

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

Brasilia, 4 al 6 de diciembre de 2007

NETHERLANDS ANTILLES

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



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The Ministry of Public Health and Social Development
of the Netherlands Antilles,
Directorate of Social Development

1ST
COUNTRY REPORT
OF THE NETHERLANDS ANTILLES

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

2002-2007

Directorate of Social Development,

Willemstad, October 2007

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Introduction

The purpose of this report is to give an account of actual advances and also to identify the areas in terms of results and impacts which the Netherlands Antilles has carrying out in the Regional Strategy for Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing. It has also the purpose to identify the areas in which the country considers that it has not made significant advances.

This report will be presented at the preparatory conference in Port of Spain on 30 October 2007 and also at The second Regional Intergovernmental Conference on Ageing will be held in Brasilia, Brazil, from 4 to 6 December 2007. The purpose of the Conferences will be to consider progress in the application of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing. The Conference will also identify priority areas for action for the next five years and reach agreements for the region's contribution to the forty-sixth session of the Commission for Social Development, to be held in February 2008.

This report is a national overview. It has been prepared with the input¹ of different government bodies (5 territories) and NGO's representing older persons, within the given time frame and the geographical and constitutional challenges which is an exceptional fact for the country of the Netherlands Antilles.

The reporting period regards the past five years; between 2002 and 2007, and it has been compiled from questions for the review and appraisal of the priority areas of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing.

By defending and advancing human rights and democratic principles, we keep faith with our country's most cherished values and lay the foundation for lasting peace. Fulfilling the promise of the United Nations Universal Declaration of Human Rights and building vibrant democracies worldwide will take generations, but it is work of the utmost urgency that cannot be delayed

The Ministry of Public Health and Social Development
of the Netherlands Antilles,
Directorate of Social Development

Willemstad, October 2007

¹ **Note:**

In view of the constitutional structure of the Netherlands Antilles – five islands that differ in terms of public sector capacity and policy priorities – it is not possible to provide a single comprehensive answer to all the questions. Further more, it was not feasible, within the time frame to complete the country report, to get all answers from all the expert respondents regarding the specific objectives before the stated deadline. Continuing efforts will take place within the limited resources and capacity to answer those questions.

I. ADVANCES IN PRIORITY AREA'S OF THE REGIONAL STRATEGY

General, in the Netherlands Antilles, there has been some significant advances in the priority areas of the regional strategy. Especially regarding setting up and preparations of national and territorial legislations at certain level. Also regarding establishing of mechanisms and their activities has advanced in significant way (Area 1). Further, on environment (Area 2), there have been significant advances activities regarding long-stay institutions. Bottom line remains lack of proper legislative tools, inspection and monitoring those non-governmental initiatives.

II. PRIORITY AREA'S

2.1. OLDER PERSONS AND DEVELOPMENT

A. Human Rights

1. Principal legislative reforms relating to the human rights of older persons:

In the sense of moving forward with the creation of legislation to protect the rights of older persons there were no legislative reforms relating to the human rights of older persons implemented in the past five years. But the most important achievements of that period were a number of changes in the field of social security approved by the Parliament, as set out below.

- a) In 2007 the General Insurance for the Aged has been raised with Approx. US \$55;
- b) On October, 14 2005, the island of Bonaire implemented an ordinance for an extra monthly payment in addition to the 'General Insurance for the Aged' of the Netherlands. Antilles (US \$363) raising it up to a maximum of US \$433 based on certain criteria.
- c) Besides the national Pp² (pro pauper) system, the territory of the island Bonaire implemented a island ordinance on 31 may 2005 for medical support for adults 60 years or older, with a higher income above Ang. 1.500,= (approx. US \$800) but still not enough to keep their insurance or to get a health insurance after becoming 60 years old.
- d) Draft national ordinance/country regulation to prevent that adults 60 years or older become eligible for the sickness insurance.
- e) Draft national ordinance/regulation for a general sickness insurance.
- f) In 2004, the foundation "Guarantee Accessibility Care" (SGTZ)³ was set up as a safety net for pensioners, with below a certain level of income, and that doesn't get medical care, are taking care of the island government for (budgeted) medical care.

² Pp-card (pro pauper) is a non contributory insurance for those who don't have any kind of income. It entitles them to receive free medical assistance from government physicians. The government also furnishes any drugs that Pp- cardholders require.

³ SGTZ in Dutch: Stichting Garantie Toegankelijkheid Zorg

- g) In 2005 a national ordinance/country regulation was set up to formalize the institution of national and territorial councils regarding Public Health. And in that spirit the Curaçao island ordinance for a council for public health was set up.
- h) In 2007 the national ordinance/country regulation concerning rules of care and regulations with respect to institutions for health care has been place in force.

2. Legislation to protect the rights of older persons:

The Netherlands Antilles did move forward with the creation of legislation to protect the rights of older persons over the last 5 years. It placed in force several national legislations and prepared several draft regulations and ordinances as mentioned earlier in question number 1. In 2002 a commission was called by means of a ministerial decree and in 2004 the commission published a high-level report regarding recommendations upon ageing policy.

3. Including the situation of older persons in the reports of international human rights treaty bodies:

The Netherlands Antilles has included the situation of older persons in its third periodic report to the Committee on Economic, Social and Cultural Right's of the Netherlands Antilles covering the period from July 1995 to June 2003. See report: E/C.12/ANT/3-page16-Article 9 Third periodic reports submitted by States parties under articles16 and 17 of the Covenant (see attached par. in the appendix of this report).

4. The legislative, judicial, administrative, educational or other measures to publicize and implement the international and regional norms and standards protecting the basic human rights and fundamental freedoms of older persons:

No, unfortunately the Netherlands Antilles has not taken any legislation with specific attention to the older persons over the last 5 years to publicize and implement the international and regional norms and standards protecting the basic human rights and fundamental freedoms of older persons. But from the scope of promoting the human right; see answer at question #1, as stated before, a number of changes in the field of social security were approved by the Parliament.

