

NGO THEMATIC SHADOW REPORT ON OLDER WOMEN'S RIGHTS IN BOLIVIA

Submitted to the 40th session of the Committee on
the Elimination of All Forms of Discrimination
Against Women (CEDAW)

In relation to Bolivia's *Combined second, third and fourth
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I. Executive Summary

HelpAge International is submitting evidence to highlight the experience of older women's realisation of rights in rural Bolivia. Discrimination in Bolivia is complex. Older women who live in rural areas experience some of the greatest discrimination in Bolivia as a result of their gender, age, level of poverty and ethnic origin.

This submission sets out the context in which rural older women live and highlights the discrimination they experience. It focuses on three main areas: legislation and policies to realise older women's rights (Articles 2 and 3), the right to social security (Article 11) and the right to health (Article 12). Recommendations are made for the Government action in each of the three areas.

Many rural older women in Bolivia are denied access to their rights because they do not have identity documentation which proves their eligibility for entitlements. In addition lack of identity documentation prevents older women exerting other rights related to citizenship: they are excluded from democratic processes, are unable to vote, to stand for or be elected to public office.

Making the process for obtaining identity documentation more accessible to older women would be a significant step forward in the realisation of their rights. Lack of data disaggregated by age and sex prevents the formulation of appropriate policies and programmes for older women. Supporting the collection and analysis of such data would improve design and resource allocation of policies and programmes.

The right to social security is denied to many rural older women. If the process for obtaining identity documentation and for receiving social security payments was made accessible for rural older women, they would be better able to access their entitlement to social security. Furthermore, developing a long term financing mechanism for the delivery of social pensions would ensure that their right to social security was protected into the future.

Despite legislation guaranteeing older people free health care, rural older women in particular often encounter discrimination while claiming this entitlement. They do not speak the same language as their medical caregivers, are not able to obtain identity documentation and are required to travel long distances to urban areas to receive medical attention, at their own cost. The new legislation (*Law 3323 Health Insurance for Older People*) is an improvement on former legislation, however there is still a need to develop a long term financing mechanism and to formalise how local health care providers will receive funding, in order to ensure that older women's right to health is realised.

HelpAge International in Bolivia

HelpAge International is a global network of not-for-profit organisations that prioritises working with older people to realise their rights, to participate in civil society and to access to health services. HelpAge International has been operational in Bolivia since 1991 and has supported a great many development projects and the formation and strengthening of older people's groups and networks at local, departmental and national levels.

HelpAge International has also been supporting the creation of centres for socio-legal advice which provide poor marginalised older people with information on their rights. The centres help them obtain their identity documents, ensure they know how to access their entitlements and also deal with cases of personal or institutional abuse.

II. Recommendations to the Committee on the Elimination of Discrimination against Women

We recommend that the CEDAW Committee:

1. Urge the Bolivian Government to support the collection of population data disaggregated by age and sex and the creation of a database by the National Institute of Statistics for the population over 60 years old.
2. Urge the Bolivian Government to invest in technology that can organise and coordinate the data on older people and make the process of registration for entitlements, including verification of age, more straightforward.
3. Urge the Bolivian Government to invest in mobile teams that can travel to the rural areas and help older people register for their entitlements.
4. Urge the Bolivian Government to examine ways of providing rural older people their social security payments in rural areas, relying on institutions other than banks, such as local saving cooperatives, to be intermediaries.
5. Urge the Bolivian Government to develop a long term financing mechanism for the *Renta Dignidad*.
6. Urge the Bolivian Government to include older women's health needs in strategies for medical care and community health projects.
7. Encourage the Bolivian Government to formalise how the local rural health centres will receive funding from the municipalities in exchange for providing services to rural older people.
8. Urge the Bolivian Government to place accountability measures on the municipalities in regard to the funding they receive that is designated for health care of older people.
9. Urge the Bolivian Government to arrange a long-term financing mechanism for the health insurance scheme.
10. Urge the Bolivian Government to provide training of rural hospital staff and municipalities about geriatric medical care and the health needs of older women. In addition, provide training to rural health staff on how to respect the culture of the indigenous people and particularly their conceptions regarding health and sickness.
11. Encourage the Bolivian Government to provide medical staff in the rural areas that can speak the language that is spoken by the patients.
12. Encourage the Bolivian Government to invest in emergency transport that can provide free transport to those older people who are unable to transport themselves to the closest clinic.

