

**Inputs of the Commission on Human Rights of the Philippines to the Report of the Special Rapporteur on the Rights of Older Persons With Disabilities for the 74th Session of the General Assembly (Human Rights Council Resolution 35/6)**

The Commission on Human Rights of the Philippines (CHRP),[[1]](#footnote-1) as the country’s national human rights institution, submits this written inputs to the Special Rapporteur on the Rights of Persons With Disabilities for the Report to the 74th Session of the General Assembly which aims to identify and address specific human rights concerns faced by both persons with disabilities who are ageing and older persons who acquire a disability.

This submission utilizes the CHRP’s own documentation of independent monitoring activities and statements which were subjected to internal deliberations of our Commission En Banc (CEB) and also the interventions undertaken by all CHRP offices in responding to the concerns of older persons in the Philippines given our mandate to promote the protection of, respect for, fulfillment, and enhancement of the people’s civil, political, economic, social and cultural rights, especially the marginalized and vulnerable sectors of society, including older persons as among this target group.[[2]](#footnote-2) In addition, this submission takes into consideration reports from the government, civil society, media, and international non-governmental organizations.

*1. Please provide information on the legislative and policy framework in place in your country to ensure the realization of the rights of older persons with disabilities, including both persons with disabilities who are ageing and older persons who acquire a disability later in life.*

In the Philippines, the rights of older persons and persons with disabilities in general are recognized and guaranteed under the 1987 Constitution under the Articles on the Bill of Rights[[3]](#footnote-3) and the Social Justice and Human Rights,[[4]](#footnote-4) among others. Aside from these, there are constitutional provisions which guarantee the prioritization of the rights of both sectors. These provisions focus on the following:

1. Right to suffrage - “... The Congress shall also design a procedure for the disabled and the illiterates to vote without the assistance of other persons. Until then, they shall be allowed to vote under existing laws and such rules as the Commission on Elections may promulgate to protect the secrecy of the ballot.”[[5]](#footnote-5)
2. Right to health - “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. …”[[6]](#footnote-6)
3. Right to participate in the society - “The State shall establish a special agency for disabled persons for rehabilitation, self-development and self-reliance, and their integration into the mainstream of society.”[[7]](#footnote-7)
4. Right to education - “The State shall: … Provide adult citizens, the disabled, and out-of-school youth with training in civics, vocational efficiency, and other skills.”[[8]](#footnote-8)
5. Right to an adequate standard of living - “The family has the duty to care for its elderly members but the State may also do so through just programs of social security.”[[9]](#footnote-9)

These constitutional promises are sought to be fulfilled and operationalized through the adoption of several legislative and policy measures for the protection and promotion of the rights of both sectors. The most comprehensive of these legislative measures, in terms of recognizing their rights and the corresponding responsibilities of the State, are:

1. Convention on the Rights of Persons With Disabilities (CRPD) - The Philippines ratified the CRPD in 2008 and by doing so, committed to implementing fully the provisions of this binding international treaty. Since its ratification, the CRPD served as the basic and common framework among policy-makers in the provision of policy interventions for persons with disabilities, including older persons with disabilities, in the country.
2. Republic Act No. 9442 or the *Magna Carta for Disabled Persons* - This law “aims to provide persons with disability, the opportunity to participate fully into the mainstream of society”[[10]](#footnote-10) and recognizes that persons with disabilities “have the same rights as other people to take their proper place in society,”[[11]](#footnote-11) “should be able to live freely and as independently as possible,”[[12]](#footnote-12) and that their rights “must never be perceived as welfare services.”[[13]](#footnote-13) Significant features of the law include:
	1. Discounts from prime commodities and basic necessities and other goods and services - The law mandates the provision of at least 20% discount from all establishments (including hotels and similar lodging establishments, restaurants, and sports and recreational centers) for services and goods utilized and purchased by a person with disability; from purchases of medicine; from admission fees charged by places of leisure and amusement (including theaters, cinema houses and concert halls, circuses, and carnivals); from medical and dental services in government and private facilities; and from air, sea, and land transportation fees.
	2. Educational privileges - The law also mandates the provision of educational assistance to persons with disability for them to pursue primary, secondary, tertiary, post tertiary, as well as vocational or technical education in both public and private schools.
	3. Express lanes privileges - The law mandates further that persons with disabilities shall be accorded priority treatment in all private, commercial and government establishment transactions.
	4. Prohibitions on verbal, non-verbal ridicule and vilification against persons with disabilities - The law prohibits any individual, group or community from ridiculing and vilifying persons with disabilities. Such acts are penalized under the law.
3. Republic Act No. 9994 or the *Expanded Senior Citizens Act of 2010* - This law is, by far, the most comprehensive law in terms of recognizing the rights of older persons in the country as it provides for entitlements for older Filipinos and the corresponding duties and obligations of the Government to fulfill the objectives of the law. Its provisions cover a range of rights and responsibilities which seeks to ensure the effective and efficient implementation of the benefits and privileges by clarifying the specific roles and functions of the respective implementing government agencies. This law serves the following objectives:
	1. To recognize the rights of senior citizens to take their proper place in society and make it a concern of the family, community, and government;
	2. To give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society;
	3. To motivate and encourage the senior citizens to contribute to nation building; (d) To encourage their families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens;
	4. To provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing; and
	5. To recognize the important role of the private sector in the improvement of the welfare of senior citizens and to actively seek their partnership.[[14]](#footnote-14)

Republic Act No. 9994 provides the same privileges (discounts, assistance, and freebies) to older persons in general. In addition, it grants a cash assistance of PhP500.00 (or approximately USD10) monthly to indigent senior citizens and mandatory coverage to all Filipino senior citizens under the national government health insurance.