5. Judicial, administrative or other procedures for the submission, investigation and resolution of complaints relating to compliance with laws, policies and plans in respect of ageing:

No, the Netherlands Antilles has not specific procedures in respect of ageing. The N.A. has a common court of law and on the island of Curaçao and an Ombudsman for general issues.

6. Has ratified the International Covenant on Economic, Social and Cultural Rights and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights:

Yes, the International Covenant on Economic, Social and Cultural Rights entered into force with respect to the Kingdom of the Netherlands, on 11 March 1979. The Netherlands Antilles is part of the Kingdom of the Netherlands. Though, according to the “Confederation for Pensioners and Elderly Persons of Curaçao”; the benefits which ought to be experienced on this matter are non-existence.

7. The mechanisms established to involve older persons in decision-making processes (councils, consultation processes etc.):

On both the islands of Curaçao and St. Maarten, on territorial level, there are official consultation organism i.c. councils of the government(s). On Curaçao there is advisory council on ageing policy and lately a national confederation for Pensioners and Elderly Persons has been established under the name of the *“Konfederashon di Penshonado i Adulto Mayo di Korsou”*, abbreviation “KOPAMKO”. Kopamko has been promised by both government (Island and Central) to take the Confederation into an official consultation organism of the government. Further more, on the island of St. Maarten, there is an advisory council on ageing and disabilities policy.

8. Growth in the numbers of older persons’ organizations and their involvement in public affairs at the community, local or national level:

As stated above in June 2007, “KOPAMKO” been founded (which in English is called: “Confederation for Pensioners and Elderly Persons of Curaçao”). The confederation, at this stage is dully sustained by 11 of the 14 organizations of pensioners and elderly persons of Curaçao. The constitution (by-laws) of the confederation is approved and is in the process of being legalized by the notary. Number of members involved is in the region of 14.000. The confederation (KOPAMKO) is striving to reach her goal of representation of the pensioners and elderly persons through contacts with the Island and Central governments and their representatives/rulers, local congresses, conferences and seminars with the affiliated members and regional contacts with groups of elderly persons and institutions dealing with elderly persons.

9. The situation and trends relating to the employment of older persons;

Validated information & data available from the expert respondents regarding this specific issue will be provided later as an appendix to this document.

A majority of the population considers that ‘thanks to their vast experience, people of 60 years and older are still very capable of working’, and also that they have equal rights to job as have young people.

A majority disagrees that if people over 60 work they are stealing the jobs from the youth. Although there is a general impression of a trend that is taking place to increase remaining of employability of 60+ (pension age). Pensioned public servants employed by the government and also pensioned schoolteachers are called back. Meanwhile it has to be mention that a lot of elderly persons are working as security and also in high risked/hazardous areas.

10. Access to credit for older persons, by statistical series, for the past five years;

Validated information & data available from the expert respondents regarding this specific issue will be provided later as an appendix to this document.

See above answer.

B. Employment

11. Actions to improve the employability of older persons (legal incentives to employ older persons, training programs, micro enterprise funds:

Validated information & data available from the expert respondents regarding this specific issue will be provided later as an appendix to this document.

The results of a Labour market assessment should give the answer on those questions. According to the “Confederation for Pensioners and Elderly Persons of Curaçao”; a general impression is that it does not exist in an appropriate and structural manner by State intervention. A few financial institutions do have limited credit facilities. For example the FKP⁴ has a micro credit system for those with a low income for financing their own home. But generally not much has been done on this specific matter.

12. Regarding the legal and administrative measures taken to achieve continuity of employment for older persons and

13. information on the reduction of industrial accidents as a result of actions by the state to reduce safety risks in the employment of older persons:

Validated information & data available from the expert respondents regarding this specific issue will be provided later as an appendix to this document.

According to a year report of the directorate of labour affairs of the ministry of economics, the ILO convention 81- regarding Labour inspection should be taken in consideration while the labour safety inspection is decentralized. Every island government is responsible for its own labour safety inspection. They are in a process of decentralization and they have a lack of human resources.

⁴ The official government public housing organization

C. Social security

14. Regarding statistical information on the coverage of contributory social security systems and

15. Non-contributory pension schemes for the past five years:

At this time this information is not available. (See Appendix table 3 and 4).

16. Legal reforms been undertaken to increase solidarity in the social security system:

- a)** As for January 2007, the “General Insurance for the Aged” of the Neth. Antilles has been raised with Approx. US\$ 55.
- b)** On 14 October, 2005, the island Bonaire implemented a law for an extra monthly payment in addition to the “General Insurance for the Aged” (US\$ 363) leveling it up to a maximum of US\$ 433 based on certain criteria.
- c)** Besides the national Pp-card system, the territory of the island Bonaire implemented a law on 31 may 2005 for medical support for adults of 60 years and older, above the lowest income category, which are unable to keep their insurance or to get a health insurance after becoming 60 years old.

Although according to the “Confederation for Pensioners and Elderly Persons of Curaçao”; the abovementioned is being considered a limited financial/economical contribution/sustain to few elderly persons a large group of elderly persons is being tremendously ignored and discriminated.

Further more: in the line of the above mentioned and as stated in the answer of question number 1, there are achievements in preparing several draft legislations and ordinances nothing has been achieved on bases of solidarity. For example there are waiting to attend by both government's: 1) Introduction of an acceptable level of a General Insurance for the Aged, 2 Introduction of a general company pension, 3) Amendment on the SVB regulation in order to cover the group of retired elderly persons, 4) Introduction of a general (basic) medical system “AZV”⁵, 5) Special tariffs and subsidized services for primary necessities of life, 6) Introduction of a proper/adequate legislation for managing of the elderly institutions and educating of the corresponding professionals.

⁵ AZV= A General Sickness Insurance (Dutch: Algemene Ziekte Verzekering)

D. Education

17. Continuing-education programs:

The general impression of the Federation and NGO's representing older persons is that Continuing-education programs are none existed in a (formal/structural) manner. Exceptions are some of the pensioners and elderly organization who on casual bases is taken care of this matter. Further more there are possibilities to attend general adult education and for example ad random special offers for computer skill teaching for 60 plussers.

