

Social protection systems, public policies and the social challenges of age

EUROPE – LATIN AMERICA – THE CARIBBEAN



Symposium at the Palais du Luxembourg and the AFD

MAY 29TH AND 30TH 2024



List of abbreviations

AFD: French Development Agency

LAC: Latin America and the Caribbean

CAF: Development Bank of Latin America and the Caribbean (Bolivia)

CELAC: Community of Latin American and Caribbean States

CELADE: Comisión Económica para América Latina y el Caribe (Economic Commission for Latin America and the Caribbean)

CNRS: Centre National de la Recherche Scientifique (French National Center for Scientific Research, France)

CNSA: Caisse nationale de solidarité pour l'autonomie (National Solidarity Fund for Autonomy, France)

CONAPE: Consejo Nacional de la Persona Envejeciente (National Council for the Elderly, Dominican Republic)

DIW: German Institute for Economic Studies (Deutsche Institut für Wirtschaftsforschung)

DREES: Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (Research, Studies, Evaluation and Statistics Department, France)

EHES: École des hautes études en sciences sociales (School of Advanced Studies in Social Sciences, France)

FIAPA: International Federation of Associations of the Elderly

IdA: Institut des Amériques

INSERM: Institut national de la santé et de la recherche médicale (National Institute for Health and Medical Research, France)

MEAE: Ministry of Europe and Foreign Affairs (France)

OECD: Organisation for Economic Co-operation and Development

WHO: World Health Organization

GDP: Gross Domestic Product

Proparco: Société de Promotion et de participation pour la coopération économique (AFD Group)

SALC: Latin American and Caribbean Weeks (France)

Summary of the symposium
"Social protection systems, public policies and the social challenges of age in Europe, Latin America and the Caribbean"

May 29 and 30 2024



As part of the Latin American and the caribbean weeks (Semaines de l'Amérique latine et des Caraïbes), the thirteenth edition of the Institut des Amériques symposium entitled "Social protection systems, public policies and the social challenges of age in Europe, Latin America and the Caribbean", organised in collaboration with the EU-LAC Foundation, the Agence française de développement, Expertise France and the Ministry of Europe and Foreign Affairs, was held on 29 and 30 of May 2024 at the Agence française de développement (AFD) and the Palais du Luxembourg. Scientific coordination was provided by Blandine Destremau (CNRS, research director, sociologist, Latin America and the Caribbean) and Julie Tréguier (DIW Berlin, post-doctoral student, economist and demographer, Europe).

Summary of the presentations written by Juliette Delattre

General coordination by Luis Miguel Camargo and Hanaé Auger of the Institut des Amériques



Summary of the presentations

International Symposium "Social protection systems, public policies and the social challenges of age in Europe, Latin America and the Caribbean"

May 29th

- Opening session
- Round Table 1 - Social protection and coverage
- Round table 2 - Care and public health

May 30th

- Round table 3 - Citizenship, social cohesion and territories
- Conclusions
- Closing conference - The social challenges of age: the need to rebuild the democratic contract

First day of the symposium, May 29th

Opening session

Blandine DESTREMAU, *research director, sociologist, Latin America and the Caribbean, CNRS*

Most countries of Latin America and the Caribbean and Europe are experiencing an accelerated process of demographic ageing, characterised by an increase in the proportion of elderly and very elderly people in the population. According to ECLAC's 2022 report, the Latin American and Caribbean region has experienced a more rapid ageing process than other regions of the world: in 1950, people aged 60 and over represented 5.2% of the total population; by 2022, this figure had risen to 13.4%, a proportion expected to reach 16.5% by 2030. In Europe, the ageing of the population has been more precocious and, according to the European Commission, by 2020 20% of the population will already be aged 60 and over.

Demographic ageing is the result of intertwined dynamics: declining fertility and mortality at younger ages (ageing at the bottom of the pyramid), extended longevity or a delay in the average age at which older people die (ageing at the top), and net migration. Emigration of adults and young men and women has played a major role in the ageing of the populations of certain Latin American and Caribbean countries, whereas in Western Europe, immigration tends to slow down the ageing process, contributing to the renewal of young and adult populations and thus to the birth rate.

Life expectancy for both sexes has risen significantly, from 48.6 years in 1950 to 75.1 years in 2019 in Latin America and the Caribbean, and from 62.8 to 79.1 years, respectively in Europe. With advancing age, the feminization of the elderly asserts itself, due to the greater longevity of women who nevertheless live more years in poor health. Despite the setback caused by the impact of the COVID-19 pandemic, life expectancy should continue to rise in the future in both regions. While the "young-old" regularly engage in useful family and social activities, the growing numbers of very old people who are more likely to suffer from reduced autonomy and chronic or degenerative conditions, pose a major challenge to national and territorial public social protection policies and to local and family arrangements for support and social inclusion.

The ageing process encompasses a multitude of situations, and regional averages mask marked differences between countries, both in terms of the speed of the transition from a young to an elderly society, and the intensity of the process. Nor is the situation homogeneous on a more individual or local scale, due to inequalities in life expectancy gains for the elderly, their state of health (particularly to the detriment of women and the poorest groups or those exposed to environmental risks), their material living conditions (housing, food, employment conditions, access to quality public services, territory) and the support they can receive from their social and family entourage, all of which contribute to amplifying or reducing their vulnerability.

Julie TRÉGUIER, *post-doctoral researcher, economist and demographer, Europe, DIW Berlin*

At the individual level, ageing is accompanied by a growing demand for social benefits, healthcare and assistance, which raises questions about how to cover the risk of survival at advanced ages and the level of protection to be provided (round-table 1), and how to organise care for people losing their independence (round-table 2). Taken on a population scale, ageing raises the question of the financial sustainability of public policies in favour of the elderly, as well as regional planning and the maintenance of social cohesion (round table 3). At the closing conference, we will have the pleasure and honour of hearing Marisol Touraine, former French Minister of Health, Social Affairs and Women's Rights and current President of Unitaïd, speak on "Les défis sociaux de l'âge, la nécessaire refondation du contrat démocratique".

We are committed to coordinating a book based on this symposium, which will suggest ways of collectively imagining a future of social cooperation.

Marie-Pierre BOURZAI, *Director Latin America, AFD*

AFD's strategy is in line with France's global health strategy for 2027, adopted last year and reaffirmed by the Interministerial Committee for International Cooperation and Development, which stresses the importance of investing in human resources for health, in pandemic response and preparedness, and in social protection systems. From this point of view, the AFD Group is pursuing investments to strengthen healthcare provision and social protection systems. In 2023, AFD and Proparco committed 474 million euros in this area, including 42 million euros for social protection systems. AFD's activity in Latin America and the Caribbean has been more modest: in 2023, thanks to European support, we granted 7 million euros in financing for vaccine production in Cuba with the Finley Institute. This year, we (AFD) will be supporting the state of Bahia in strengthening its primary healthcare system.

Alfonso MARTINEZ-SAENZ, *coordinator of gender and social protection projects, particularly in Latin America and the Caribbean, Expertise France*

We welcome the opportunity to co-construct inclusive, egalitarian societies with a gender perspective. Thinking about the social challenges of age is also an investment in ourselves, in our future. We need to think in terms of the different levels of funding available to us, the particularities of each region, and the resilience of systems and their adaptation to climate change.

Expertise France is a member of the AFD Group and manages cooperation projects financed by the European Union and AFD. We are delighted to be able to contribute to cooperation projects at the request of the countries concerned, and not with a view to imposing models. Our approach is one of partnership, not one of lecturing. We attach great importance to the gender issue, which lies at the heart of care issues. The vital project is financed by AFD, which is working in 6 Latin American and Caribbean countries (Bolivia, Colombia, Costa Rica, Cuba, the Dominican Republic and Mexico) to improve age-related social protection systems and reverse the demographic pyramid.

Round Table 1 Social protection and coverage

Moderator: Alfonso MARTINEZ-SAENZ, *Coordinator of gender and social protection projects, particularly in Latin America and the Caribbean, Expertise France*

Interventions:

Anne LAVIGNE, *Professor of Economics, Member of the Board of Directors of the Public Institution of Supplementary Pensions, Member of the Pension Monitoring Committee, University of Orleans*

I am speaking on my own behalf.