III. CEDAW and older women

In its Decision 26/III Ending discrimination against older women through the Convention, the Committee for the Elimination to Discrimination Against Women (hereafter the Committee) recognised that the Convention “is an important tool for addressing the specific issue of the human rights of older women”¹. In particular the Committee recognised that discrimination against women throughout their lifespan has a severe and compounded impact on women in old age. It recognised the lack of statistical data disaggregated by age and sex, including the incidence of poverty and violence against older women, and the need for improving older women’s economic, physical, mental and social well-being as well as their participation in society. Given its concern for the situation of older women, in particular poor rural older women, we urge the Committee to continue to highlight discrimination against older women and encourage states to systematically address the rights of older women when reporting on their progress in implementing CEDAW.

The Madrid International Plan of Action on Ageing (MIPAA) was endorsed by the UN General Assembly in 2002. It provides detailed recommendations to member states on how it can realise the rights of older people through the three main areas of development, advancing health and well-being into old age and enabling and supportive environments. It has a strong gender perspective, recognising that women and men experience old age differently and as such provides a clear framework for realising the rights of older women. We urge the Committee to take into account member states’ commitment to MIPAA when considering recommendations and concluding observations on the rights of older women.

IV. The National Context: Older Women in Bolivia

Bolivia is undergoing a rapid ageing process. According to the Bolivian National Institute of Statistics, 7% of the population is currently over the age of sixty (approximately 600,000 people), a percentage expected to rise to 18% by 2050 (approximately 2.7 million).² As the population ages, the number of older women will increase.

Older women and men experience ageing differently in Bolivia. Older women are more likely than men to live alone without a partner and without support: 14% of older women compared to 12% of older men were living on their own in 2006.³ They are less likely to remarry after the death of a partner and are more likely to be divorced or abandoned by their partner. In 2006, only 47% of older women were married compared to 75% of older men.⁴ Women also live longer than men. In Bolivia in 2006, there were 83 men for every 100 women over 60, but only 67 men per 100 women over 80.⁵ The fact that older women live longer, are less likely to remarry and more likely to live on their own than older men tends to

¹ CEDAW, *Ending discrimination against older women through the Convention*, 07/05/02, A/57/38 (Part 1), para 430-436 (Decision)

² UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

³ UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

⁴ UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

⁵ UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

increase older women's vulnerability, forcing them to rely on the goodwill of relatives and neighbours for economic security.

V. Discrimination and older women's rights in Bolivia

The experience of HelpAge International and its partners has been that older women in Bolivia face discrimination on the basis of their gender, age, poverty and race. Older women are more likely than older men to live alone and without support, to have the burden of care for dependents, to experience violence and to be denied their rights to social security, security in old age, health and representation.⁶

Older women and men are disproportionately poor in Bolivia, South America's poorest country, with a Human Development ranking of 117⁷ and a GDP per capita of \$2720⁸. In terms of the gender disparity, its gender-related development index (GDI) is 99.4% of the value of its HDI and its gender empowerment measure (GEM) ranks 67th out of 94 countries, with a value of 0.500⁹.

More than 63% of the older people in Bolivia live in poverty, compared to 58.6% for the general population¹⁰. Twenty-three percent of the Bolivian population live on less than a dollar a day¹¹, whereas approximately 36% of older people in Bolivia live on less than US\$1 per day,¹² with poverty indices significantly higher in the rural older population.