2.2. PRIORITY AREA II: FOSTERING HEALTH AND WELL-BEING DURING OLD AGE

A. Health services

18. Implementing international standards to ensure that older persons have equitable access to the necessary health care suited to their needs:

The Central level of the government has, according to the constitution of the Netherlands Antilles, only regulatory and supervisory competencies concerning public health care.

The responsibility of execution and implementation of Public health care is in the hand of each island territory. The elderly in general has access to some form of private or public insurance. Many of the elderly with a low income have a Pp-card.

The different forms of private or public insurance include access to essential medicines and /or assistance and or rehabilitation services. Elder care is provided by both subsidized and non-subsidiary community health services (NGO's) on the islands of the Netherlands Antilles.

19. Older persons having access, universal and free of charge, to essential medicines and/or assistance and rehabilitation services:

Everyone who legally resides on the islands of the Netherland Antilles has in principle access to medical care. Individuals may obtain insurance privately or through their employers. The elderly are eligible to receive a Pp-card, which entitles them to receive free care from government physicians. The government also furnishes any medications and treatments that Pp-card holders require.

According to the NGO's representing older persons, there seems to be a significant group of elderly persons who don't have access to the mentioned services and treatments,

20. Specific action to ensure health care for older indigenous persons, pursuant to articles 24 and 25 of ILO convention no. 169 concerning indigenous and tribal peoples in independent countries:

The Netherlands Antilles has no indigenous or tribal population.

21. Special health care programs to care for older persons with access problems (poverty, disabilities, isolation or similar difficulties):

In the Netherlands Antilles several insurance modalities apply:

- (a) The Pp card system, which is totally funded by the government and is intended for the indigent and those who are not otherwise insured because of advanced age or the existence of a chronic condition;
- (b) The public insurance program, which covers 100% of health care costs for blue-collar workers and 90% for personnel in higher categories of public-sector employment;
- (c) The insurance fund for retired public-sector employees;(BZV)
- (d) Private insurance plans provided by large private companies for its own personnel; and
- (e) The social security fund, which covers employees of small private companies and other forms of private insurance.(SVB)

Given the substantial differences in coverage under the various modalities of insurance, one of the objectives of the insurance system restructuring process is to reduce differences in access and quality of medical care. Some groups are not covered for their healthcare costs (uninsured).

A debate on the introduction of a general insurance scheme for all residents has been on going for some time. The key issues are the cost, burden and affordability of the scheme, the scope of the basic package, the public-private debate and the question of whether there should be one or more implementing bodies. A working group is now preparing a proposal for the inclusion of some uninsured workers (the self-employed, small private enterprises – bus and taxi drivers etc.) in the SVB scheme.

The services and facilities to care for older persons with special needs and circumstances are provided by subsidized community health services.

The islands territories, for example, provide day-care facilities and activities for the elderly as to prevent isolation problems and to increase active aging. There are also home based support services covered by public or private insurances. As the ageing population grows, so does the need for more facilities and treatments. One major issue is the lack of necessary funds, professionals and facilities.

22. National health plan for older persons which coordinates health-care services at the national, regional and local levels:

The island territory of Curaçao is in the process of revising its 2000 territorial health plan, which also includes healthcare for the older persons. Further more, the government of the territory of Curaçao has issued a draft document as a result of a 2 year project named "*Ageing policy/elderly care*". This draft policy document will serve as the bases for the other island territories.

23. Specific measures regarding health care for older women:

In the Netherlands Antilles, women outlive man by a number of years. So many services provided do take gender issues into account, especially female health concerns such as breast and ovarian cancer.

24. Basic plan for products and technologies (such as prostheses, orthopedic appliances and medications) which help to maintain functional autonomy in old age and statistical information on the coverage of that plan in the past five years:

There is a general service provided by a community health service specialized in providing disabled - and rehabilitation care. On the island of Curaçao there is a modern, well equipped orthopedic workshop. Here prostheses and other orthopedic instruments are manufactured for the population of the Netherlands Antilles. Their rehabilitation centre has 12 beds, divided among 2 Units. Both Units are provided with adapted beds and bathrooms.

25. Included older persons in mental health programs, and what specific actions are conducted in this regard:

For the Netherlands Antilles there are several services and institutions that provide specific mental health services for older persons.

26. Basic package of guaranteed health care, and, if so, does this include specific medical coverage for older persons:

The basic package of guaranteed health care automatically includes older persons.

In accordance with the Island Ordinance containing rules concerning the granting of assistance with medical expenses to the needy and indigent (AB 1978, no. 39), the Pp-card is intended for people categorized as needy or indigent. Needy people have an income below the minimum wage, and include casual workers and the over-60s whose only income is the old-age pension.

Indigent people have no source of income whatsoever other than social assistance from the island territory of Curaçao. Besides these essential income criteria, the individual in question must have health insurance or a right to health insurance. He or she must also be a resident of the island territory of one of the islands and must have a Dutch Nationality.

Certain groups of elderly person are left out of this health care/coverage, due to not properly arrangement, legislation, and lack of solidarity and in some cases/situation a form of discrimination. The coverage is determined by the insurance package. The procedures for setting-up of a general health insurance (AZV) is actual taking place action. There is an ongoing process to setting up a general health insurance which include the specific group that are not covered by the other type of insurances.

B. Healthy environments

27. National or local campaigns to promote healthy ageing:

Especially around the days of the UN-“International day of older persons” there are activities like mass media campaign, information education through Radio and activities for the elderly in the institutions and or day-care centers. The organizations of pensioners and elderly persons together with KOPAMKO and some other institutions like churches and community healthcare organizations are doing their utmost to promote and bring to the light this matter for the politicians and the governments to take act on this matter.

28. Actions implemented by governmental bodies to organize community services for older persons in order to promote their social integration.