I am going to give an overview of European pensions, or more precisely of the different models that exist. The Pensions Advisory Council monitors the architecture and functioning of pension systems in 7 European countries.

Pension systems have two tiers: the first is public and the second is private or public. Each tier can take the following forms:

- Flat-rate: universal coverage with an identical pension for all.
- Retributive: the amount of the pension depends on the level of income during employment.
- Contributory: the amount of the pension depends on the level of contributions paid.

The Netherlands, for example, has a first flat-rate pension bracket and a second bracket that is contributory, i.e. financed in proportion to contributions.

Comparing pension spending levels and structures between countries is difficult, as there is a great diversity of systems. In France (15.2%) and Italy (17.1%), the level of pension expenditure as a percentage of GDP is high compared to other countries where the level of expenditure is around 10%. In France, the level of public spending is high, while in the United Kingdom it is private spending that is high. It is difficult to compare the ages at which entitlements are acquired, as there are numerous exceptions. In France it is quite low by international comparison, but in Italy, where it is higher, the entire population is far from retiring at that age. The expected retirement period is a relevant indicator for comparison: in Germany, it is lower than in France.

The performance of pension systems is different. It is measured by the replacement rate, i.e. the average pension in relation to the average salary. It is low in Belgium and high in Spain. However, it is not an indicator of the standard of living. It takes into account pension income, labour income and capital income. The result is relatively uniform across Europe. In France, the standard of living of retirees is at the same level as that of the rest of the population.

The pension gap between men and women is decreasing on average in all European countries, although there is no convergence. Women's pensions are 25% lower than men's in Belgium.

Yorlenny LEON MARCHENA, *Minister of Human Development and Social Inclusion of Costa Rica*

The conversation on the subject of care is one of the most recurrent in the world, particularly in Latin America due to the high rates of ageing. By 2045, half of Costa Rica's population will be composed of older people. We even have negative birth rates. It is a challenge not only to provide good ageing conditions for that population, but also to sustain the country economically and ensure its growth. 20-21% of the population is in poverty, and 7% in extreme poverty. On the other hand, we had reached a public indebtedness of 68% of GDP, so in 2018 a fiscal reform law was created. We reached 60% indebtedness, and public finances are still in a straitjacket.

In 2022, the Care and Dependency Care Support System law was created, which articulates the institutional apparatus in the face of the challenge of ageing. I will outline the various challenges of the System.

The first challenge was to implement it with segmented institutions, which had the habit of working individually. We manage shared budgets and goals.

Apart from the culture of the institutions, this change implied legal modifications. We articulated the entire offer of the country in terms of ageing and care. One achievement of the creation of this System is the unique instrument for measuring dependency: the Dependency Assessment Scale. It allows us to assign benefits to the population with dependency. It took us 14 months of work to have the tool, and we started using it in December 2023.

One of the great challenges was to incorporate the socio-health issue into the system. We have a social security fund that has constitutional autonomy, so incorporating it into the system was difficult because it has its own road map. We are still working on it.

The next challenge is the financial issue. The System does not have a fixed budget, and it competes with other budgets that are already tight. Most social services are not universal because we do not have the resources, and the different social protection services compete with each other.

Finally, we have the challenge of traceability of social action. We have a Social Registry System that is a platform to make classifications for people and households and give money where it is needed.

Finally, to move the issue of care forward in Costa Rica, the challenges are the following: the new culture introduced by the System, the issue of the budget, and achieving high levels of use of instruments such as the Baremo and the social registry.

Anthony MARINO, *Head of the Pensions Office, DREES*

DREES is the statistics department responsible for social and health policies, and therefore for health and solidarity issues. More specifically, the Pensions Office produces all the statistics and studies relating to pensions, by synthesising all the schemes (civil servants, self-employed, farmers, private sector, etc.).

I'm going to talk about the minimum old-age pension. This is the oldest social minimum in existence: it was created in 1956 to guarantee a minimum level of income for people over 65. It amounts to 1,000 euros for a single person, and 1,500 euros for two. If the person receives less than this amount, the State pays the supplement. By 2022, this will concern just under 700,000 of the 17 million pensioners, representing a total expenditure of around 4 billion euros.

The minimum old-age pension helps to reduce poverty. It differs from minimum pension schemes in that it is a social minimum independent of contributions. It is a solidarity benefit, and therefore taxable. To receive it, we don't look at the level of contributions, but you do have to live in France, and it's the couple's resources (if any) that are observed.

From the 1960s to the present day, the number of people receiving this benefit has tended to fall. This is good news, as it means that pension systems have developed and pension levels have improved. Women's incomes have improved, and supplementary funds have developed.

In recent years, the number of beneficiaries has been rising. Indeed, public policymakers were determined from 2009 to 2012, and again between 2017 and 2020, to increase the minimum old-age pension. These boosts mean that new people are meeting the criteria to be beneficiaries. 4.4% of people over 65 benefit from it.

The majority are between 65 and 75. The number of women increases with age, because they are from older generations: they have small pensions, and reversions from deceased spouses. 70% of beneficiaries receive only their own pension, 5% receive only a reversionary pension, 13% receive both, and 12% receive nothing.

The minimum old-age pension is not transferable, i.e. you have to apply for it in order to receive it. 50% of single people who could receive it do not apply. They are more likely to be women. 77% of people receive less than 100 euros: the rate of demand increases with low income. Informing beneficiaries is an important issue. One of the hypotheses of non-reliance is that it is subject to recourse on inheritance if the beneficiary has assets.

Anne-Marie GUILLEMARD, *Professor Emeritus of Sociology, Université Paris Cité, Researcher at the Centre d'Etude des Mouvements Sociaux, EHESS/CNRS/INSERM*

What are the challenges facing pension system reforms? The first is to restore the financial sustainability of pension schemes through parametric reforms. The second, and to my mind the most important, is "How can we adapt pension systems to changes in the labour market, temporalities and life courses?" This calls for systemic reforms. We are no longer living a three-phase life, with people entering the job market at the same age and leaving at a common legal age. We're seeing changes in work patterns, increasing longevity, and phases of lifelong learning. There is an urgent need to adapt the retirement system. My point is that parametric reforms are not capable of bringing our systems into line with these major challenges. They create more inequalities and dissatisfaction.

In 2017, a systemic reform was proposed in France, then immediately abandoned. In 2023, yet another parametric reform was enacted. The sole aim of this type of reform is to restore financial sustainability: by lengthening the retirement age, the length of contribution to receive a full pension, or by increasing contribution levels (this is becoming difficult today).

Systemic reforms would be something else. They would involve adapting the pension system to the labour market, making it fairer and more efficient. This was the aim of the reform initiated by President Macron in 2017. It aimed to reconcile the new mobility in work and the new temporalities of work with a retirement system. Individuals want choice in their career paths, to be mobile. Under the 2017 reform, people could retire at 62, but we're giving them the choice of going beyond that. It's a minimum retirement age. The aim is to overhaul the pay-as-you-go system to better reconcile mobility and protection, and to make the system easier to understand. It's also about optimising new resources. We need to consider not only age, but also longevity, as it brings us new resources. People who reach 60-65 are in good health and have skills that enable them to make an active contribution to employment.

We also need to restore French people's confidence in their retirement system. In 2018, according to an Ifop poll, 70% of the French population considered the system incapable of providing decent pensions.

As far as the 2023 reform is concerned, we're back to a logic centred on age, with the opening of entitlements pushed back to 64. In my view, this is not a relevant criterion, since life courses are flexible and individualised. People have different needs.

Jeannette SÁNCHEZ, *Representative of the Development Bank of Latin America and the Caribbean, CAF (Bolivia)*

I see a sea of difference between what happens in Europe and what happens in Latin America and the Caribbean. In Latin America, the right to pensions and a dignified retirement is not perceived as a right by a large part of the population. Therefore, they do not feel the need to contribute to this retirement. The region had the comparative advantage over Europe of having a relatively young population, but this will no longer be the case. In 2050, the elderly will be twice as old as they are now. By the end of the century we will be comparable in terms of the participation of the elderly in the population with that of Europe. Neither the families, nor the communities, nor the States are prepared for this challenge. There are also different realities among the countries of Latin America and the Caribbean.