The law also mandates the creation of institutional mechanisms that will focus on addressing the concerns of Older Persons in the country. These are the Office of Senior Citizens Affairs (OSCA) in each local government unit and the National Coordinating and Monitoring Board (NCMB). The OSCA is in charge of planning, implementing, and monitoring programs in pursuance of the law and to assist senior citizens in filing complaints against individuals and institutions. The NCMB is an inter-agency mechanism in the national government for the coordinating and monitoring of the implementation of the law.

Aside from legislations mentioned above, the following policies issued by national government agencies seek to protect and promote the rights of older persons, especially older persons with disabilities:

1. National Policy on the Health and Wellness Program for Senior Citizens - This policy guides national and local action towards the improvement of the quality of life of older Filipinos through the delivery of appropriate health service packages at various levels of the health care delivery system and partnerships with other stakeholders and sectors.[[15]](#footnote-15)
2. National Policy on Palliative and Hospice Care in the Philippines - This policy “aims to set the overall policy directions in the provision of palliative care and hospice care in hospitals, health facilities, communities, and home-based levels.” Here, palliative care is defined as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.”[[16]](#footnote-16)
3. Long Term Care Program for Senior Citizens - This policy seeks to improve the quality of life and promote active aging of older Filipinos who are further disadvantaged by the circumstance of poverty, natural and man-made disasters, abuse, disability, and dependency on others for their Activities of Daily Living (ADL), among others. Interventions under this policy include:
	1. Provision of residential care services;
	2. Provision of community-based services for older persons and their families including the strengthening of senior citizens associations within the community and the creation of senior citizens centers in cities and municipalities;
	3. Provision of home care support services including hospice care, foster home, family/kinship care, and support services for caregivers; and
	4. Volunteer resource services.[[17]](#footnote-17)

Legislations and policies, including those mentioned above, are not specifically targeted for the needs and concerns of older persons with disabilities as older persons and persons with disabilities are considered separately, only with overlapping needs and concerns, in legislation and policy. As such, the monitoring of the enjoyment of their rights are not highlighted in government and civil society reports.

*2. Please provide information on discrimination against older persons with disabilities in law and practice.[[18]](#footnote-18)*

In the *2016 Human Rights Situationer on Senior Citizens in the Philippines,[[19]](#footnote-19)* we’ve noted that despite traditions of respect for elders, ageism (namely negative stereotypes and prejudicial attitudes and behavior towards older people and older age) is evident across Filipino society. It is often invisible and is rarely recognized or acknowledged. It manifests itself in different ways.

Many visual and graphic portrayals of the elderly show them as weak, sickly or frail, physically impaired, slow moving individuals with limited mobility. This depiction only reinforces the idea that older people are no longer healthy, active or productive. Such generalization is not only unfair, it is untrue since many ageing persons maintain their health and vitality, and prove that older people can still have active lifestyles. However, this misconception has relegated older people to the margins of Philippine society – no longer hired for jobs, kept home-bound by family members, not picked up by public transports, etc.

Media doesn’t help and sometimes contributes to this negative stereotype of the elderly in films, television shows, and even commercial advertisements. It is rare to see positive depictions of the elderly as strong, active, and productive individuals. Thus, the general attitude towards older people is negative and discriminatory, limiting their employment opportunities, access to health care, as well as loans or financial services.

Older people may also be subjected to discrimination on the basis of their older age in combination with one or more other factors. According to the Philippine Commission on Women, “the most disadvantaged and marginalized senior citizens are senior women from urban slums, rural areas, IP communities, and Muslim communities; senior women in detention; senior women who live alone; and senior gay men, lesbians, and transgender persons who live alone.”[[20]](#footnote-20)

*3. Please provide information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the realization of the rights of older persons with disabilities in general, as well as with particular focus in the following areas: exercise of legal capacity; admission procedures to social or health care services, including involuntary admissions; older persons with disabilities living in institutions; access to support to live independently in the community; access to free or affordable healthcare; access to free or affordable rehabilitation goods and services; access to social protection schemes; and end of life and palliative care.*

From the 2010 Census of Philippine Population[[21]](#footnote-21)

* Statistical data on the number of Older Persons With Disabilities in the Philippines is available in the results of the 2010 Census of the Philippine population. Of the 92.1 million household population in the country, 1,443 thousand persons or 1.57 percent had disability.[[22]](#footnote-22) Cross-referencing this number with age group, it was found that for every five Persons With Disability, one (18.9 percent) was aged 0 to 14 years, three (59.0 percent) were in the working age group (aged 15 to 64 years), and one (22.1 percent) was aged 65 years and over.[[23]](#footnote-23)
* Older Persons aged 60 years and above comprise 28.2% of the total number of Persons With Disability in the country or about 406,926 persons.[[24]](#footnote-24)
* Of the total number of older persons with disability, more than 57% were females.[[25]](#footnote-25)
* Recent data from the National Household Targeting System for Poverty Reduction (NHTS-PR) show that there were 74,936 poor older persons with disabilities.