Few social/cultural festivities on yearly bases are being organized by social clubs and foundations.

Formally arranged and implemented by governmental bodies are few; for example the recreational service organize exercise activities for older persons and the public housing foundation has projects where new housing for independent living for older persons are been build in existing communities. This promotes social inclusion integration.

C. Long-stay institutions

29. Special legislation regulating the functioning of long-stay institutions

In 2006 a draft version of an island ordinance regulating the functioning of long-stay institutions has been presented to the executive council of Curaçao and in 2007 the National Regulation concerning rules that covers all aspects of setting up, functioning, inspection & general care etc. of all care institutions was put in force.

30. Mechanism for the inspection of public and private long-stay institutions:

The Directorate of Inspection for Public Health (P.B. 2003, no. 8), has the authority to inspect long-stay institutions.

In 2006 there has been a joint inspection executed by the Public Health Department, the Fire Department and the Buildings Department inspection. The inspection included 22 institutions for the elderly, 1 institution for psycho geriatric care and one institution for long term care.

Twice a year, or as is needed, all of the institutions are inspected on hygiene and environment. The psychiatric hospital is also inspected and monitored by the Director of the Directorate of Inspection for Public Health Inspectorate.

At certain level, according to the NGO's representing older persons, is that above mentioned national ordinance is lacking proper functioning due to an improper legislation.

31. Actions to ensure appropriate care and medical treatment for institutionalized older persons in accordance with international protection standards:

In general way the AVBZ (general insurance for extraordinary health costs) covers those actions.

32. Mechanisms to establish the legal capacity of institutionalized older persons. and provisions for periodic reviews of these mechanisms:

As stated, according to the national ordinance regarding the Inspection for Public Health, it is mandatory for the daily governing board of the institution to incorporate, within their rules and regulations, the procurement of the rights of the institutionalized person.

The civil servants employed at the directorate of Inspection for Public Health are entitled with the supervision of compliancy of those rules and are also competitive to plea charge in accordance of the penalty law in case of violation.

33. Long-stay institutions; please provide information on reasons for entry, financing (including state contributions), characteristics of the resident population and services provided:

For the Netherlands Antilles there are different categories of long stay institutions.

- One Psychiatric Hospital; admission voluntarily and mandatory admission. Admissions longer than thirty days is covered by the AVBZ (general insurance for extraordinary health costs), otherwise the insurance covered for the treatment;
- One Psycho geriatric institution; admission for persons diagnosed with Alzheimer. The AVBZ covered the care;
- One Care institution for persons with a, low level of independent functioning. The treatment and care for rehabilitation is covered by the AVBZ (general insurance for extraordinary health costs);
- 23 institutions for care for the elderly and 3 day-care facilities. Covered by the pension and subsidized by the government for persons with an average income of Ang. 1000,= (approx. US \$550). Persons with a higher income pay for their admission in an elderly home;
- One institution for the mentally retarded, several homes for the mentally retarded persons treatment and day-care for the retarded is paid for by the AVBZ (general insurance for extraordinary health costs).

D. Human resources

34. Strategies and plans for health-care training of human resources working with older persons:

Most institutions have in house training and or coaching. Courses are also offered by different accredited post academics institutions year long.

A management Development Program in cooperation with the University of the Netherlands Antilles took place according to the Federation of the Care Facilities Services.

35. Courses conducted to instruct the staff of long-stay institutions in the rights and fundamental freedoms of older persons:

See above.

36. Number of geriatricians in your country, the number of primary health-care staff who are trained in caring for older persons, and the trends in those numbers:

There is one (1) geriatrician for the 5 islands of the Netherlands Antilles.

The complete number of trained health-care staff is not available but there are training offered to different institutions as already mentioned.

E. Monitoring the health status of older persons

37. Conducted surveys on disabilities or other issues, including specific questions relating to the situation of older persons;

- In 2003: production of a report regarding survey of the *“Need of care and networking”* of the permanent population unit on the island of Curaçao;
- In 2004: a policy design frame work including national survey regarding disability policy performed by the department of epidemiology of Curaçao;
- In 2006: survey report for a policy start includes a survey into the degree of nurse and/or care-needy-driven of the elderly in several institutions, divided in several categories Avbz- indicates performed by the department of epidemiology of Curaçao.

38. Invested public resources in research on active ageing and their expected impacts on public policies.

As mentioned, many financial & human sources have been used and mobilized to study.

Research centers for the study of ageing

There are no specific research centers but the Permanent Committee on Population Issues has so far done has a survey on the networks and the need for care of the age group of 60 years and older (for only the island of Curaçao), executed in 2003, together with the council for ageing policy. The Department of Epidemiology of the Public Health Department has recently done a survey in respect to active ageing.

39. A system at the ministry of health level for monitoring the health status of older persons, or whether household surveys are used for that purpose

Specific, updated and validated information & data available from the expert respondents regarding this specific issue were not available at the moment of issue of this report and hopefully will be provided later as appendix for this document

2.3. PRIORITY AREA III: CREATION OF AN ENABLING AND SUPPORTIVE ENVIRONMENT.

A. Housing and transport

Housing

There are several geriatric homes facilities in the Netherlands Antilles. Most of them are on the island of Curaçao and each other island has one. (see table 7 in appendix). The biggest one is the "Birgen di Rosario Foundation" on Curaçao, (total 750 clients and 250 personnel) with different categories and facilities; Intramural (350 clients divided in 3 elderly homes), semi mural (70 day care), extramural home support service for 340 older persons

Highlights advances that has been made in this area are:

- a) Expanding of *the Auxiliary Home St. Eustatius* (a day care center for disabled persons and senior citizens) with an extra wing, which upgrades it to a total capacity of 20 beds.
- c) Grand opening of the "*Hamied Health & Elderly*" residence facility; specialized in geriatric care, with a capacity of 28 beds.
- b) Renovations projects on different locations on all the islands took place with the Fund for Social development.