The quality of life has improved due to the boom in raw materials, but the quality of life continues to be very heterogeneous depending on the country, gender, etc. The Achilles heel of the region is that half of the employed are in low productivity sectors, or informal sectors, especially women. In Bolivia, for example, informality exceeds 70% of the employed population. Thinking about a social protection system in this context is very challenging to say the least. Less than half of the employed actually contribute to social security on average in the region.

Non-contributory pensions have improved the income of the poorest elderly population. It is the only thing that works for now in such an atrophied social protection system. Currently 1 person out of 4 receives a non-contributory pension, 2 receive a contributory pension, and 1 receives nothing. Women are in the most precarious situations in this context. There is heterogeneity in the access and insufficiency of pensions and social protection for the elderly, mainly in the relatively less developed countries (Andean countries and Central America, except Costa Rica and the Caribbean). In Latin America, 40% of the elderly have no access to or insufficient access to social protection. Older people are forced to work, and conditions in the labour market are extremely difficult.

For 40 years, almost half of the countries in Latin America thought that privatising social security systems was a good idea. Almost all of them did badly. The major objectives that were set: to improve coverage, increase the number of affiliates, lower costs, were not achieved. In short, the only thing that was achieved was that pensions were concentrated in the hands of very few private administrators. In Chile, 7% control 87% of GDP. In the case of Bolivia, 2% control the equivalent of 50% of the GDP (in terms of pensions?). They are too big to fail: for example, in the financial crisis, many of the private fund managers almost went bankrupt and had to be bailed out. Only Argentina completely reversed privatisation. In Bolivia, a law was voted to reverse it, but it has not been implemented due to political, technical and financing difficulties of the public system. Only Mexico, El Salvador and the Dominican Republic have a private system. The rest have hybrid systems, where the State guarantees minimum social protection.

The functional dependency of the elderly population is growing. It is estimated that in 20 years, 3% of the total population of Latin America and the Caribbean will be functionally dependent.

In conclusion, this may seem like a wishlist because it is difficult, but...public agendas must think about rapid ageing, update laws and strengthen institutions. It is necessary to adapt the legal frameworks to a vision of rights, to universalize the access of the elderly to social and health protection, and to think of aggressive financing strategies, and therefore raise awareness of this challenge. Finally, it requires social pacts so that the political conditions allow governments to carry out these reforms.

Round table 2 - Care and public health

Moderator: **Olivier GIRAUD**, *Political scientist and sociologist, CNRS*

I specialise in policies to support the loss of autonomy in Europe.

The discussion focuses on the diversity of ways in which care needs, i.e. long-term care, are addressed in European and Latin American and Caribbean countries. These needs concern not only the elderly, but also people with disabilities and young children. Most families are concerned by this issue, and at different stages of life.

Care is organised between the family, faith-based organisations, associations and the market, and is part of the history of each country. It is difficult to fully explain the evolutionary trajectories in each country, but we can look at how care is problematized in public debate in each country and at different historical moments.

From a normative perspective, the issue is one of solidarity: between social groups, between generations, within denominations; and one of gender equality.

From an economic perspective, the challenge is to liberate women from care tasks and make their skills available to the labour market. What's more, care can be a market, creating jobs and wealth.

Finally, we can approach the subject from a democratic perspective, i.e., people should be able to choose how they care for themselves, and their families (especially women) should also be able to choose how they engage with their loved ones.

There is great variation between families in the way they position themselves in relation to these issues. It's not just a question of social issues, but also of intimate and individual choices, interpersonal ties and the vision of the family. We're at the crossroads of societal and personal choices.

Merike BLOFIELD, *Professor of Political Science at the University of Hamburg, specialising in health and social policy issues in Latin America*, University of Hamburg

My topic is a bit different from the theme of the symposium: I don't focus on the elderly and services, but on children and transfers. Therefore, I will make connections between my work and the topic.

If we observe the drop in the fertility rate, we can connect it to the difficulties to finance the pensions. Therefore, "pension reforms begin with babies" (Leon Anderson). We need a higher birth rate and to invest in the youth for them to become productive adults paying for the pensions. In Latin America, especially in low income populations, there are intergenerational households, which make it hard to separate the issue of services for children from the issue of services for the elderly. The babies and the elderly are the two groups considered to deserve income and services from the rest of society. The challenge is to move from a system of care provided mostly by the family towards a system of state provided services, in Latin America especially. What distinguishes Latin America from Europe are deep levels of inequality, less state capacity and high levels of informality. The two key policies that address the need for income and care are cash transfers, and services. My focus is on transfers.

Since the early 2000, there has been a massive increase in non-contributory transfers to vulnerable groups in Latin America: children and the elderly. There are two issues to be addressed: first, the coverage tends to be higher for the elderly than for children ; second, the adequacy also tends to be higher for the elderly than for children. About 50% of the children live in poverty, whereas it concerns 15% of the elderly. If we go back to the issue of the sustainability of the pension system, the fact that there are so many impoverished children is a ticking time bomb for when they are adults. Extreme poverty has detrimental implications in human and economic development. About 70% of households in the two lowest quintiles of income have children. Intergenerational families often live in poverty, and the absence of the father is often observed.

Filgueira and Martinez talk about a "segmented" and "truncated" revolution (reference to the "gender revolution", a term popularised by Claudia Golden).

The segmented revolution refers to vast differences across classes and highlights the gaps of distribution of paid and unpaid work: among mothers with children who are young, about 70% have paid work ; but in the low income households, only 40% do. It is related to the unpaid work they do, i.e. the amount of care they provide.

The truncated revolution refers to average hours dedicated to domestic work by age, sex and income quintile over the cycle of life. It shows a massive burden on lower income women: they work more as young women, then it drops a little bit, then work more again, and it further drops. Men, no matter the age, the class and the moment of their life, whether they have kids at home, do the same amount of household work.

We need to increase transfers to children, and I hope to convince you that by doing so, we also relieve the burden on the elderly. We do that by pooling resources and reducing economic stress in households (which sometimes leads to violence). I conducted research with the Deutsche Forschungsgemeinschaft in 7 Latin American countries on public opinion on cash transfers. The cash transfers are the main anti-poverty measures in Latin America in the last 25 years, and there hadn't been research on opinions about them. We asked:

- Do you agree that a cash transfer program should exist? And we propose 4 different groups. It shows overwhelming approval for cash transfers towards the elderly and children. There is comparatively much less approval for transfers towards the unemployed and towards immigrants.
- What should the transfers towards children cover? 97% say they should at least cover basic food baskets.
- Who should be covered? About 56% think that the transfers should target at least all children in a situation of poverty.

The conclusion is that there is political room to do those reforms.

We then calculated what it would cost to provide food baskets for all children in poverty in those 7 countries: in Costa Rica and Chile (less than 1% of the GDP), in Perú and Colombia (1%), in México (1,5%) and in Guatemala (7,5%).

We're advocating for higher funding for policies towards children, but also towards the elderly. There is a problem with the regressive nature of the contributory pension system, which aggravates inequalities. But it is difficult to switch to a universal system because a part of the population would lose their existing benefits. The challenge is the lack of fiscal space to increase funding. The challenge is also not to see the transfers towards the children and the elderly as a zero sum game.

Alfredo GONZALEZ REYES, *Political scientist and former Executive Secretary of the Mexican government's National Council for the 2030 Agenda for Sustainable Development*

First, I would like to briefly give a portrait of the situation in Mexico to explain why we have an insufficient social protection system at the present time. Second, I will talk about two recent developments: how care has been positioned as fundamental to welfare in Mexico, and on the other hand the strengthening of a left-wing political movement that has brought important programmatic changes. Finally, I will mention two options to push the care agenda: a public system or a minimal state.

Mexico is an emerging, developing, middle-income country because it was a colony and there was an enormous extraction of resources at that time. The colonial legacy was one of inequitable distribution of wealth. Afterwards, we had an era of reconstruction, but one that concentrated even more wealth in a few hands. Then we had a social revolution that left us with the 1917 constitution. After the post-war economic boom came several crises, especially debt crises, and we lived for 30 years under the Washington consensus, which imposed neoliberal reforms. The results of this history are poverty, inequality, and scarce public goods (privatisations).