From the 2007 Philippine Study on Aging (PSOA)[[26]](#footnote-26)

* The 2007 PSOA was conducted to measure the dimension of health of senior citizens in terms of their functional ability to perform activities of daily living (ADL), one of the most widely used measures in the study of disability among the older population. The results of this study showed that at least 15% of Older Filipinos reported difficulty in performing at least one ADL.[[27]](#footnote-27)
* Data shows older people reported greatest difficulty in standing or sitting on a chair or bed, going outside the house, and walking. The difficulty is higher among females than males. An age pattern was also apparent such that the level of disability significantly increases as age increases with noted dramatic increase in disability at age 80 years and above. However, functional health is improving over time as shown by the decline of proportion who reported difficulty in performing ADL activities between 1996 and 2007.[[28]](#footnote-28)

Data from independent monitoring activities conducted recently by the CHRP

* In 9 February 2019, the CHRP, through its regional office in the National Capital Region and the Center for Gender Equality and Women’s Human Rights, conducted a series of focus group discussions (FGD) with female inmates in the Makati City Jail. Information on the condition, experience, and challenges faced by female inmates age 60 to 74 years. Some of the relevant findings from this activity are:
	1. Participants to the FGD do not have free healthcare nor do they receive adequate medicines for all their needs and at all times. A participant who has asthma received medicine and equipment from the in-house health center while a participant with diabetes had to bring a personal test kit and had to obtain a medical certificate from her personal doctor.
	2. There had been several medical missions (approximately once a year) conducted inside the facility where medicines and eyeglasses are given for free.
	3. Activities for physical well-being are conducted, however, participants lamented the limited time they have for these activities. They sought more opportunities to go outside their dorms in the morning to be exposed under sunlight and to get fresh air.
	4. Persons with disability are exempted from work inside the facility.[[29]](#footnote-29)
* The CHRP is also conducting a pilot study on the rights of older Filipinos with focus on four (4) thematic areas: (1) long-term care and palliative care; (2) autonomy and independence; (3) education, training, lifelong learning, and capacity-building; and (4) autonomy and independence. A survey of 300 older persons from three localities (one urban, one peri-urban, and one rural) as well as three focused group interviews in the same areas were conducted in March 2019 to gather the experiences and insights of older persons themselves on these areas. Although the results of the survey is barely representative of the actual older population in the Philippines, it paints a picture of how their situation relating to these areas. The results of the study is still being processed and the final report is expected to be published within the year. Some of the preliminary results include:
	1. Using the Washington Group Short Set (WGSS) of Questions on Disability, it was found that of the 300 survey respondents:
		+ More than half (153) experience difficulty in seeing even if wearing glasses;
		+ More than half (162) experience difficulty in walking or climbing steps, while almost 4% (11) cannot do the activity at all;
		+ 38% (114) experience difficulty in remembering or concentrating while one person cannot the activity at all;
		+ 19% (57) experience difficulty with self-care such as washing all over and dressing while five persons cannot do the activity at all; and
		+ 15% (44) experience difficulty in communicating, for example understanding or being understood, while two persons cannot do the activity at all.
	2. On long-term care and palliative care, of the 300 survey respondents, 27% reported they needed assistance in doing ADLs such as standing up from/sitting down on a bed or chair, going outside, walking, using the toilet, taking a bath, and dressing or eating. Of the 27% or 82 respondents who reported they needed assistance in doing ADLs, slightly more than half (56%) reported that they received or was receiving assistance in performing ADLs while the rest reported to not having received any form of assistance. Of those who reported that they are receiving assistance, 89% reported that the person who provided the assistance is a family member, while the rest reported that the person is either a friend, or a professional caregiver.
	3. Most respondents who reported they needed assistance in performing ADLs but are not receiving it said that the reasons for not receiving the needed assistance are: unavailability of the services in the residence area; unsure of what is appropriate/available services; and unaware of the available services, among others.
	4. The most commonly cited financial resource to pay care services cited by respondents who said they are receiving or previously received care to perform ADLs is family member’s savings and investment which is closely followed by pension. Only few of the respondents cited the support of the local government, the national insurance policy of the government (or PhilHealth), and other donations or government aid as financial resources for their care needs.
	5. Most respondents who is receiving or received assistance and care reported they are always treated with dignity and respect by their caregivers and these people are always compassionate, supportive, and respectful of their privacy. However, most of these respondents also reported that the care providers are often too busy to listen to their problems and concerns.