Housing in it self usually is not a problem. In many cases the elderly have houses they inherited from their family or are renting a home. There are houses of older people which are very small. These houses are, however, often in less than perfect condition, with the consequence that the elderly living there has a very unsatisfactory quality of life. Even though there are institutions in which these elderly people can be taken care of, they object to leaving their houses. Sometimes volunteers help to reconstruct the house, but because of too little maintenance the condition usually deteriorates rapidly afterwards.

In cases in which it is impossible for the elderly to continue living under these conditions, they are taken to a home for the elderly.

40. Subsidy programs to finance the purchase or improvement of housing for older persons

A policy proposal framework (2007-2011) of the public housing foundation is to transfer government grounds to poor families on behalf of the construction of houses for the financial weak families and for the elderly.

41. A system of specific transport discounts for older persons

Transport

The Government of the Netherlands Antilles recognizes the importance of public transportation as mobile facility for the whole population, especially for the lower class. The older persons (60+) get special discount on public transport. Besides that, several subsidized and non-subsidized community services provide transportation for the older and or disabled ones.

42. Specific housing programs for persons with disabilities

The government of Curaçao approved in 2006 a policy framework 2007-2011 regarding public housing.

In the project policy of Curaçao on elderly persons an inventory has been done of the different forms of housing specifically for elderly people (60 + years). The next distinction is made:

- Independent living; independently living elderly people: simply in the district, FKP - or private house in a street or village or district
- Independently living elderly people in a supportive environment (care is rapidly available).
- Subsidized and private AVBZ care: the home for psycho geriatric patients “*Huize Hugenholtz*” and the nursing home “*Betesda*”. Recently “*Huize Welgelegen*” of the foundation “*Birgen di Rosario*” has 100 AVBZ-beds for psycho geriatric occupants.

43. Measures implemented to ensure access to public places for older persons and persons with disabilities

Most public building has adapted or is in the process of being adapted to make the access to public places for older persons and persons with disabilities more assessable.

Public streets and sidewalks are also been adapted to wheelchair users.

B. Social support systems

44. Training programs for family caregivers

Individual family caregivers can get professional support from subsidized community health services. But the elderly caretaking institutions on the Islands are missing a proper legislation on this matter. This is one of the areas that attention has been paid to.

45. Home-support services for older persons

Yes, on the island territories of Curaçao, Bonaire and St. Maarten there are different community health services, care takers (NGO's) who provides structural home support services.

46. Promoting community-based care as an alternative to institutionalization

Because of budgetary constrains the government has been promoting more community based care as an alternative to institutionalization

According to the general impression of the national confederation for Pensioners and Elderly Persons until now no significant impact has been registered and/or shown on "community solidarity". There are still much to be discussed in order to formalize this matter by a proper legislation, because there were few thoughts, released through media, about measures the government want to take which is definitely against any form of "Community Solidarity".

C. Discrimination and violence

47. Statistical information on the incidence of mistreatment of older persons, by type of mistreatment, the gender and age of the victim, and other data which reflect the problem

At this time this information is not available.

48. Implemented legal and institutional measures and programs to protect the life, physical, psychological and moral integrity, health and related human rights of older persons

There are no legal and institutional measures and programs, either campaign conducted.

On project base, but not on every island of the N.A. are insufficient NGO's care-givers. Only on the island of Curaçao are counseling services for those affected. Training for care-givers has been offered on project base to provide the necessary medical, psychological and technical skills to deal with the old aged on a daily basis.

The Department of Mental Health for Older Persons has a section that is called 'Foundation Perspective and Basic Support' (PSI). The goals of the PSI are to promote mental health of the older population; to provide treatment for those who are mentally ill and to provide protection for those who cannot be cured.

The PSI (mental health organization) reports (2004) that out of a caseload of sixty persons of 60 years and older ten persons report abuse or ill-treatment. In many cases this abuse and ill-treatment are intentional. However, there also are cases in which this treatment happens because of ignorance on both sides, the children or grandchildren as well as on the side of senior citizens. The younger generation often does not understand the illness of the older one, like dementia, and does not know how to handle the situation.

On the other hand the older generation does not understand the behavior of the young and reacts in such a manner that angers the young people.

The PSI has been giving structural psycho-education to the younger generation sharing life with older persons teaching them how to care for these older persons, how to handle situations which they might not understand instantly etc.

49. Promoted access to legal assistance so that mistreatment of older persons can be reported and punished:

At this time this information is not available.

50. An ombudsman for the rights of older persons or a human rights ombudsman responsible for combating discrimination and mistreatment of older persons:

The Island territory of Curaçao has an ombudsman for general issues.

E. Image

51. Measures implemented to combat the stigma and discrimination associated with ageing and with physical or mental disability in areas such as education, employment and access to public places.

A very recent and significant advance in the aspect of measures implemented to combat the stigma of older persons is the fact that the executive council of Curaçao, on the initiative of the NGO *'Nos Grandinan'* (Our older persons) has nominated, equivalent to the U.S., the Grandparents Day on the second Sunday of September.

Most of the senior citizens are living with relatives, although more and more older persons have to live alone. The amount of older people who are living by themselves is because there is no one (of the family) there for them is graving. They all consider this to be a development of concern, especially for security reasons.

Almost everybody in the population of the Antilles agrees that if aged parents need help, the children are the first ones responsible, and also that it is a child's duty to look after his/her aged parent.

It may be concluded according to abovementioned that the image held by the population regarding the older persons in the community is one of appreciation and compassion.

III. ADVANCES IN THE APPLICATION AND FOLLOW-UP OF THE REGIONAL STRATEGY

3.1. Governing institution and mechanisms for participation in decision-making

There are government social services on the islands of Curaçao, Bonaire and St. Maarten with at least one public servant for policy and ageing.