Poverty in Bolivia is both an urban and a rural phenomenon. However, the rural populations face severe marginalization and poor access to service with 80% of the population unable to meet its basic needs¹³. In many rural locations there is no electricity supply, pipe borne water, sanitation or sewage systems. This has a significant impact on older women in terms of the burden of fetching water, hygiene and related illnesses. Rural populations are disproportionately made up of older people, particularly older women. According to a 2004 study by Bolivia's National Statistics Institute, 25 rural municipalities in the Departments of La Paz, Oruro, Potosí and Cochabamba have between 15% and 20% of their total populations over the age of 60¹⁴, a considerable way above the national average of 7%¹⁵. A life of physically demanding work combined with a poor diet means that older people in rural areas experience poorer health than their counterparts in the cities.

Low literacy levels also prevent older women realising their rights. Approximately 8 out of every 10 rural older women do not read or write¹⁶ making it more difficult for them to understand public policy and obtain identity documentation required to access entitlements. Seventy-three percent of those who live in rural areas are

⁶ HelpAge International, Project proposal to SIDA, 2001.

⁷ Human Development Report 2006/7 Country Fact Sheets, Bolivia, http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_BOL.html

⁸ Bolivia: The Human Development Index, Going Beyond Income. United Nations Development Program. http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_BOL.html. 2004.

⁹ Human Development Report 2006/7 Country Fact Sheets, Bolivia, http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_BOL.html

¹⁰ Bolivia 2001 Poverty Map. Unsatisfied Basic Needs. Synthesis. La Paz. April 2002.

¹¹ World Bank. 2006. *World Development Indicators 2006*. CD-ROM. Washington, D.C.

¹² MECOVI Study 2002. HelpAge International. 2002.

¹³ Bolivia: Características socioeconómicas de la población Adulta Mayor. Encuesta de Hogares MECOVI 2001, HelpAge International Latin America Regional Development Centre and Bolivian National Institute of Statistics, La Paz, 2002.

¹⁴ 2001 Bolivia Census Data. National Institute of Statistics. Bolivia. 2001.

¹⁵ 2001 Bolivia Census Data. National Institute of Statistics. Bolivia. 2001.

¹⁶ 2001 Bolivia Census Data. National Institute of Statistics. Bolivia. 2001.

indigenous people who do not speak Spanish as their first language¹⁷. Those who do not speak Spanish encounter discriminatory practices by public officials making it difficult for these older people to access information on their entitlements and how to obtain them.

The disproportionate discrimination experienced by illiterate, indigenous, rural older women is revealed in the analysis of cases attended to by the Centros de Orientación Socio Legal (Legal Advice Centres)¹⁸. 59% of the Bolivian cases are from people who come from rural areas. 24% of clients of the Bolivian COSL had an indigenous language as their mother tongue, 2/3 of them whom were women, and 44% are bilingual (indigenous and Spanish speakers), amounting to a total of 68% of clients being indigenous language speakers.¹⁹ Consequently, the proportion of undocumented and/or illiterate older people, particularly older women, is considerably higher in rural than in urban areas.

The poverty which older women face is not just monetary but encompasses situations of extreme food insecurity, limited livelihood possibilities, exclusion due to abandonment by family members who have migrated to urban areas, and discriminatory policies against older people and the disenfranchised rural poor. The cumulative gender bias experienced in old age as a result of a lifetime of working in the informal sector with frequent breaks for child bearing and rearing means that older women are less likely to have saved for old age and have fewer opportunities in the labour market.

Older women also experience physical and psychological abuse. The majority of the cases on abuse dealt with by the COSL were lodged by women²⁰. Psychological abuse is the most common type of violence experienced by older women, including bearing insults, threats, humiliation, and discrimination committed by their families, neighbours and public officials. Physical violence includes aggression from family members (children, husband, grandchildren, and nephews/nieces), neighbours and the community. Sexual abuse is less visible and less reported due to fear of what people might say and of isolation. Older women also experience economic abuse, for example others stealing their pension payments, property and other forms of income, or the delayed repayment of debts and return of hired items.