*4. Please provide information on the existence of long-term care services in your country and describe to what extent they promote the autonomy and independence of older persons with disabilities.*

At the national level, the DSWD, as the frontliner of the government in the provision of long-term care service, provides technical residential care services that provide long term or temporary multidisciplinary care to senior citizens who are abandoned by their families. These services include social services, health and medical services, psychological services, skills training, group work activities, dietary services, home life/group living services, spiritual services (i.e. religious services, masses, confession, bible studies among others) and provision of assistive devices. Further, the DSWD also provides community-based services for senior citizens. These services refer to the assistance that are provided to older persons while they remain in their own homes. (A comprehensive account of the long-term care services in the country can be found in the *Research Project on Care for Older Persons in ASEAN+3: The Role of Families and Local and National Support Systems*.[[30]](#footnote-30))

In some cases, older persons are kept active and productive members of the society even if they are in institutions. In a letter from the DSWD Undersecretary to the CHRP, they reported that several care institutions “were able to sustain its momentum in the delivery of programs and services to abandoned, neglected and unattached senior citizens.”[[31]](#footnote-31) Four facilities across the country,[[32]](#footnote-32) which serve a total of 892 clients, implement the program: *Elderly Leaders Delivering Resiliency in the Later Years (ELDERLY) - Participative Committee of Senior Citizens.[[33]](#footnote-33)* The main objective of this program is “to promote active ageing through social protection and support for the rights and welfare of senior citizens and their empowerment by mobilizing and establishing a core group among the senior citizen residents.”[[34]](#footnote-34) Through the program, opportunities in sharing time, talents and efforts are provided through the involvement of older persons in the different areas of interest for the enhancement of their social wellbeing and development of social esteem.[[35]](#footnote-35)

*5. Please describe how is access to justice guaranteed for older persons with disabilities. Please provide information on jurisprudence, complaints or investigations in relation to violence, abuse and neglect against older persons with disabilities.[[36]](#footnote-36)*

Under the *Expanded Senior Citizens Act of 2010,* older persons can lodge complaints against individuals and institutions through the OSCA. The OSCA is mandated by law “to assist the senior citizens in filing complaints or charges against any individual, establishments, business entity, institution, or agency refusing to comply with the privileges before the Department of Justice (DOJ), the Provincial Prosecutor’s Office, the regional or the municipal trial court, or the municipal trial court.”[[37]](#footnote-37) One limitation of this mechanism is that the OSCA is only mandated by law to assist senior citizens concerning grievances in relation to the benefits and privileges under the law, and does not cover concerns regarding neglect, abuse, and violence.

Currently, there is no specific or dedicated legislation on the prevention of elder abuse nor on the provision of support services and access to redress for victims. Elderly women in family environments and intimate relationships, can be protected under Republic Act No. 9262 or the *Anti-Violence against Women and Children Act of 2003*. However, such protection is more explicit under Republic Act No. 9710 or the *Magna Carta of Women*. Section 33 of the *Magna Carta of Women* on the Protection of Senior Citizens clearly states: “the State shall protect women senior citizens from neglect, abandonment, domestic violence, abuse, exploitation and discrimination. Towards this end the State shall ensure special protective mechanisms and support services against violence sexual abuse exploitation and discrimination of older women.”

A key issue is the invisibility of elder abuse. This is compounded by the lack of data and awareness that it is happening. A study in 2004 found that 40% of respondents had personal experience of elder abuse, the most common type experienced being verbal abuse and the most common perpetrators being children followed by other family members. The types of abuse range from physical and verbal abuse, ridicule and discrimination, dependency of families to elder people and even negligence. Of those who experienced abuse only 2% reported it to the authorities which clearly suggests that abuse is being perpetrated with impunity. 11% of victims turned to family for support but 21% sought no support or refuge.[[38]](#footnote-38)

The Philippine Commission on Women recommended that attention must be given to violence and abuse against senior women. They stated that it is not uncommon in the Philippines to find elderly women experiencing abuse and violence from family members, including being abandoned and forced to live on the streets. The Magna Carta of Women mandates the reporting of all suspected cases of abuse or neglect of elderly women, in accordance with the law. For the period 2006−2010, DSWD recorded 4,332 cases of elderly women in need of special protection. Of them, almost three-fourths (or 3,174) were served in the seventeen crisis intervention units of DSWD.[[39]](#footnote-39)

Legislating an anti-elder abuse law will provide ample source of protective mechanisms to prevent elder abuse and provide redress for victims of such.

Aside from enacting an anti-elder abuse law, other measures need to be taken including public campaigns to raise awareness and change harmful attitudes and behavior, carrying out awareness programmes among health and other service providers, provision of adult protection services to provide support for those subjected to elder abuse and data collection. To date there has been no national survey on the extent of elder abuse, public campaigns, professional awareness programmes nor provision of adult protective services.

Together with appropriate legislative advocacy and lobbying for an anti-elder abuse legislation, the subject of improving standards and other accreditation requirements for facilities and institutions that cater to senior citizen clientele, who are victims of abuse, is must be given further attention by the national government and local government units.

