by the concerned ministry, existent nursing homes are being refurbished to provide more privacy and homely environment. Also, additional nursing homes beds are planned to meet the growing demand due to the ageing of the society. A systematic strengthening of the institutional long-term care sector's resources in terms of medical and para-medical personnel has been taking place to better meet the increased complexity of the institutionalized clientele. High priority is placed further on expanding the community-based and social support services to particularly the frail elderly and their informal networks. A coordinating and intermediary entity to streamline the demand for personal care and homemaker services has been initiated late 2006. This program is being carried out by and is designed to complement the existent visiting nurses' services. The programs also allows for those with limited financial resources to qualify for subsidies to help cover the costs related to the services delivered.

The Government fostered and supported day-care services to those stricken by Alzheimer's disease, vascular dementia and other chronic memory disorders and to offer supportive services to the concerned caregivers. The first day-care services to this population, which initiated in 2006 through a public-private partnership, will be augmented with projects funded through the national development program funds for the 2006-2009 period with two more facilities.

Enabling Environment

In enabling the elderly to continue to actively participate in and contribute to societal and economical activities, the following are in place. The population age 60 and over is offered free public transportation since the late 1990's.

The national Housing Foundation in charged with building and managing public housing assigned, in accordance with the policy of the Ministry of Infrastructures, in every one of the recent public housing projects a number of housing units to the population with special needs, including the elderly. Since 2001, about 35 units were built for the population of adults with physical and mental impairments. In the most recent project 10 units were reserved exclusively for seniors. The present policy dictates that 10% of all new public houses be reserved for population with special needs.

Furthermore, priority is placed on improving accessibility of those with physical and sensorial impairments to public buildings and services. It involves sensitizing and enhance the awareness of the reference group and the general public to the importance and urgency of handicapped enabled public facilities and services. This endeavor also promotes necessary amendments of the present regulations on building codes to guarantee access of those physically and sensorial challenged to public facilities. An action plan, formulated with the participation of representatives of the respective reference groups active in the NGO sector, including the association of pensioners, is to be presented soon to the concerned authorities for approval and implementation. Funds have been allocated through the national development program funds for the 2006-2008 period to (help) finance a national awareness and sensitizing campaign.

CHALLENGES

There remain important challenges ahead. For instance, a timely strengthening of the institutional capacity to expand the community-based care and social support system to adequately meet the rapid growing demand by the rapidly aging population is called for. It entails both the development and delivery of differentiated services and care to the reference group as well as providing targeted supportive services and respite to the caregivers of particularly the frail and dependent elderly. The fact that in Aruba the vast majority of the professional services and care are delivered by NGO's largely subsidized by the Government, resulted in a strong dependency of the NGO sector active in the fields of social services and healthcare on public funds. In the

light of the growing competition for increasingly limited resources, this dependency is contended to inhibit a flexible and dynamic response to aforementioned challenge.

The fragmentation of the present healthcare and social support systems on the primary process of patient care, at the organizational as well as at he financing and policy levels, represents another major challenge in meeting the growing long-term care needs of the older population. How to effectively both integrate the different levels of care (preventive, curative, long-term care, etc.) and coordinating the delivery of these with social welfare services across multiple sites and settings to foster better quality and continuum of care, are important policy questions we face. The above requires new models of coordination within and between sectors and disciplines. This without neglecting the fact that the informal network (family members, friends) remains the primary source of provision and management of care.

Another important challenge is maintaining the present level of the non-contributory universal old age pension scheme and the universal healthcare insurance scheme while warranting the solvency of the concerned funds in the long term.