Yet, despite these constraints older women make considerable contributions to their families and communities and have developed a range of livelihood strategies to ensure their survival and that of their families. Evidence from previous and current HelpAge International projects in rural areas indicates that older people who do not suffer from debilitating illness are extremely active and dynamic citizens who maintain a diverse portfolio of enterprising productive strategies to maintain their own wellbeing, and often those of their families too.

VI. Older women and the implementation of CEDAW in Bolivia

Articles 2 and 3: Legislation and policies realising the rights of older women in Bolivia

¹⁷ 2001 Bolivia Census Data. National Institute of Statistics. Bolivia. 2001.

¹⁸ The Legal Advice Centres provide free advice on older people's rights, help them to access legal entitlements and benefits, such as pensions, and offer support to older people who have been abused.

¹⁹ HelpAge International, *End of Second Year Report*, Continuous International Grants Programme, HelpAge International, December 2006, unpublished.

²⁰ HelpAge International, *End of Second Year Report*, Continuous International Grants Programme, HelpAge International, December 2006, unpublished.

Articles 2 and 3 commit states to adopting legislative measures prohibiting discrimination against all women and ensuring the full development and advancement of women so that they can enjoy their rights.

Bolivia attended the Second World Assembly on Ageing and endorsed the Madrid International Plan of Action on Ageing (MIPAA) in 2002. We welcome the government's subsequent efforts to develop a multi-sectoral national plan of action on ageing. The National Plan for Older People was approved in 2002. It is a plan that establishes strategies, goals and objectives in development and social wellbeing, health, juridical-institutional and the economy.

One of the major barriers to older women realising their rights is their lack of identity documentation. Issues to do with documentation comprised 41% of the total number of cases referred to the Legal Advice Centres. A Carnet de Identidad (identification card) is needed to prove their eligibility for the pension and to register for the health insurance scheme. However, to obtain an ID one needs to present a birth certificate or a baptism certificate, in addition to presenting two witnesses. Birth certificates have only come into existence in Bolivia recently and a majority of older people in rural areas have not been baptised. Therefore many rural older women have neither a birth certificate nor a baptism certificate. In addition, many older women in rural areas are unable to prove the date and location of their birth. Consequently, there are many older women in rural areas who are without identity documentation and as a result, are unrecognised by the government.

Raquel Gutiérrez (77 years) could only find a photocopy of her baptism certificate. It was rejected by the officials because it was not an original. She asked the archbishop for the original, but they were unable to find it and they told her that her document was false. She was told that she had to get baptized in order to have the document that was needed by the officials. However, a requisite for baptism was that she must take a short course, which would last several days. She could not do this because of problems to do with transport.²¹

In addition, to obtain documentation one has to travel to the urban areas which is not only time-consuming for those that live in rural areas but also costly. When errors are found in identity documentation the process of correcting the errors is long and arduous, although necessary in order to claim entitlements.

I waited in line since 6am until 2pm so that I could get my identity documentation. They attended to me, but they took a long time – making me go up and down one floor or another, asking me where I live, who were my parents, my siblings, relatives and besides that, I had to sing the national anthem because they thought I was Peruvian. Also, I was worried and exasperated. I did not have lunch and I was not able to buy myself anything. During this time, I waited in line and they made me pay 17 bolivianos for a document. They took my photo and told me to return in the morning to collect my carnet de identidad. I lost nearly the whole day trying to sort out my identity documentation.²²

A major barrier to older women realising their rights 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.

²¹ Centros de Orientacion Socio Legal, La Paz, 2007.

²² Antonia Sonco Coaquira. Centros de Orientacion Socio Legal, La Paz, 2007.

Recommendations

We recommend that the CEDAW Committee:

- Urge the Bolivian Government to support the collection of population data disaggregated by age and sex and the creation of a database by the National Institute of Statistics for the population over 60 years old.
- Urge the Bolivian Government to invest in technology that can organise and coordinate the data on older people and make the process of registration for entitlements, including verification of age, more straightforward.
- Urge the Bolivian Government to invest in mobile teams that can travel to the rural areas and help older people register for their entitlements.

Article 11: Older women's access to social security

CEDAW recognises older women's right to social security throughout the lifecycle and particularly in old age.