The Department of Justice (DOJ), in its report to the CHRP,[[40]](#footnote-40) implements the Standards for Gender-Sensitive and Child-Friendly Public Assistance Desks and Interview/Investigation Rooms which includes accessibility principles and standards that can facilitate access to prosecution services of the agency. This is among the accountability mechanisms for older persons to ensure they are able to complain and seek redress for denial or violation of their rights under existing laws. These standards serve as guidance for the DOJ’s prosecution offices nationwide, and is now progressively being adopted/implemented.[[41]](#footnote-41)

The DOJ policy mandates the following, among others:

1. Public assistance desks and interview/investigation rooms shall be situated at the ground floor and/or near the main entrance of the building/office, to facilitate access by the public including pregnant women, senior citizens and persons with disabilities;
2. The interview/investigation room shall contain gender-neutral furnishings, comfortable chairs and table, and documentation equipment (e.g. computer, recorder). If possible, the room shall include a small play area for children to facilitate proceedings for women/solo parents accompanied by young children and child-victims/survivors/witnesses. It shall also be structured and/or furnished appropriate for pregnant women and persons with disabilities, and as much as possible, in close proximity to a comfort room;
3. Assistance of and/or intervention from appropriate individuals and trained professionals may be sought in instances of communication constraints involving foreigners, local with other dialects, persons with special needs, or those exhibiting trauma, extreme emotions or unstable/violent behavior; and
4. Prosecutions offices shall ensure referral mechanisms are in place for purposes of assistance, investigation, case build/evidence gathering and prosecution in court. These include police/law enforcement assistance, legal counselling and representation and treatment, social welfare support/services, rehabilitation and relevant interventions, application for DOJ’s witness protection and victims’ compensation programs.

*6. Please describe to what extent and how are older persons with disabilities involved in the design, planning, implementation and evaluation of policies related to ageing and/or disability.*

Under the *Expanded Senior Citizens Act of 2010*, older persons are given the opportunity to directly participate in planning, implementation and monitoring of programs, services, and activities relating to the implementation of the law in the local government level through the Office of the Senior Citizens Affairs (OSCA). The OSCA, as mandated by law, is headed by a senior citizen appointed by the Mayor of the city or municipality.[[42]](#footnote-42)

The Republic Act No. 8425 or the *Social Reform and Poverty Alleviation Act* empowers older persons to participate in policy formulation and decision-making on matters concerning poverty alleviation in the national level. Under the law, the National Anti-Poverty Commission (NAPC), created under the Office of the President of the Philippines, utilizes a multidimensional and cross-sectoral approach (through Sectoral Representatives such as the Senior Citizen Sectoral Representative) as a coordinating and advisory body for the implementation of the social reform and poverty alleviation agenda.[[43]](#footnote-43)

*7. Please provide information on any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the rights of older persons with disabilities and identify lessons learned from these.*

Initiatives from the Government and other stakeholders:

On institutional mechanisms: The law mandated the creation of the National Inter-Agency Coordinating and Monitoring Board (NCMB) which is a mechanism to coordinate and monitor the concerns of older persons in the country in the national level.[[44]](#footnote-44) The NCMB which is composed of representatives of national government agencies and civil society organizations,[[45]](#footnote-45) is tasked, among others, to:

* 1. Formulate a National Plan of Action of Senior Citizens;
	2. Develop effective monitoring and reporting system towards an efficient, consistent and uniform implementation of the *Expanded Senior Citizens Act of 2010*;
	3. Develop and institute effective and innovative approaches and methods with which to address emerging concerns of the senior citizens;
	4. Coordinate the programs and projects of the concerned agencies to immediately and effectively address the issues and concerns of the senior citizens;
	5. Coordinate the conduct of nationwide information, education campaign and other advocacy activities;
	6. Monitor the conduct of orientation, training and other capability building programs to maximize the contributions and participation of Senior Citizens;
	7. Coordinate the conduct and evaluation of the plan of action, research and documentation of good practices and disparities for policy and program development;

 The NCMB, even with the direct membership of almost all relevant stakeholders, is considered inadequate in addressing the needs and concerns of older persons in the country as it lacks the resources of a fully-functioning agency. This lead to the legislative proposal, currently pending in the Philippine Congress, to create a Commission on Older Persons which will serve the functions of a national government agency for the development and review of policies, implementation or programs and services, and monitoring.

 On partnerships among relevant stakeholders: Non-state actors, including non-government organizations such as the Coalition of Services of the Elderly, Inc. (COSE),[[46]](#footnote-46) federations of senior citizens organizations such as the Confederation of Older Persons Association of the Philippines (COPAP) and the Federation of Senior Citizens Associations (FSCAP), the academe such as the University of the Philippines Population Institute[[47]](#footnote-47) and Institute on Aging[[48]](#footnote-48) and private sectors work together with government agencies to advocate for the issues and rights of older persons through advocacy campaigns and information dissemination on the rights and privileges of older persons, including educational and training opportunities; sharing of resources including funding and research and reports; and in the implementation of the National Plan of Action of Senior Citizens.