Since we began to measure poverty levels, we have noticed that it reaches half of the population, and although there has been some improvement at times, the poverty rate is still very high. This is associated with weak social protection. In a quick snapshot, more than 60% of the employed population does not have access to social security. The population that does not work and does not have access to any form of social security is 50% (a statistic due to the level of informality). The percentage of the population aged 65 and over with an income from programs for the elderly below the extreme poverty line, and without any pension, is one third of this population.

How is care understood in this context? Precarization reinforced family and community networks. Feminist struggles revealed the immense work of care work. The efforts of feminist movements put paid and unpaid work at the centre of the public discussion of welfare in Mexico. They pushed for the creation of care systems as a fourth pillar of social protection along with health, education, and social security. Their objectives are:

Reduce the workload for women, not only for economic objectives, but to free up time to explore one's own possibilities.

To redistribute care responsibilities to men, the state, and the market in a broad sense. The State can be the direct provider of services.

A survey has been conducted on those who need care and those who provide it. The total number of people who are susceptible to care is in the millions. The population aged 60 and over will increase from 12.1% to 34% by 2070. In the survey, we see characteristics of caregivers. The discussion on unpaid care is combined with the discussion on the 2.5 million paid domestic workers, typically immigrants, who are very precarious. 70% have no form of benefits. Within the group of women, there is a chain of oppression between extremely precarious women who subsidise more or less precarious or privileged women.

At the same time that these discussions on the social protection system were carried out, a left-wing movement has made important changes since 2018. What has happened in the 4 pillars of social protection?

- In terms of health, a return to a public system has been operated. The national health system was semi-privatized.
- In education, spending is increasing, stakeholders are being involved, the paradigm is shifting from an individual vision to a collective vision of education in a community setting.

- In terms of social security, on the contributory side, we are incorporating domestic workers and independent workers; the amount of pensions at the end of life has been increased. On average, until 4 years ago, a person with the privatised individual account system could recover 25% of his or her salary in pensions. The reform is trying to make it possible for people with lower salaries to retire with 100% of their last salary. In the non-contributory segment, a universal pension has been made for people over 65 years of age and over 10 million people receive it. This amount is 15% of the average per capita income of a person, and it is complemented with transfers for children, for people with disabilities, for working mothers, and they accumulate. There are a lot of things in terms of minimum wage increase with improvements in labour conditions, union conditions etc.

In closing, what is going to happen in the next few years is that those states that are beginning to create systems of care are going to be deciding whether they are primarily public, with public investment, or whether they are going to rely on outsourcing to private providers and transferring public resources to those providers. At stake is the decision as to whether care systems should focus on services for the dependent population, or whether we should think more broadly, taking into account the mobility sector. First of all, it is a political decision.

Karolin KILLMEIER, *Analyst, Directorate for Employment, Labor and Social Affairs, OCDE*

First I will review the developments in population ageing and the expenditures on long term care and. Then I will show data on the care workforce. Finally, I will propose selective policy recommendations. For the first part I rely on data about Latin America and the Caribbean, and then on data from the OECD (without Latin America and the Caribbean).

The population is ageing and the ratio between the working population and retired population is increasing. Therefore, an augmentation of the demand for long term care is expected. Health expenditures entailed 7% of the GDP in the LAC region in 2019, with an increase of 0,5 in comparison to 10 years before. The OECD countries (without LAC countries) dedicated an average of 8,5% of the GDP in health expenditures in 2019.

Low public investment on long term care has an impact on those working in the sector and on the availability and affordability of care, which gives an increased responsibility to the families to provide those services themselves. The data on OECD countries shows the composition of the workforce: it is overwhelmingly female, the median age is 45 years old, and there is a high share of foreign born workers. 50% of contracts are temporary, and a lot of them are part time. There is a phenomenon of overqualification because of the lack of recognition of prior learning for people with migrant backgrounds. In OECD and LAC countries, 60% of people who receive care report receiving it only informally. Those who receive formal care also receive informal care in complement.

We did a questionnaire in 2020 that included the following question: what – if any – challenges does your country face in implementing support policies for family carers. The answers showed barriers in harmonising support at national levels, a lack of awareness of existing services, and the difficulties in financing support policies.

We identified the following policy priorities to improve access to formal long term care: availability and affordability ; 1. increasing funding with a combination of contribution, general taxation, out of pocket payments and private insurance, 2. targeting beneficiaries in terms of needs and not of age, 3. expanding the availability geographically, 4. establishing quality standards. Provide funding for families with insufficient means.

To improve working conditions of formal long term care workers, we need to match skills better to the tasks, provide more attractive contracts and advantages, integrate care better to reduce the administrative burden, use technology and training to reduce repetitive and physically demanding tasks.

To provide support for family carers, we should design ways to formalise this work, including paid and unpaid leave, cash benefits, pension credit, etc. ; combine care at home with community based services, for example daycare provision, psychological support to prevent burn out situations ; provide training opportunities.

Alexandre FARNAULT, *Deputy Director of Supply, CNSA*

I'm an expert in long-term care and policies, and more specifically in so-called autonomy policies. These include benefits for the disabled and the very elderly.

This is a crucial moment in terms of managing the aging process. There are almost 5 generations on earth who will be crossing paths, which is historically unique. This calls for a revolution in organisation, financing and care professions.

In France, the social protection system is relatively universal. This corresponds to a century of construction of the French healthcare system, from the coverage of industrial accidents in 1898 to that of disability in 1975. In 2020, France adopted 5 pillars of social protection, creating a new solidarity around the very old and independent living.

Caring for an 80-year-old is nothing like caring for a 60-year-old, because old age implies a loss of autonomy. In France, 700,000 people live in Ehpad, medicalized establishments that have been in existence since the 1990s. These establishments, as well as the care they provide at home, involve a significant cost. The French system used to be organised around university hospitals for occasional, acute care. The challenge in old age is to go back and forth with specialists: it's not a question of one-off help, and it's much more expensive. A day in hospital costs around 2,000 euros. In an Ehpad, the cost of a day is 150 euros, half of which is paid by the State and the other half by families.

The CNSA was set up after a tragic event in 2003, the heatwave: France woke up in August with thousands of people dead because it had not anticipated the need to provide support for isolated elderly people. The major challenge, beyond adapting the healthcare system to the needs of the elderly, is numbers. What used to be economically sustainable will no longer be so in the future. Life expectancy in France is now between 80 and 85 years, which is having an impact on the system. The average cost for an elderly person in the social security reimbursement system (return trips to hospital, medication, home care) is 7,500 euros a year. The average pension in France is 1,500 euros. There is therefore an economic need for solidarity between generations. The average cost to a public or private Ehpad manager for a dependent person is around 5,000 euros per month. France, through the national fund I represent, finances half of this. The other half is borne by the family. Care at home is no cheaper. It costs between 6,000 and 7,000 euros.

The CNSA's budget is on an upward trajectory: by 2026, it is estimated that its budget will be 43 billion euros, simply to ensure solvency. There is therefore a stable portion for disability benefits, and another for dependency benefits. Total expenditure on hospital reimbursements is 100 billion. When you go to the city for treatment, it's 105 billion.

All countries are faced with the question of who is a caregiver. The status of the career has yet to be created, and we are in the process of building it by trying to free up time for these people.

In theory, we have a universal system, but in reality there are major territorial inequalities. On the one hand, you have the State, which manages healthcare, and on the other hand, you have local authorities, which manage social services, i.e. home care, personal hygiene and cleaning. Local authorities are therefore autonomous. The major challenge is to bring the two spheres closer together, because the system can only function if it is thought out in terms of care pathways. As a territorial autonomy service, we want the government and local authorities to share responsibility. Some local authorities reimburse an hour's housework at 17 euros, while others reimburse an hour's housework at 25 euros. We therefore need to rethink the system in terms of both financing and organisation.