There are on each island 1 commissioner for social affairs for the territorial government and for the central Government 1 minister for social development

The Netherlands Antilles has several institutions and mechanisms for participation in decision-making. Apart from several pensioners unions from different companies, both the executive council of the island of Curaçao and of St. Maarten has put in place councils for ageing policy (and disabilities). Further more, as mentioned earlier in different areas of priority, recently there has been put in place "*The National Confederation for Pensioners and Elderly Persons*". Which will hold their V Regional seminar and conference of the Latin America and the Caribbean 29-31 October 2007.

3.2. Legislation and policies designed for older persons

Much is done for the older one from humanitarian considerations, but in many aspects there is a need for legalizing those actions. The most important achievements of the past 5 years are on legislation of social insurance:

- a) The General Insurance for the Aged has been raised with approx. US \$55.
- b) On October, 14 2005, the island Bonaire implemented a law for an extra monthly payment in addition to the 'General Insurance for the Aged' of the Netherlands Antilles (US \$363) leveling it up to a maximum of US \$433 based on certain criteria.
- c) Besides the national Pp (pro pauper) system, the territory of the island Bonaire implemented a law on 31 may 2005 for medical support for adults 60 years or older, above the lowest income category, which are unable to keep their insurance or to get a health insurance after becoming 60 years old
- d) Draft country regulation to change the sickness insurance to eliminate the 60 year age-border.
- e) Draft regulation for a general sickness insurance.
- f) In 2004, the foundation "Guarantee Accessibility Care" (SGTZ) has been set up as a safety net for pensioners who by the island government are designated for (budgeted) medical care.
- g) In 2005 Country Regulation for national health council & Island council for Public Health.
- h) In 2005 Island ordinance (Curaçao) for island council for Public Health.
- i) In 2007 the Country regulation concerning rules with respect to institutions for health care has been place in force.

The legislation program:

The planned legislation, which is to be introduced, will be outlined in a program that details the priorities and work arrangements: what will be ready, when it will be completed, and who is responsible for its completion. Also, within this framework, a plan will be developed for the broadening of the efforts of the lawyers, such as developing skills within their own department. The government of the Netherlands Antilles procurement of for law - and legislation, includes in general:

- a) Introduction of an acceptable and payable general pension insurance level (AOV).
- b) Introduction of a general company pension.
- c) Amendment on the SVB regulation in order to cover the group of retired elderly persons,
- d) Introduction of a general (basic) medical system (AZV),
- e) Other important components of the legislation health care are inspection/quality management, establishment of interior qualifications and a medical disciplinary court.
- f) Special tariffs and subsidized services for primary necessities of life.
- g) Introduction of a proper/adequate legislation/island ordinance for managing of the elderly institutions and educating of the corresponding professional the improvement of the care to the elderly.
- h) Solidarity with olds below the existence minimum.
- i) Introduction of a territory regulation phased retirement starting at the age of 55 years.
- j) Implementation of the methodology applied in the project "*Aanzet ouderenbeleid en bejaardenzorg*" of the territory of Curaçao to the other territories of the Netherlands Antilles.

3.3. Budgetary allocation to ageing as a percentage of GDP

Economy - overview⁶

GDP - per capita (PPP): \$16,000. Tourism, petroleum refining, and offshore finance are the mainstays of this small economy, which is closely tied to the outside world. Although GDP has declined or grown slightly in each of the past eight years, the islands enjoy a high per capita income and a well-developed infrastructure compared with other countries in the region. Budgetary problems hamper reform of the health and pension systems of an aging population. Since the Netherlands Antilles does not allocate budget explicitly to ageing, below an overview concerning public pension paid.

In accordance to 2004⁷: Population 60+: 24.430 ;(2006: 33.000)

Approximally 70% of the 60+ population receive pension.

Total population: 180.700; Public Pension paid (AOV): Ang. 21 milj. (approx. US \$ 37 milj.)

Total Budget social securities Ang. 365.634,=;.(approx. US \$203,130).

⁶ Source: world-fact book

⁷ Source: CBS- Statistical yearbook 2005

IV. FUTURE CHALLENGES TO THE APPLICATION OF THE REGIONAL STRATEGY

4.1. General challenges

As mentioned earlier, the constitutional structure of the Netherlands Antilles is the greatest challenge for continuing the implementation process regarding moving forward with legislations, mechanisms, actions, strategies, plans and programs regarding older persons

The general challenges are:

- Five islands that differ in terms of public sector capacity and policy priorities;
- Five communities with 5 territorial governments/(executive councils) and one central government;
- The Netherlands Antilles should be dissolved by the end of 2008 while:
 - a) Two islands are in a process of constitutional change to become autonomous within the Dutch Kingdom and
 - b) Three islands are in a process of constitutional change to become part of the Dutch territory;
- The demographic pressures on pension and health systems⁸

Because of the present-day large group of forty+ in the community, the senior population is increasing substantially and will continue to do so. On the other hand the working population (15 through 59 years of age) is decreasing (because of lower fertility rates and emigration), as well as the premiums paid to the pension funds. The difference between premiums and benefits is becoming disproportionately smaller, since the old-age-benefit is based on the system that those who work pay premiums in order to accumulate money for the already pensioned people receiving the old-age-benefits. The developments mentioned have considerable influence on the social security system, particularly the old-age pension.

Because of the decrease in numbers in the younger age groups during the past two decades, and because of the individualization of the community, the number of people of sixty years and older left alone to take care of themselves is growing, meaning that the governments will have to take care of them in the not too far future. This will mean a great pressure on the already tight budgets.

Priorities are:

- a) Expansion and improvement of the coverage of both contributory and non-contributory pension schemes;
- b) Establish mechanisms for cooperation among the State, civil society and older persons' organizations in order to uphold the rights of older persons;
- c) Procurement of technical assistance, through cooperation between countries and support from international agencies, for the design of policies and programs on ageing and
- d) Promoting corporate responsibilities.