 On the National Plan of Action of Senior Citizens: As mandated under the *Expanded Senior Citizens Act of 2010*, a *Philippine Plan of Action of Senior Citizens* (PPASC) for a set of years is formulated, implemented, and assessed. In the latest assessment report of the PPASC 2006-2010, the DSWD, as Chair of the NCMB, highlighted innovative strategies to achieve the overarching goal of improving the welfare of older persons in the Philippines.[[49]](#footnote-49) Specific to older persons with disabilities, these innovative strategies include:

* 372 local government units (LGUs) and DSWD-managed centers were accredited and utilized as day centers for older persons while ensuring quality care in a formal healthcare setting by providing technical assistance in these centers;
* Trainings were conducted on support for families and caregivers to promote quality home care for senior citizens which were endorsed for replication in local government units; and
* The DOH conducted capacity-building for all regional coordinators on the health and well-being of older persons.[[50]](#footnote-50)

Despite the active participation of relevant stakeholders in the implementation of the PPASC 2006-2010, not all targets stipulated in the Plan were achieved. Some of the major reasons identified for not achieving all targets are:

* + Absence or an inadequate monitoring and evaluation system;
	+ Non-compliance from LGUs;
	+ Lack of technical assistance to translate laws and policies into local ordinances, programs, and projects;
	+ Change of focal persons within agencies; and
	+ Limited awareness on budget allocation for older persons and persons with disabilities.[[51]](#footnote-51)

Initiatives of the CHRP at the national level:

NHRIs contribute in the advocacy by actively participating in legislative and policy work, providing spaces for civil society and government to engage, discuss and address issues concerning the sector, inform and educate state officials and the public about the rights of older persons, and monitor the status of enjoyment of human rights. In the Philippines, the CHRP actively works with the legislature as well as the executive branches of government to enact measures that will improve the government’s capacity to ensure enjoyment of all human rights by all older persons in the country.

* Just last February, the Universal Health Care (UHC) Act was signed by the President of the Republic. At the time when the law was still being deliberated in Congress, the CHRP lobbied for the inclusion of long-term care as among the range of program benefits under the UHC banner and a definition of long-term care in the law. We worked with civil society, national government agencies, and legislative staffs to come up with this proposal because we believed that the UHC provided a strategic entry point to address the need to institutionalize a long-term care policy for older persons in the country where a law is aptly needed. Although the proposal was not adopted in the final version of the law, throughout the process, we were able to build a stronger network of advocates to lobby for the prioritization of legislating long-term care in the next law-making cycle.
* In the past year, we provided avenues for the civil society, representatives of the sector, national government agencies, and legislative staff to meet and discuss issues confronted by older persons in the country. In these discussions, we updated each other on current efforts to advance the rights of older persons, as well as explored several proposals on ways forward. Some of the notable discussions include exploring the insurance and retirement industries and how legislation can shape the enjoyment of the right to social security and social protection of older persons, as well as collaborative efforts for the 10th Open-Ended Working Group on Ageing.
* We also constantly remind duty-bearers of their responsibilities in accordance with international human rights standards. This January, we issued an advisory to the Social Security System management, to legislators, and to finance and budget and management agencies regarding the clamor from several sectors to ensure the adequacy of the social security benefits. More than echoing this, we reminded these agencies of their duty to ensure the right to social security of older persons consistent with the provisions of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) especially with respect to adequacy and sustainability.
* Recognizing that the lack of research and data on the situation of older persons in the country, as well as assessment and evaluation of existing laws and government programs and services for older persons, hold back policy and decision makers in adequately responding to the needs of older persons in the country, we implement programs that seek to contribute in eliminating this gap. This year, we are conducting a pilot study on select rights of older Filipinos with the aim of contributing more substantively to the OEWGA discussions on the normative elements of certain rights, and to aid local policy makers in designing programs and services that will adequately respond to the unique circumstances of ageing in the country. This pilot study will benchmark a more comprehensive and a national survey which we hope to implement in the following year, should resources permit. We are also in the process of collecting data from the government, civil society, and the media to update our 2016 Human Rights Situation Report on the Rights of Older Persons in the Philippines.

 Despite the lack of a unit/office within the CHRP focusing on the rights of older persons, the intensified and focused work on this area is made possible with the adoption of a Focal Commissioner System (adopted three years ago) where the members of the Commission En Banc of the CHRP are assigned focal issues and thematic concerns including that of older persons. With this system, strong support from the top management of the institution is provided where leadership is strongly needed.

 These initiatives helped the CHRP in partaking on a more active role in the discussions in the OEWGA and its side events. In the recently concluded 10th Session of the OEWGA, the CHRP participated as member of the panel on education, training, lifelong learning, and capacity-building and shared the preliminary findings from the pilot study. This is the second engagement of the CHRP as member of the panel in the working group as it was also a member of the panel on long-term care and palliative care in the 9th OEWGA.

Initiatives of the CHRP at the regional and international level:

Cross-border cooperation among NHRIs is part of our mandate as independent institutions. As NHRIs are independent from the State, we can formulate programs and projects directly with NHRIs from other countries, and through our regional networks of NHRIs, such as the South East Asia National Human Rights Institutions Forum (SEANF) and the Asia Pacific Forum (APF), and the NHRI global network or the Global Alliance of National Human Rights Institutions or the GANHRI.