Second day of the symposium, May 30th

Round table 3 – Citizenship, social cohesion and territories

Moderator: **Isabelle CHARIGLIONE**, *Professor at the Institute of Psychology, coordinator of the Laboratory of New Epistemologies and Human Development (LabNEDH), University of Brasilia*

Ageing is a major concern for our societies. More and more people are living longer. It is essential to ensure that they can do so in good conditions. It is therefore essential to put in place public policies to improve living conditions for the elderly.

To begin, I'd like to present a brief argument on the subject of the round table. Local territories play a crucial role in the lives of the elderly, in both urban and rural areas. While intergenerational cohabitation remains a model of household organisation, in many of the countries at the centre of this symposium, there is a growing proportion of elderly people living alone. New generations of older people are also more independent, educated and committed than their predecessors. Their needs are no longer merely material, but above all social. They need to be included in the life of society. It's at the local level that they can play an active role as citizens, get involved in associations and intergenerational activities, and benefit from national and local policies.

Barbara BRINGUIER, *Overseas and International Regional Director, Les Petits Frères des Pauvres*

The association Les Petits Frères des Pauvres fights against the isolation of people over 50 living in precarious conditions in France and 23 other countries, including Mexico and the Caribbean. I'll start with an observation about ageing, and then talk about what we can do and are trying to do about isolation at Les Petits Frères des Pauvres.

The world is ageing: there is an enormous demographic transition, particularly for the countries of the South. Between 2015 and 2050, the proportion of people over 60 will almost double, rising from 12% to 22%. What's striking is the speed of the ageing process. In 115 years, France's population has aged from 7% to 19%. In China, the same phenomenon is expected to occur in 27 years. Between 2000 and 2027, the proportion of elderly people is set to rise from 10% to 20%. In countries such as Malaysia, Colombia, Kenya, Ghana, Thailand, etc., the rate of increase in the number of elderly people between 1990 and 2025 is expected to be 7 to 8 times higher than in Great Britain or Sweden. By 2050, the proportion of people aged over 60 will represent over 25% of the world's population. This is therefore a global phenomenon, which needs to be seen in conjunction with changes in family size, the urban exodus, and so on.

The main causes of ageing are increased life expectancy due to better nutrition, hygiene and medical progress; lower birth rates, notably due to urbanisation; access to education and contraception; and changes in family and social structures, and in the role of women in families (the fact that women are educated means they don't want their role to be reduced to caring for the elderly). There will be 9 billion people on earth in 2050, of whom 2 billion 250 million will be over 60.

The consequences of ageing are economic, social and political:

- Social: training the healthcare personnel needed to deal with the challenges of old age, particularly degenerative diseases; social isolation of the elderly.
- Economic: pensions and retirement; labour productivity when a large part of the population can no longer be employed; how people taking part in the informal economy will be able to age.
- Public policy: urban planning and housing.

Today, I'm going to focus on the issue of social isolation, which is unfortunately often linked to ageing. Social isolation is defined as a reduction in the quantity and quality of social contacts. With loss of autonomy, older people also lose out in terms of social engagement, in terms of activity within the community. So we need to think about how older people can continue to play a role in society. The WHO considers that social isolation has the same effect on health as smoking 20 cigarettes a day, diabetes or obesity. Sadly, social isolation is a killer. According to the barometer compiled by Les Petits Frères des Pauvres, there are 500,000 people in France suffering from social death, meaning they no longer have any contact with the outside world. In Brazil, a study has shown that 15% of the elderly experience significant isolation; in Mexico, around 28% of people over 60 live alone; in Argentina, 20% of the elderly feel lonely or socially isolated.

In Mexico, the causes of social isolation among the elderly are the immigration of children and the revenge of abused children, who will stop communicating with the elderly person even though they live under the same roof. In some situations, working people who have to make a choice between supporting their children and their parents economically prefer to support their children. In Haiti, we observe the same causes, but also the presence of so-called "stays with" women, i.e. maids who have stayed with a family they have served all their lives, without creating their own family. Once they reach old age, they are alone and in a very precarious situation. The same phenomena can be observed in the French West Indies. The United Nations is currently considering a convention on the rights of the elderly. In Guadeloupe, Martinique and Reunion, the French state seems to have failed to take into account the accelerating ageing of the population.

At Les Petits Frères des Pauvres, we believe that this is not just a matter for the State, but also for civil society. All citizens must be able to mobilise for a more inclusive society. We try to mobilise citizens as volunteers to visit the elderly and do activities with them. It's all about creating intergenerational links. We need to create opportunities for the generations to get together and do things together.

Sandra HUENCHUAN, *specialist in ageing – Population Division of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), Latin American and Caribbean Demographic Center (CELADE)*

One of the most important challenges is the exchange of knowledge and experience. It confuses me to hear certain opinions about how we are facing ageing in Latin America and the Caribbean. It is a heterogeneous process not only at the global level, but also within countries. There are differences in living conditions between rural and urban areas, and gender and ethnicity play a role in access to economic, social and cultural rights. However, despite the inequalities, our region has been a pioneer in developing rights for the elderly. If the rights of the elderly are now being discussed at the UN, it is at the initiative of our region, both by Argentina, the Dominican Republic, Ecuador, Cuba, Costa Rica, and Mexico. Prior to the process taking place in New York, we already have treaties in the region: the Inter-American Convention on the Human Rights of Older Persons. It is the first international treaty that focuses on the rights of older persons and generates legally binding obligations. 11 countries have ratified it since 2015. It is true, we seek to understand the processes of ageing of the elderly that not only have to do with charity and exclusion, but that they are subjects of rights capable of living a life until the end, and the State must provide them with certain guarantees so that it is with dignity.

We are aware that we have difficulties: for example, the rural female population over 60 years of age is particularly affected by the lack of access to basic rights. It is necessary when we think about ageing to think about this diversity. But I would like to convey that not everything is negative, and not only out of optimism, but because we are working on it. Different institutions in the countries are trying to position the issue. It is difficult, because the issue of age discrimination is not totally clear in our region. We have learned from ageing countries such as Uruguay and Cuba. In Costa Rica and the Dominican Republic, the ageing process is very fast.

In Cuba, health spending is the highest in the region, especially for the elderly, because the median age in the country is over 40 years old. Despite the difficulties, we have a country with an extremely important health care infrastructure. A Cuban is not an oppressed, depressed or lonely person; he or she is a subject of rights. The State has emphasised that ageing is a priority on the public agenda. It has a policy commission for demographic dynamics at the highest level of government. There is a wide coverage of day centres, and nursing homes, which are long-term care residences, throughout the country. This is what I mean when I try to say that we have problems, but believe me we do not lack the impetus to work to overcome those problems.

Panama is a country that is facing rapid ageing in a complex context, because not only does it have urban-rural differences, but it also has differences between ageing in the indigenous comarcas and outside the comarcas. For example, the number of illiterate elderly people is 4% in the country, but 67% in an indigenous comarca, due to the discrimination faced by indigenous people in their access to rights.

We need to broaden our experiences. At ECLAC we have a strong emphasis on South-South cooperation. Developing countries cannot and should not copy what developed countries have done because our challenges are different, although this is a global issue. We have to approach it seriously, without prejudice, with a dialogue about our strengths as well as our weaknesses.

Pierre-Olivier LEFEBVRE, *General Delegate*, Réseau Francophone des Villes Amies des Aînés (French-speaking Network of Age-Friendly Cities)

Villes Amies des Aînés is a WHO initiative that emerged in response to the demographic challenge. Territories are going to experience an increase in the number of elderly inhabitants at local level. The idea is to meet this challenge by anticipating and not just preventing.

This requires us to think in terms of land use. The balance between generations is changing, and it's not the same in all areas. When we work with local authorities, we encourage them to look at ageing as more than just a performance or an individual issue. It's the responsibility of the area in which we live, and of the community as a whole. This must be thought through to avoid a logic geared towards loss: of autonomy, of financial capacity, of social ties. If we think of the issue as "living together with one's age", it's a challenge that can be met intelligently thanks to a number of different approaches:

- Political, because it's a collective project not only in terms of health, but also in the overall dimension of the inhabitants' environment.
- Of use, to understand what residents expect based on their experience of the area, and how they can contribute to building it.
- Expertise, with laws, finances, etc.
- Public policy analysis and research.