⁸ National report of the permanent committee on population issues, April 2002

4.2. Challenges to the application of the regional strategy

The Regional strategy for the implementation in Latin America and the Caribbean of the Madrid international Plan of Action on Ageing sets out goals, objectives and recommendations for action in each of those three priority areas. There fore, the Government of the Netherlands Antilles recognizes the importance of these 2 documents and will use the guidelines of the United Nations as an issue of priority in the areas of health and social policies en programming. Special attention will be placed on the topics of creation of an enabling and supportive environment (#19 objective 4) and on implementation and follow-up of the regional strategy (#49 objective 2);

#19; objective 4: Expansion and improvement of the coverage of both contributory and non-contributory pension schemes

Recommendations for action:

(a)Expand the coverage and amount of non-contributory pensions in a gradual and sustainable manner, using targeting criteria which ensure the inclusion of older persons who are in more vulnerable positions.

(b)Include the problems of the older population in comprehensive poverty reduction strategies.

(c)Establish mechanisms for cooperation among the State, civil society and older persons' organizations in order to uphold the rights of older persons.

49; objective 2: Procurement of technical assistance, through cooperation between countries and support from international agencies, for the design of policies and programs on ageing

Recommendations for action:

(a)Request international institutions working in the area of ageing through the Inter-Agency Group on Ageing, consisting of ECLAC, the United Nations Population Fund, the Pan American Health Organization, the Inter-American Development Bank, the International Labour Organization, the United Nations Programme on Ageing and the World Bank, to coordinate their activities in order to respond better to the countries' requests for technical assistance in preparing national policies and programs directed at older persons.

V. SUMMARY

5.1. Areas in which the N.A. has made advances are:

In the area 1, on the objective of *Social security*.

In the area 2, on the objectives of *Health services & Long stay-institutions*.

5.2. Areas in which the N.A. has not made significant advances are:

In the area 1, on the objectives of *Human rights, Employment and Education*.

In the area 2, on the objectives of *Healthy environments & Human resources*.

In the area 3, on the objectives of *Social support and Discrimination and violence*.

Appendix- I/(Question #)

Source: E/C.12/ANT/3-page 16-Article 9
Third periodic reports submitted by States parties
under articles 16 and 17 of the Covenant Addendum

NETHERLANDS ANTILLES IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

61. The Old-Age Insurance Act provides for compulsory insurance against the financial consequences of old age for the entire population of the Netherlands Antilles. Under its provisions, insured persons receive an old age pension on reaching the age of 60.

62. As a result of amendments to the Old-Age Insurance Act, effective from 1 January 1996, anyone who reaches the age of 60 and is insured has an independent entitlement to a pension irrespective of his/her civil status. In the case of married couples where the person entitled to a pension is 60 years or older but his/her partner has not reached pension age, the rule is that the partner will receive an allowance provided their joint income does not exceed 12,000 guilders annually.

E/C.12/ANT/3
page 17

63. If a person entitled to a pension/allowance dies, a lump sum equal to four months' old-age pension will be paid to eligible dependants in accordance with the requirements of fairness. All who qualify for a pension receive a Christmas bonus in December which is 100 per cent (as of 2001) of the monthly pension they are entitled to in the period preceding September of that year.

64. The old-age insurance contribution is 4.5 per cent of the employee's income on the understanding that no contribution is due on that part of the income over 45,427.20 guilders per year. The contribution is deducted by the employer and remitted to the SVB. Applications for review may be lodged with the court of the island territory.

65. The widow(er)'s pension varies from 240 to 520 guilders depending on age. A widow(er) with one or more children receives the maximum amount. The orphan's pension varies from 174 to 240 guilders depending on age, whether the person is disabled or enrolled in full-time education and whether he/she is categorized as half orphan or full orphan. The widow(er) entitled to the pension receives on remarriage a lump sum representing one year's pension. On the death of the widow(er) receiving the pension, an eligible dependant receives an amount representing three months of pension allowance.

66. Pension contributions are paid by the employee and the employer equally and amount to 1 per cent of the employee's income. No contribution is due on that part of the income over 45,427.20 guilders per year. The employer deducts the contributions and remits them to the SVB. The government pension fund provides for pensions for widow(er)s and orphans of government employees and civil servants. The amount depends on the last pay received and is supplemented by a cost-of-living allowance.

Appendix II - Table 1

Statistical Yearbook 2005

1. Social Securities (x 1000 Naf.)					
	2001	2002	2003	2004	2005
General Old Age Insurance					
premium received	159938	193890	194681	187942	204778
amount paid	180592	188610	196901	206910	218627
General Widow's and Orphans Ins.					
premium received	15994	19389	19468	18794	20478
amount paid	12986	13013	13465	13437	13895
Accident Insurance					
premium received	20151	21142	20479	18415	19874
amount paid	3560	3236	3850	3713	4290
of which sickness benefits	3534	3211	3737	3623	4149
medical costs	27	25	114	90	141
Illness Insurance					
premium received	122945	130495	131366	143282	151150
amount paid	117885	126883	134169	141574	143703
of which sickness benefits	14720	13332	14001	14008	15612
medical cost	103165	113551	120169	127566	128091
Source: Social Security Bank (SVB)					