* This year, the Commission, together with other NHRI members of the SEANF published the [“Baseline Paper on the Rights of Older Persons in South East Asia.”](http://chr.gov.ph/wp-content/uploads/2019/04/SEANF-Baseline-Paper-on-the-Rights-of-Older-Persons-in-South-East-Asia.for-publication12.pdf) This baseline paper contains important information that aims to foster a better understanding of the plight of older persons in the sub-region. This paper was one of our major accomplishments, being the convener of SEANF in 2017.
* The GANHRI is a global network of over 100 NHRIs that facilitate the strengthening of roles and influence of NHRIs on human rights promotion and protection. It has technical working groups that focus on thematic issues of human rights. One of these groups is the Working Group on Ageing which was established to support the work of the OEWGA and of its member NHRIs in this field, including their contributions to and participation in the work of the OEWGA. The CHRP is the representative of the Asia Pacific to the GANHRI Working Group on Ageing.

Individual NHRI work in the domestic level and the work of NHRI networks in regional and global contexts all take advantage of the unique position of NHRIs as independent institutions with broad mandate to bridge national, regional, and international mechanisms. The work concerning older persons are all aimed at effecting stronger mechanisms that employ human rights-based approaches to ensure older persons around the world will fully enjoy their human rights.

1. As the National Human Rights Institution (NHRI) of the Philippines, the CHRP has the mandate vested by the 1987 Constitution of the Republic of the Philippines and the Paris Principles to promote and protect the full range of human rights including civil and political rights, and economic, social and cultural rights. It has the responsibility to regularly report and monitor human rights situations and violations, and recommend steps in advancing the realization of human rights and dignity of all. The Commission has “A”-status accreditation from the Sub-Committee for Accreditation. It is a member of the Global Alliance of National Human Rights Institutions (GANHRI). [↑](#footnote-ref-1)
2. PHIL. CONST. Art. XIII § 18. [↑](#footnote-ref-2)
3. PHIL. CONST. Art. III. [↑](#footnote-ref-3)
4. PHIL. CONST. Art. XIII. [↑](#footnote-ref-4)
5. PHIL. CONST. Art. V § 2. [↑](#footnote-ref-5)
6. PHIL. CONST. Art. XIII § 11. [↑](#footnote-ref-6)
7. PHIL. CONST. Art. XIII § 13. [↑](#footnote-ref-7)
8. PHIL. CONST. Art. XIV § 2. [↑](#footnote-ref-8)
9. PHIL. CONST. Art. XV § 4. [↑](#footnote-ref-9)
10. National Council of Disability Affairs, Implementing Rules and Regulations Rules and Regulations of the Magna Carta for Disabled Persons, Republic Act. 9442, rule II, § 4. [↑](#footnote-ref-10)
11. *Id.* [↑](#footnote-ref-11)
12. *Id.* [↑](#footnote-ref-12)
13. *Id.* [↑](#footnote-ref-13)
14. An Act Granting Additional Benefits and Privileges to Senior Citizens, Further Amending Republic Act No. 7432, as Amended, Otherwise Known as “An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for other Purposes [Expanded Senior Citizens Act of 2010], Republic Act No. 9994, § 2 (2010) [↑](#footnote-ref-14)
15. Department of Health, National Policy on the Health and Wellness Program for Senior Citizens, Administrative Order No. 0009 [A.O. No. 2015-0009] (Mar. 5, 2015). [↑](#footnote-ref-15)
16. Department of Health, National Policy on Palliative and Hospice Care in the Philippines, Administrative Order No.0052 [A.O. No. 2015-0052] (Dec. 21, 2015). [↑](#footnote-ref-16)
17. Department of Social Welfare and Development, DSWD Long Term Care Program for Senior Citizens (LTCSC) General Implementing Guidelines, Administrative Order No. 05, series of 2010 (Jan. 28, 2010). [↑](#footnote-ref-17)
18. In this section, we draw from the *CHRP 2016 Human Rights Situationer on Senior Citizens in the Philippines* which presents an overview of the ageing situation in the Philippines. This report is drafted in collaboration with the Coalition of Services of the Elderly, Inc. (COSE), a non-government organization in the Philippines for older persons, and the Department of Social Welfare and Development (DSWD), the national government agency primarily tasked with monitoring and implementing the provisions of Republic Act No. 9994. [↑](#footnote-ref-18)
19. Commission on Human Rights of the Philippines, Human Rights Situationer of Senior Citizens in the Philippines, Resolution CHR (V) No. AM2016-020, at 10-11 (Jan. 22, 2016). [↑](#footnote-ref-19)