Older people are diverse and evolve over time, so it's not a question of designing a program for a typical person. They have abilities, and it's necessary to build relationships of trust between policy-makers and users, and to have common points of reference. This is what will make us effective when the time comes to act. The purpose of analysis and research is to identify what works and reproduce it, rather than constantly reinventing what works.

It's important to create places where we can meet and have intergenerational exchanges. With the Villes Amies des Aînés (Age-Friendly Towns) initiative, we've noticed that experiments are successful because they're based on intergenerational reciprocity. Social networks are built by the quality of relationships and by looking to the future. Indeed, older people are not only defined by what they have done in the past, but also by their current and future projects. So we also need to work on our perceptions of older people and of our own ageing. At Amis des Aînés, we believe we need to strike a balance between the need for support and the way we see the potential of older people. Once we've done that, we can organise the area in terms of mobility, culture, employment, housing and so on.

It's not about making a policy "for all", but a policy "for everyone". Taking the example of street furniture, we can consider the specific needs of the elderly, but without taking anything away from the others, who can also use it. As for urban transport, we can think about it to see how people who move more slowly can make it their own. We can think about housing so that a person with a little less mobility doesn't have to leave their home to go straight to an Ehpad, even though they still have a degree of autonomy. There is, for example, inclusive living: people have decided to change their living quarters when they retire, and to create community links, with the presence of a paid staff member to facilitate social contact and learn to accept our differences.

This requires resources on two levels. Firstly, we need to structure what residents have to say. Within our organisation, we have set up tools for territorial diagnosis and participative approaches to support local players.

Then, for each public action, we have to ask ourselves whether the elderly will be able to find their place in it. We have over 600 experience feedback sheets. For example, it's possible to ask what can be done to ensure that the elderly know they won't be rushed when they enter a show, and decide to open the venue a few minutes earlier so that they feel taken into account.

Our approach is being taken to the French level. We also work with FIAPA, the international federation of associations for the elderly. We are convinced that nothing can be done without the residents.

Diana MEJIA DE MORONTA, *representative of the "Familias de Cariño" government program in the Dominican Republic*

On behalf of the National Council of the Aging Person (CONAPE) and our direct Jose Garcia Ramirez Thank you, we appreciate the invitation.

The CONAPE is responsible for guiding public and private institutions that provide services to the elderly. The government has placed it as a national priority to improve the quality of life of the elderly. There are 10 programs focused on achieving these objectives, such as housing programs, day care homes, cash transfers and the program presented today, which is the loving families program that focuses on home care. This program has been implemented in 2021. We have observed that within the challenges and limitations to maintain social inclusion, there is a need for respite policies for caregivers; we also noted a problem of loneliness of the elderly; of neglect in caregiving; age discrimination; and dependency.

These are risk factors for the elderly to remain in their community. What excludes older people is their limitations in their functional capacity.

We saw in a survey that older adults in day care homes have a tendency to want to participate more in collective activities than people who are only cared for at home. They don't feel integrated, so they don't want to participate. However, for them, staying at home is a priority. That is why the state helps with the necessary level of care.

In the loving families program, 96% of the goal has been achieved: in the last 3 years, the institution's budget has tripled. The caregivers were already doing that, and the State recognizes that work. Up to 3 elderly people can be cared for. 73% of the people assisted by the program are women. They are needed in activities of daily living and instrumental activities (moving around, finances). They feel less loneliness when caregivers are family or community members. 21% of the people in the program improved by entering the program, and 64% did not worsen.

We worked on formalising the work of caregivers with access to training, and the establishment of a union of women workers. We have a script of good practices to establish quality services. The challenges of the program include incorporating caregivers into social security, as well as being able to provide materialised changes in the homes; providing respite for caregivers; and helping with the management of the beneficiaries' money.

87% of the caregivers are women; 59% are family members: children and spouses; 49% of the people served are in a situation of social vulnerability. 22% of non-relative caregivers are in poverty.

Conclusions

Julie TRÉGUIER, *Scientific Coordinator of the symposium*

We'd like to look back on the highlights of the past two days. On a personal level, this symposium has made me even more aware of my point of view rooted in France and Europe. I realised that thinking more broadly also makes it possible to think more truthfully about the issue of ageing.

The first round table dealt with the convergences between social protection and work. It was noted that pension systems vary from one country to another, in terms of architecture, coverage, age of entitlement, and so on. The need for social protection will increase. In Latin America and the Caribbean, there is the issue of the link between taxation and solidarity, as well as the issue of population coverage; in Europe, the issue is based on the terminology of contribution and retribution, with complex life courses; and there is the common issue of privatisation and capitalization, which increases risks. We need to think in terms of a reform that is more systemic than parametric, in order to adapt to changes in the labour market. Last but not least, there is the issue of governance and democracy around adaptation to ageing.

Blandine DESTREMAU, *Scientific Coordinator of the symposium*

The second round table was devoted to care and cure. We explored these two fields in a transversal way, to avoid medicalizing and pathologizing old age, while still being able to offer elderly people care adapted to their needs. This means we need to move away from institutional silos and think about ageing in a cross-disciplinary way. The role of families is central, but it is necessary to politicise the assumption of responsibility for care by families, because within families, the elderly are also providers of care and they can be over-solicited; secondly, because they are mostly women as spouses or as daughters or daughters-in-law. What's more, caring for the elderly can't just be a matter of love and concern; it requires skills, not just psychological support to cope with the workload. It also requires a level of professionalism. We have also seen that, the more modest the family, the more women devote themselves to care, while the more affluent the family, the more they turn to market services. There is therefore a question of the distribution of choice among the different social classes. Finally, when tasks are professionalised, women often delegate care tasks to other women, which raises the question of the fair distribution of these tasks in society, and the working conditions and remuneration of these professions.

As far as financing is concerned, it is necessary not to think in terms of a "war of the ages", but to consider care in an integrated way, based on the needs of families in particular. It was emphasised that new models of care are likely to emerge to manage old age at a territorial level.

The third round table discussed levels of intervention in terms of territorial scale and the authority responsible for implementing laws. We discussed how to get out of the stranglehold of the financial question by appealing to citizens and the participation of the elderly; how to think of the question of care not as a unilateral service but as reciprocal care so as to live together intergenerationally. This does not detract from the importance of hard-core rights and their application. We have raised the question of participation as a citizen and not simply as a beneficiary, with the formula: "Nothing for us without us" to formulate a system of rights, and to change the way we look at the elderly and their abilities.

This year, we will be working on a publication based on these exchanges.

Dr. Adrián BONILLA, *Executive Director of the EU-LAC Foundation*

This colloquium organised by the Institute of the Americas, with the EU LAC Foundation, the Ministry of Europe and Foreign Affairs, the French Development Agency, and the contribution of the Sénat contributes to the bi-regional understanding of global issues. Cooperation is at the heart of the calls of the chosen themes. It is an opportunity to bring together public servants and academics from both regions and to develop reflections on issues of bi-regional concern. The information produced is dedicated to reflection, but also to impact in terms of public policies. In these two days, we have had an update of data that will determine the understanding of the situation. If we would like to conclude, in Latin America there are not enough resources to cover social policies from the public sector, but also from the civil society. This is an issue that requires greater visibility. Social coverage systems are precarious. It is necessary to build beliefs and behaviours around these needs. It has to do not only with the absence of resources but also with unfinished modernization processes that have produced heterogeneity in Latin American and Caribbean societies. These are scenarios of inequalities and vulnerabilities of ageing people. This needs to be made visible in order to have reactions in terms of public policies. The asymmetries between regions are enormous. It is necessary to assume the responsibility of disseminating information on the subject in order to act.

