

**Statement by Bridget Slep to the Committee for the Elimination
of All Forms of Discrimination Against Women on the Combined
Second, Third and Fourth Periodic Reports of States Parties from
the Government of Bolivia
14 January 2008**

Madam Chair, thank you for this opportunity to address the Committee.

My name is Bridget Slep and I am representing HelpAge International in Bolivia. I would like to highlight three critical issues that older Bolivian women themselves have repeatedly identified where they experience multi-layered discrimination because they are women, because they are poor, because they are old and because of their ethnic origin.

These three issues are:

- access to identity documentation
- access to social security
- access to free and appropriate health care

Lack of identity documentation

The first issue is lack of identity documentation. Many older women in Bolivia are denied access to their rights because they do not have identity documentation which proves their age and eligibility for entitlements, such as social security and health care.

Added to this is the lack of national, district and community level data disaggregated by age and sex. Such data is essential for the development of appropriate policies and programmes that realise the rights of older women.

We therefore recommend that the Government support the collection of population data disaggregated by age and sex and make the process of registration for entitlements, including verification of age, more straightforward.

Access to social security

Older women in Bolivia, particularly in rural areas, are disproportionately poor compared to the population as a whole with little or no regular income. Despite the introduction of new legislation replacing the existing universal non-contributory social pension with the new Renta Dignidad, older women continue to face barriers to accessing this entitlement. These include discrimination by public officials, lack of identity documentation and the prohibitive cost of travelling to the bank. Present plans to fund the Renta Dignidad with income

received from a hydrocarbon tax and the earnings from a state owned oil and gas company are subject to international oil prices and political factors and therefore short, mid and long term funding for the *Renta Dignidad* is not secure.

We therefore recommend that the Government examine ways of ensuring rural older people, particularly women, access their social security payments through strengthening and expansion of the banking system and exploring alternative delivery mechanisms. We also ask the Committee to urge the Bolivian Government to develop a long term financing mechanism for the *Renta Dignidad*.

Access to free and appropriate health care

Despite legalisation guaranteeing older women's access to free basic health care, many are unable to realise this right. One of the major barriers is lack of identity documentation, as already mentioned. But others include having to queue for a long time whilst waiting to be seen, the long distances to health posts and clinics, and the prohibitive financial cost of transport. Lack of equipment and medicines, and inadequate training of health personnel in older people's illnesses also limit the health services available to older women.

A significant barrier for older women in rural areas is the discrimination they experience because of their ethnicity and the fact that their primary language is different to that of the health personnel. Older people have also reported being provided with expired medicine or medicine that was in poor condition.¹

Concerns over financing for the new health insurance scheme are similar to that of the universal pension, and whilst the municipalities are allocated approximately US\$56 a month per eligible person to cover the costs of this scheme, the municipalities do not necessarily ensure that this money is directly allocated to the costs associated with older peoples' health care. Many of the municipal governments lack understanding of the laws protecting older people and the technical capacity to implement them.

We therefore recommend that the Government provide training in geriatric medical care to health care personnel; that they provide free emergency transport to health centres for older people and appropriate training on indigenous language and culture for medical staff working in rural health centres.

With regard to financing, we urge the Government to put in place accountability measures with regard to funding received by municipalities that is designated for health care of older people and to arrange a long-term financing mechanism for the health insurance scheme. We also suggest greater dissemination of the information on the laws protecting older people and training and support for municipal government staff having to implement them.

Finally, I would like to refer you to our written submission for further details on all of these issues. Thank you.

¹ Centro de Orientación Socio Legal, La Paz, 2007.