20. Philippine Commission on Women, Women’s Empowerment, Development and Gender Equality Plan 2013 -2016, at 135. [↑](#footnote-ref-20)
21. Philippine Statistics Authority [↑](#footnote-ref-21)
22. Philippine Statistics Authority, Persons with Disability in the Philippines (Results from the 2010 Census), *available at* <https://psa.gov.ph/content/persons-disability-philippines-results-2010-census> (last accessed Apr. 30, 2019). [↑](#footnote-ref-22)
23. *Id.* [↑](#footnote-ref-23)
24. *Id* on data. Computation, ours. [↑](#footnote-ref-24)
25. Department of Older Persons, Ministry of Social Development and Human Security, Thailand College of Population Studies, Chulalongkorn University, Thailand Association of Southeast Asian Nations (ASEAN), Research Project on Care for Older Persons in ASEAN+3: The Role of Families and Local and National Support Systems, 2018, at 163, *available at* [*http://ageingasia.org/care-of-older-persons-in-asean-plus-3/*](http://ageingasia.org/care-of-older-persons-in-asean-plus-3/) (last accessed May 5, 2019). [↑](#footnote-ref-25)
26. Grace T. Cruz, et al, Aging in the Philippines: Findings from the 2007 Philippine Study on Aging, *available at* <https://www.drdf.org.ph/news/2007/aging> (last accessed Apr. 30, 2019). [↑](#footnote-ref-26)
27. *Id.* [↑](#footnote-ref-27)
28. 2016 CHRP Human Rights Situationer of Senior Citizens in the Philippines citing PSOA 2007. [↑](#footnote-ref-28)
29. Focus Group Discussion *facilitated by* Atty. Twyla Rubin and Irish Castillano *with* elderly female inmates of the Makati City Jail *in* Makati City, Philippines (Feb. 9, 2019). [↑](#footnote-ref-29)
30. Research Project on Care for Older Persons in ASEAN+3: The Role of Families and Local and National Support Systems, *supra at* 155-186. [↑](#footnote-ref-30)
31. Letter from Undersecretary Luzviminda C. Ilagan to Commissioner Karen Gomez-Dumpit (Jan. 30, 2019) (on file with Author). [↑](#footnote-ref-31)
32. Golden Reception and Center for Elderly and other Special Needs in the National Capital Region; Haven for the Elderly in CALABARZON Region (Field Office IVA), Home for the Elderly in Zamboanga Region Field Office IX); and Home for the Aged in Davao Region (Field Office XI) [↑](#footnote-ref-32)
33. Letter from Undersecretary Luzviminda C. Ilagan, *supra.* [↑](#footnote-ref-33)
34. *Id.* [↑](#footnote-ref-34)
35. *Id.* [↑](#footnote-ref-35)
36. In this section, we draw again our responses from the *2016 Human Rights Situationer of Senior Citizens in the Philippines*. [↑](#footnote-ref-36)
37. Republic Act No. 9994, *supra.* [↑](#footnote-ref-37)
38. Dr. Edna E.A. Co, The Case of the Philippine Older Persons: Finding a Place in the Human Rights Domain, presentation (June 17, 2014). [↑](#footnote-ref-38)
39. Philippine Commission on Women, Women’s Empowerment, Development and Gender Equality Plan 2013 - 2016, at 138. [↑](#footnote-ref-39)
40. Letter from Undersecretary Emmeline Aglipay-Villar to Commissioner Karen Gomez-Dumpit (Feb. 04, 2019) (on file with Author). [↑](#footnote-ref-40)
41. *Id.* [↑](#footnote-ref-41)
42. Republic Act No. 9994, *supra.* [↑](#footnote-ref-42)
43. An Act institutionalizing the Social Reform and Poverty Alleviation Program, Creating for the Purpose the National Anti-Poverty Commission, Defining its Powers and Functions, and for other Purposes [Social Reform and Poverty Alleviation Act], Republic Act No. 8425, July 18, 1997. [↑](#footnote-ref-43)
44. Republic Act No. 9994, *supra.* [↑](#footnote-ref-44)
45. The DSWD, as Chair; the Department of the Interior and Local Government (DILG), as Vice-Chair; and with members: agencies - the Department of Justice (DOJ), Department of Health (DOH); and civil society - Coalition of Services of the Elderly (COSE), Louise de Marillac Foundation, Federation of Senior Citizens Association of the Philippines (FSCAP), Alliance of Retired Postal Employees and Senior Citizens, Inc. (ARPES) and Veterans Federation of the Philippines (VFP). National Inter-Agency Coordinating and Monitoring Board, About Us, *available at* <https://ncmb.dswd.gov.ph/about-us/> (last accessed May 5, 2019). [↑](#footnote-ref-45)
46. See COSE’s work at <http://cose.org.ph/> [↑](#footnote-ref-46)
47. See UP Population Institute’s work at <http://www.uppi.upd.edu.ph/> [↑](#footnote-ref-47)
48. See UP Institute on Aging’s work at <http://nih.upm.edu.ph/institute/institute-aging> [↑](#footnote-ref-48)
49. Department of Social Welfare and Development, Philippine Plan of Action for Senior Citizens 2012-2016, *at* 24-28. [↑](#footnote-ref-49)
50. *Id.* [↑](#footnote-ref-50)
51. *Id* *at* 29. [↑](#footnote-ref-51)