Philippe BASTELICA, *SALC General Secretary*

On behalf of the MEAE, I would like to express my warm thanks to the scientific coordinators who have just reported to us on the results of this two-day meeting. Their report testifies to the richness of the exchanges. I would also like to thank our partners: the Institut de Amériques, the AFD, Expertise France, the EU LAC Foundation, and the Senate, which is continuing its tradition of hospitality by welcoming us here. I'd also like to thank Adrián Bonilla, who is coming to the end of a 4-year term as director of the EU LAC Foundation. I would also like to pay tribute to the foundation and its strategic partnership with the Institut des Amériques. It is an important tool for involving civil society in the dynamics of bi-regional cooperation. We know that political relations are only sustainable if they reflect the shared will of peoples. Europe and Latin America and the Caribbean are very close in terms of values and culture, which means that we can all benefit from each other's experiences. In the case of the challenges of ageing, this is all the more necessary as we can only meet them collectively, in the same way as for peace-building, climate change and health. This meeting will have made a significant contribution to this. This dialogue is in keeping with the spirit of the Latin American and Caribbean Weeks. There are 485 events scheduled in 63 cities across France, demonstrating the high expectations of the French public, Latin American communities in France, and the embassies of Latin American countries, which are actively contributing to the organisation of these events. I am therefore pleased to convey the MEAE's appreciation for these efforts.

Françoise MOULIN CIVIL, *President of IdA*

I would like to thank the team at the Institut des Amériques for organising this event. I would also like to thank the Senate presidency for renewing its tradition of hospitality and welcoming us here. Finally, I'd like to thank our partners: the MEAE, the EU LAC Foundation, AFD and Expertise France. We have been organising these events since 2012 on key themes: regional integration, sustainable cities, climate issues, inequalities, crises and public health, education, digital, the challenges of raw materials...

These conferences are published in record time. This means a lot of work. I would like to thank all those involved in the publication of this volume. The Institut des Amériques, with its network of 250 research teams and 1,000 researchers, is committed to tackling lively, real-world issues. This year's symposium is part of the 11th edition of SALC. These two days were magnificently orchestrated by Destremau and Tréguier.

The theme chosen for this year's colloquium was an obvious necessity. Ageing presents a major challenge for public policy. We tackled the question of social coverage and public health issues, as well as issues of citizenship. Questions of equity are also at the heart of our reflections, through the accompaniment, life and social inclusion of the elderly, and the risks that are heaped upon human beings in all their richness and fragility. We will have made progress in our understanding of these issues, which affect us all.

Closing conference – The social challenges of age: the need to rebuild the democratic contract

Marisol TOURAINE, *Former French Minister of Health, Social Affairs and Women's Rights, President of Unitaid, international expert on social, health and gender issues*

Clearly, our social protection systems are facing many upheavals: the development of new forms of work, the widespread use of information technologies, but also new expectations in terms of autonomy. Ageing is everywhere: in Europe, Latin America and the Caribbean in particular, but all over the world. This phenomenon emerged as a major mutation at the turn of the century in Europe, and in the following decade in Latin America. This is a major transformation for our systems and our social policies, which must respond to new challenges, adapt to new constraints and invent new ways of financing. Over and above this challenge for the social state, ageing challenges our collective reference points and calls for a rethinking of our countries' social and political contracts. Indeed, social policies are the expression of explicit or implicit collective choices, which are being turned upside down by the age revolution.

Social status and ageing

The ageing of the population is first and foremost a challenge for the social state, which must adjust the policies it implements. To be precise, I'm talking about the social state to avoid misunderstandings about social protection, which is very broad in France, and more restrictive in the academic and international field.

Ageing is not just a question of contributory policies and pension systems. It affects all social policies. Europe, Latin America and the Caribbean face similar challenges, but comparisons quickly reach a limit, if only by looking at the levels of funding devoted to social policies on either side of the Atlantic. In Europe, the figure is around 27-28% of GDP, in France 33%. In Latin America, the figure is 10-12% of GDP. The margins for progress and the responses are not identical.

I'd like to point out the paradox of the situation for European countries, and France in particular. Social security was born in Europe to prevent so-called "old workers" from sinking into poverty at the end of their working lives. In the 1950s, the figure of the poor in European countries was that of the old, because there was no guaranteed retirement. When the pension system was set up after the war, its aim was to eradicate poverty among an entire age group. It was a success, because poverty among the elderly virtually disappeared within a generation. Today, it is well below 10%, with women remaining the most vulnerable. The new poor in European countries are the young. Thanks to the establishment of solid pension systems, we can see that the end of working life marks a new, positive stage in life. Unlike in the US, we don't come across any elderly waiters or cleaning staff. Retirement is a time of personal security. The paradox is that we are forced to reflect on the foundations of our social systems precisely because they have worked so well. The ageing of the population – the very thing we set them up for in the first place – is what is driving us to rethink them.

Unlike Latin American countries, which were faced with a backlash after a progressive decade, European countries remained broadly faithful to their social policies after the financial crisis of 2008 and the Covid crisis in 2020. There is a direct correlation between the level of social investment and the ability to withstand external shocks and prevent poverty from increasing. In Europe, the countries that have maintained their social investment have been the most resilient to the increase in poverty, i.e. those in northern and central Europe.

The global challenges of an ageing population

With this in mind, I would like to highlight three global challenges linked to the ageing of the population

Adapting pension systems

Pressure on pension systems where they exist, particularly as the ageing of the population is accompanied by a decline in the birth rate. This means an increased burden on the working population. This situation calls for pension reforms, which basically involve making the working population work longer, or reducing the level of pensions paid out. One of the options for increasing the working population is to allow the employment of foreign workers, which raises the question of immigration, an ultra-sensitive subject in European societies, but also in Latin America. It's a question that raises the issue of formal employment: without formal employment, there are no contributions, and therefore no viable public pensions; but it's also a question of the evolution of the working population, taking into account immigration and the birth rate; and which contributes through the nature and quality of work. So it's not just a technical question, a question of sliders, which is why in France over the last 40 years, it's been a very sensitive, eruptive subject, with social movements typical of what France can experience, such as those of last year.

As it happens, I was called upon to pass a law for pensions, in 2014, and I'm proud to say that it didn't arouse any strong opposition. I believe that a pension reform must not only take into account technical considerations, but must also take into account lived reality. The reform I implemented consisted in adapting the effort required - and an effort was required, i.e. working longer - to the types of work, the age at which people start working and life expectancy. I therefore asked the French to work longer, but not all French people and not in the same way, which seemed fair to me because life expectancy is not the same for everyone.

Adapting "cuidado"

The second sensitive subject is linked to the question of accompaniment, "cuidado" or "care", but this evening I'd prefer the word "cuidado". There's a word in Spanish, but not in French, or at least not as striking. We'll have to ask ourselves why, but that's another debate. In Europe, "cuidado" has developed around the issue of children, and in this respect France is an international model, not only because it has been able to provide answers for families, but also because it has been able to transform a policy of natality into a policy of support for women's emancipation and feminism. In many Latin American countries, such as Uruguay, Argentina and Costa Rica, "cuidado" policies were seen from the outset as both social and feminist policies. However, this new demand has arisen at the same time as the ageing of a population that expects close support and respect for life choices.

I want to emphasise this point. Today's seniors are not the same as they were 50 years ago. They have experienced good living conditions in Europe, better living conditions in Latin America, and the emergence of individualism and a form of consumerism. They don't want to be told how to live, but to be supported in living as they wish. This age revolution is reinforced by the social conditions in which it is taking place. The development of individualism, the aspiration to well-being and individual emancipation are creating particular demands.

We don't take people to collective retirement homes where everyone does the same thing at the same time, as we did 40 years ago. In France, we see the tension between two realities: ageing, which calls for the development of financially accessible care facilities, and the fact that, conversely, most people want to remain in their own homes for as long as possible, with services. So, in terms of public policy, there are choices to be made. As far as I'm concerned, I chose to pass a law adapting society to ageing, in 2015, which mirrored the pension reform, and which gave priority to adapting homes, preventing dependency, and providing personalised support. These are difficult choices in a context where budgets are limited: do we prioritise the development of medicalized care facilities or do we focus on individual solutions (home services, intermediate structures between housing and retirement homes). I made the second choice based on an analysis of society's expectations, since 80% of elderly people want to remain at home. But obviously, the development of medicalized structures for the very elderly must be a priority for the next phase.