Appendix III - Table 2

1. Gross Domestic Product by sector and industry, Netherlands Antilles.					
		2001	2002	2003	2004
		min Naf			
Non-financial corporations					
A+B+C	Agriculture, fishing and mining	42.2	36.9	33.9	34.3
D	Manufacturing	303.9	309.3	299.7	311.2
E	Electricity, gas and water	224.5	213.1	254.4	263.7
F	Construction	230.6	258.8	284.2	285.3
G	Trade	639.2	630.1	642.6	672.0
H	Hotels and restaurants	197.0	200.7	205.6	216.6
I	Transport, storage and communications	424.4	499.0	505.4	509.3
K	Real estate, renting and business activities	374.6	362.4	379.1	378.4
M	Education private	13.7	16.2	20.7	20.8
N	Health and social work	183.8	191.2	190.3	188.4
O	Other community, social and personal	170.1	193.0	198.3	210.0
Gross value added, marketprices		2803.9	2910.7	3014.2	3090.1
Financial corporations					
J	Financial intermediation	737.7	738.1	754.8	808.0
Gross value added, marketprices		737.7	738.1	754.8	808.0
Government incl. Social security					
A+B+C	Agriculture, fishing and mining	0.5	0.5	0.6	0.4
I	Transport, storage and communications	16.5	14.6	16.5	17.1
K	Real estate, renting and business activities	2.0	2.0	2.3	2.0
L	Public administration and defence; compulsory social security	523.4	433.3	453.4	444.9
M	Education	152.4	144.8	162.7	173.2
N	Health and social work	75.0	74.6	75.9	75.6
O	Other community, social and personal service activities	60.6	56.5	65.5	65.0
Gross value added, marketprices		830.4	726.2	776.9	778.3
Households & Non-profit institutions serving households					
A+B+C	Agriculture, fishing and mining	0.9	1.0	1.1	1.0
D	Manufacturing	0.8	0.6	0.5	0.5
F	Construction	1.4	1.3	1.5	1.5
G	Trade	7.6	7.8	6.8	6.8
H	Hotels and restaurants	6.4	4.4	2.7	2.9
I	Transport, storage and communications	27.3	26.7	28.0	27.3
K	Real estate, renting and business activities	420.2	449.8	460.1	467.7
N	Health and social work	1.5	2.0	2.4	2.4
O	Other community, social and personal service activities	33.4	27.0	30.5	30.8
P	Private households	16.6	20.8	18.8	21.8
Gross value added, marketprices		516.0	541.4	552.4	562.7
Total Gross Value Added, marketprices		4888.1	4916.4	5098.3	5239.1
Plus: Taxes less subsidies on products		507.4	520.1	519.9	549.0
Minus: finan. Intermediation indirectly measured		127.9	111.2	110.2	123.1
Gross Domestic Product, market prices		5267.5	5325.4	5508.0	5665.0

Appendix IV - Table 3

1. Social Securities (x 1000 Naf.)					
	2002	2003	2004	2005	2006
General Old Age Insurance					
Premium received	193890	194681	187942	204778	221100
amount paid	188610	196901	206910	218627	237845
General Widow's and Orphans Ins.					
Premium received	19389	19468	18794	20478	22112
amount paid	13013	13465	13437	13895	15032
Accident Insurance					
Premium received	21142	20479	18415	19874	22805
amount paid	3236	3850	3713	4290	4869
of which sickness benefits	3211	3737	3623	4149	4817
medical costs	25	114	90	141	52
Illiness Insurance					
Premium received	130495	131366	143282	151150	160230
amount paid	126883	134169	141574	143703	153279
of which sickness benefits	13332	14001	14008	15612	17042
medical cost	113551	120169	127566	128091	136237
Source: Social Security Bank (SVB)	Total (2004)		365634		

Table 4

14. Population by Type of Insurance, Census 2001.					
	Bonaire	Curaçao	Saba	Sint Eustatius	Sint Maarten
PP-card	1400	25787	57	284	1155
SVB	5062	45708	349	857	11899
BZV	2181	16935	447	172	2171
ZOG	204	4358	25	71	541
Insurance by employer	243	10201	16	202	944
Private insurance	1195	13660	116	208	3412
Other type of insurance	207	3907	176	133	1234
Not insured	299	10071	163	365	9238
Total	10791	130627	1349	2292	30594

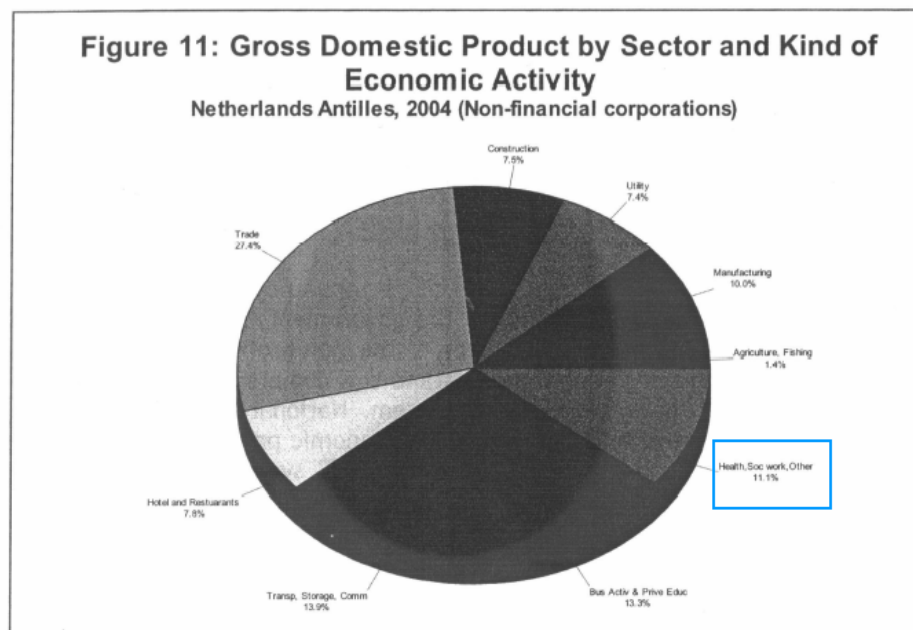
Appendix V Table 6

C. Public Health

7. Geriatric Homes, per October 2001		Number of beds
Home		
Bonaire		
Kas di Sosiego Bonaire		75
Curaçao		
Huize Welgelegen		170
Richardus Huis		70
Nos Lanterna		67
Bejaarden Centrum Dr. Hugenholtz		50
Nos Welita		52
Huize Zorg en Hoop		75
Kas di Ansiano Uni		41
Sint Maarten		
St. Martins Home		65
Saba		
Hon. Henry Carlyle Every Home for the Aged		22
Sint Eustatius		
Auxiliary Home		13
Total Netherlands Antilles		700

Source: Department of Public Health and Environmental Hygiene

Table 7



This paper has been prepared and issued without formal editing
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Directorate of Social Development

Willemstad, October 2007