MIPAA recognises that *appropriate social protection/social security measures are required to address the feminisation of poverty, in particular among older women* (51).

MIPAA recommends that States:

- Promote programmes that enable all workers, in both the formal and informal sectors, to have access to appropriate social security (52).
- Provide minimum income for all older people through establishment of non-contributory pensions (53a).
- Provide minimum income for those *with no other means of support, most of whom are women, in particular those living alone who tend to be more vulnerable to poverty* (53b).

The Bono Solidario, otherwise known as the *Bonosol*, is a universal non-contributory cash transfer pension payment of approximately \$230 per year to all over the age of 65. This has been in existence since 1998 and as of 2004, 77% of those eligible were claiming this entitlement. The new law, *Renta Vitalicia Dignidad*, due to come into effect on 1 January 2008, resolves some of the problems that have surrounded the former law, but problems still remain even when older people manage to claim this entitlement.

An issue that was seen with the *Bonosol* and looks to continue under the *Renta Vitalicia Dignidad* is the distance that rural older women have to travel to receive their cash transfer. Under *Bonosol* and the *Renta Vitalicia Dignidad* older people are required to visit a bank to claim their pension, which entails travelling to one of the major cities. For those that live far from the city this entails prohibitive costs in transportation, food and accommodation as well as problems related to the change in language, climate and altitude.

In order for Maria Ticona Chipana (79 years) to receive her pension payments she has to walk two hours to the main road, she then travels on a bus for an hour,

*changes buses and travels for another 5 hours. The return journey takes 16 hours without taking into account the amount of time she spends waiting at the bank.*²³

Since the payment is presently made in cash once a year at a bank (only available in urban areas), rural older people travelling back home with this money are often the victims of assault, or are forced by family members to hand the money over to them. The new law has made it possible to withdraw cash on a monthly basis, or possibly every three months in rural areas, however the distance for rural older people and the associated costs of travelling make a monthly visit to the nearest city unlikely.

In addition, barriers to securing identity documentation remain and will continue to prevent older women realising their rights to social security under the *Renta Dignidad*.

The *Renta Dignidad* is to be funded from the income received from the hydrocarbon tax and the earnings from the state owned oil and gas company, Yacimientos Petrolíferos Fiscales Bolivianos (YPFB). There is speculation that this financing mechanism is sustainable for at least fifty years, however there is the possibility that it could be as short as twenty years. Decisions on the spending of this revenue are subject to political factors and therefore short, mid and long term funding for the *Renta Dignidad* is not secure. A long-term, sustainable financing mechanism is needed to ensure that older women receive the social security to which they are entitled.

Recommendations

We recommend that the CEDAW Committee:

- Urge the Bolivian Government to examine ways of providing rural older people their social security payments in rural areas, relying on institutions other than banks, such as local saving cooperatives, to be intermediaries.
- Urge the Bolivian Government to develop a long term financing mechanism for the *Renta Dignidad*.

Article 12: Older women's access to health in Bolivia

CEDAW recognises older women's rights to access health care services.

Advancing health and well-being into old age is one of the three priority directions of MIPAA. It promotes:

- A life-course approach to health and well-being, particularly for women, as they face obstacles throughout life *with a cumulative effect on their social, economic, physical and psychological well-being in their later years* (64)
- *The elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older people have universal and equal access to healthcare* (74)

Law 3323 *Health Insurance for Older People* guarantees older people over 60 years who do not already have medical insurance free health care, including laboratory services, dental work, hospitalisation, treatment and medication. This law has

²³ Centros de Orientacion Socio Legal, La Paz, 2007.

surpassed the *Law of Rights and Privileges of Older People (Decree 1886)* in effect from 1998 to 2006.

One of the major barriers to rural older women accessing free health care is lack of identity documentation proving their eligibility to this entitlement.