Care and health policies

The third challenge is that of care and healthcare policies, as ageing puts a strain on social security finances. Organisational transformations are also at stake: the increase in chronic illnesses, the need for close patient follow-up, the need to build bridges between hospitals and outpatient care. When I was Minister, I was struck by the convergence of views in all European countries. Today, as President of Unitaid, a United Nations organisation working on access to health care in the countries of the Global South, I am struck by the fact that all the countries of the South share the same vision: we need to set up health care systems structured around primary care provision, promote health care pathways and encourage prevention. In Peru, I visited structures for monitoring ageing tuberculosis patients. In Brazil, I saw the quality of primary care centres right down to the heart of the poorest neighbourhoods. In France, I myself set up follow-up care for elderly patients. All of this implies upheaval in healthcare systems, upsetting habits, calling for costly investment and requiring the training of more professionals, at a time when the shortage of healthcare professionals is a major challenge and obstacle throughout the world.

Global approach and social contract

Through this general overview, I want to emphasise the diversity of the challenges to be met. Adapting society to ageing implies financing pension systems, developing "cuidado" services, reorganising the healthcare system, rethinking housing, adapting means of transport and developing cities. In 2005, Rio de Janeiro launched the "Cities Friendly to the Elderly" initiative, and Chile immediately embarked on the same path. It's clear that these are major transformations, aided by information technology, home automation and artificial intelligence.

By this I mean that overhauling social policies is important, but not sufficient. We need to design comprehensive, coherent, unifying public policy systems.

Our countries must respond to the specific challenges of pensions, "cuidados", healthcare and housing, but we must do so within a global framework, which is a major governance challenge for national and local governments. The risk is that policies will be scattered, and this risk is accentuated by the desire for individualised, tailor-made responses to people's needs. In Latin America, this global framework requires the acceptance of coherent social protection policies, whereas the 2008 crisis led to the imposition of assistance policies focused on the poorest and the referral of other populations to private insurance schemes. In Europe, the risk of privatisation of social policies is less significant, but the ability to assemble all the pieces of the puzzle is a challenge for all societies that have developed technical approaches to social protection.

Explaining the social contract

This global approach requires us to review the social contract. The age revolution represents a democratic challenge for all societies, as it raises the question of the political and social will that structures our contract, and that of its sustainability. Welfare state policies express implicit and sometimes explicit collective choices, which guide government action. I'd like to remind you that social security systems were an incredibly innovative and powerful response by leaders to the traumas caused by the collapse of democracy in the 1930s, and then by the war. The idea was very simple, and to my mind revolutionary and fabulous: democracy is rooted in solidarity.

To prevent democracy from crashing, the leaders decided they had to create solidarity networks that would give rise to a sense of shared belonging. Between ages, between the healthy and the sick, between the rich and the poor, and between territories. It's because each and every one of us knows that, at some point, when we need collective solidarity, it will be there that we adhere to the social and democratic pact. This idea is present in all European countries. Latin American countries embarking on this adventure today need to set their own priorities. There is no need to teach the social state in Europe, even if neoliberal pressures exist.

At a time when populist parties are gaining in prominence in Europe in a spectacular and, in my opinion, worrying way, we can see that in many countries, they have seized on the issue of solidarity. Originally, the Front National was very liberal; today, the Rassemblement National is developing a very strong social vision.

Intergenerational solidarity and the social contract

It's essential to spell out the social contract that brings us together. We have to do this in Latin America, in a different context, in order to gain consent for taxation. The strength of the social and democratic contract lies in clarifying the public policies pursued, because their legitimacy is never definitive. What has taken years to build up can be undone out of the blue by the arrival in power of parties that are not in favour of it. I'll give you three examples: pensions, the place of women, and tax levels. Intergenerational solidarity gives the impression that the chain linking the different generations is fluid and self-evident. In Latin America and southern Europe, solidarity is first and foremost a family affair, and when we say family, we mean the women in the family. In Europe, social protection plays this role. Young people work and contribute so that old people don't have to. Today, this balance is called into question by the ageing of the population, since young people have to contribute more, and it is not certain that when the time comes they will be able to rely on intergenerational solidarity. The younger generations have the feeling that their parents and grandparents experienced the golden age of social protection, and that given the upheavals in the job market, family life and the housing economy, they cannot be sure of being able to count on social protection. In France, on average, the elderly enjoy a higher standard of living than the younger generations. Is this normal? The question has rarely been asked, but the social contract needs to be clarified. Around 8% of the elderly are poor, compared with 18% of 18-25 year-olds. Should we continue to show such a preference for pensions? The current government has tried to answer this question by saying: "We need to make the elderly pay more taxes and give more support to the younger generations". It's been a political failure. I don't want to comment on the merits here, but I can only observe that the compromise was made explicit by the refusal of change. In Latin America, the compromise is implicit: individual responsibility is the basis of policies, which means giving priority to those in paid employment, and adopting an economic rather than a social approach.

Explaining the need for foreign workers

With regard to immigration and the financing of our social systems, the ageing of our population is a cause for concern, as it is accompanied by a drop in the birth rate. One way of compensating for this is to open our countries' doors to non-European workers. But the debate on immigration has become so emotionally charged that it's extraordinarily difficult to put it in those terms. Internal migration in Latin America, with the crisis in Venezuela and Haiti, raises the same questions of identity as in Europe. The ageing of the population should lead us to be more explicit in expressing our needs, while much remains unspoken. For example, Giorgia Meloni's government is emblematic for its anti-immigration rhetoric, while at the same time opening its doors to 450,000 foreigners because Italy has the lowest birth rate in Europe.

Questioning the evidence of women's work

The place of women is a very interesting question, because the division of labour between women and men is so deeply rooted in cultures and social representations that it seems incongruous to some to question it. Women are responsible for the family and caring for loved ones, men for economic activity. So it's up to women to shoulder the burden of an ageing population, and we know that it's women who have to be present on all generational fronts: looking after children and grandchildren while also looking after their parents. An ageing population also means that it's ageing women who are looking after their parents. In most societies, this contract is not self-evident. How much of the care and "cuidado" of the elderly is left to women, and how much to the community? In Europe, we can clearly see the dividing line between North and South, and how Latin America is struggling to impose the idea that women's domestic work is also an expression of domination. The first task in clarifying the social contract is to deconstruct the cultural representations deeply rooted in societies, and to show that women's domestic work, far from being self-evident, is a political choice that can be questioned in the name of equality between women and men, but also in the name of the economic and social efficiency of society as a whole. This explains the power of investment in "cuidado" policies in Latin America, but also at European Union level with the Next generation EU program. The reason I mention this is that the question "who should look after the elderly?" is taking on a new intensity with the changing demands of ageing. We can't ignore the context in which ageing takes place, with the quest for individual autonomy and the recognition of individual expectations. Public policy must therefore take this into account. European countries are moving towards individualised solutions and home-based services. These solutions entail a twofold risk for women: the risk that the women in the family will once again find themselves responsible for organising these services, to the detriment of their personal lives; and the risk that the professionals who work in the home will be less different from traditional domestic employees than institutional care assistants. The risks of social exploitation are thus increasing, even as the question of career professionalisation is being raised. There's a paradox here: in order to provide better living conditions for the elderly, we run the risk of lowering women's living standards and reducing gender equality.

Social policies and tax compliance

The last debate to be clarified is tax consent. There can be no public policies without contributions from everyone, which raises the question of informal work, for example. In Peru, informal work is almost 80%, but if you ask people, they defend informal work: freedoms would be restricted, they'd be tracked, and so on. So there's a cultural battle to be waged, on social representations.

Conclusion: ageing and democracy

In conclusion, I'd like to stress that ageing not only poses colossal challenges to our social organisation systems, but also raises highly sensitive democratic issues. Let me mention two of them: the model of representative democracies based on parliamentary representation is undermined in fragmented societies, where the interests of each group must be taken into account. We are witnessing the emergence of participatory approaches, but they are risky with regard to the elderly, who are often excluded from these processes. The second issue with which I would like to conclude this presentation is the relationship between social policies and individual freedoms. Social policies are an expression of the state, which tends to impose a way of life. The "cuidado", retirement, yes, as long as they are not an injunction to live in such and such a way. For example, the debate on demographic rearmament has given rise to a tendency towards natalism. Is it up to the State to enjoin people to have children, in the name of the survival of social policies? Ageing raises the question of updating the social contract.



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