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. HelpAge International's Older Citizen Monitoring Project (2003-2006) demonstrated that the greatest barrier for old women accessing quality health care services was the discrimination and lack of respect experienced from health staff and administrators in hospitals and clinics. Older people have reported being provided with expired medicine or medicine that was in poor condition.²⁴

'The doctor did not give us good attention, he just fought with us, shouted at us, and did not give us the right medications. The doctor spoke to us in Castellano (Spanish), but we only speak Aymara and we did not understand the terms used by the doctor.' (Dona Catalina, El Alto OCM Group, 2007).

Other barriers to older women accessing health care include having to queue for long periods of time whilst waiting to be seen. The Sucre Older Citizen Monitoring Group found that the average time spent waiting to be seen by a doctor was between thirty minutes and three hours.

'In the policlínicos there was sufficient wait, for example in the policlínico Manco Kápac I arrived at 9 in the morning and I was given the number 44, this meant that they were going to attend to me in the afternoon, so I had to wait.' (Mabel, La Paz OCM Group, 2007)

The distance to health posts and clinics prevents rural older women from receiving quality health care. Law 3323 *Health Insurance for Older People* has decentralized the provision of free health care and enabled rural older people to visit a health centre in their area. The earlier *Law of Rights and Privileges of Older People* only offered free medical care at the medical facilities in large urban cities and therefore many older people were forced to travel to the larger urban centres to receive free treatment. Mobile health clinics have also enabled easier access to health care when needed.

However, in more serious health cases, older women are still required to travel to the urban areas to receive treatment. For many rural older women this requires walking for some distance to communities that are frequented by public transport. In addition, the roads in the rural areas are made of dirt or gravel, making travel slow-going especially during the rainy season. This is difficult for healthy older people, let alone older people who are sick.

The new law has established that the municipalities will be responsible for the financing of the health insurance scheme and specifically, for ensuring that health centres in their locality are reimbursed for the care provided to older people. It has yet to be seen how the municipalities will reimburse local health centres, especially in areas where there are poor roads and infrastructure which would make reimbursement challenging.

The new law has established that the health scheme will be funded by the income received from the hydrocarbon tax. As mentioned earlier, the income received

²⁴ Centro de Orientación Socio Legal, La Paz, 2007.

from this tax is not guaranteed; therefore a long-term financing mechanism is needed to ensure that older women receive the health care they need. In addition, the municipalities are allocated 450 Bolivianos (approximately US\$60) a month per eligible person to cover the costs of this scheme. However, the municipalities do not necessarily ensure that this money is directly allocated to the costs associated with older peoples' health care.

Treatment is not necessarily straightforward for older rural women even when taking into account the decentralization in the health care system. Lack of equipment and training of health personnel on knowledge of the health issues of older people limits the health services available to rural older women. In the department of La Paz, where there are nearly 186,000 older people²⁵, there are only 5 doctors that specialize in geriatric health care²⁶.

Recommendations

We recommend that the CEDAW Committee:

- Urge the Bolivian Government to include older women's health needs in strategies for medical care and community health projects
- Encourage the Bolivian Government to formalise the process for how the local rural health centres will receive funding from the municipalities in exchange for providing services to rural older people.
- Urge the Bolivian Government to place accountability measures on the municipalities in regard to the funding they receive that is designated for health care of older people.
- Urge the Bolivian Government to arrange a long-term financing mechanism for the health insurance scheme.
- Urge the Bolivian Government to provide training of rural hospital staff and municipalities about geriatric medical care and the health needs of older women and men. In addition, provide training to rural health staff on how to respect the culture of the indigenous people and particularly their views regarding health and sickness.
- Encourage the Bolivian Government to provide medical staff in the rural areas that can speak the language that is spoken by the patients.
- Encourage the Bolivian Government to invest in emergency transport that can provide free transport to those older people who are unable to transport themselves to the closest clinic.

²⁵ 2001 Bolivia Census Data. National Institute of Statistics. Bolivia. 2001.

²⁶ Centro Medico Departamental de La Paz,

http://www.colmedlp.org/sociedades/medicos/index.php?s_spec=0&s_lname=&s_sp=GERIATRIA, 2007.

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