**OHCHR Multi-stakeholder meeting on the human rights of older persons, 29-30 August**

**Session 3: Strengthening coordinated actions for the protection of the**

**human rights of older persons**

This session will discuss the social and legal construction of “older age”, ageism and the implications of these for equality and non-discrimination on the ground of (older) age and identify how a strong human rights protection system can strengthen synergies and joint actions across global and regional networks and initiatives on ageing to integrate and promote the human rights of older persons. It will also consider how a new instrument on the human rights of older persons would complement existing frameworks and also how a dedicated instrument would provide a unique and significant stimulus to a more effective protection of the human rights of older persons at the international and national levels.

**Questions/ Answers:**

***1. The UN Global report on Ageism that was led by WHO, clearly states that Policies and laws can reduce ageism and that the adoption of stronger legislative protection against age discrimination and ageism is a priority strategy. What does the strategy require in order to ensure effective implementation? ( the report mentions that this strategy requires enforcement mechanisms and monitoring bodies at the national and international levels to ensure effective implementation of the policies and laws addressing discrimination, inequality and human rights. ….).***

The Global report on Ageism reported the scope and seriousness of ageism.

* 1 in 2 people, or half the world’s population have moderate or high ageist attitudes against older people with rates much higher in lower income countries[[1]](#footnote-1).
* Ageism has serious impacts on physical and mental health and quality of life in older age. It is also associated with earlier death.
* Ageism also has serious costs for individuals ( i.e. loss of work) and societies (erode solidarity between generations, costs society billions of dollars).

Ageism is harmful - but also exacerbates other forms of disadvantage related to sex, disability and race

But we can combat ageism. Three strategies work in reducing or eliminating it:

* policy and law,
* educational activities and
* intergenerational interventions.

Silvia you asked specifically about the first strategy: Policy and Laws.

* Policies and laws are an affordable strategy that can be used to reduce ageism towards any age group.
* Policies are important because they provide a framework against which proposals or activities can be tested or measured.
* Laws – for example that address age discrimination and inequality- can help guarantee the protection of all human rights and enable individuals to hold their governments to account by helping to make a certain behavior i.e. age -based discrimination in the work place an offence.
* Strengthening policies and laws against ageism can be achieved by:
  + adopting new instruments at the local, national or international level and by
  + modifying existing instruments that permit age discrimination.
* This strategy requires enforcement mechanisms and monitoring bodies at the national and international levels to ensure effective implementation of the policies and laws addressing discrimination, inequality and human rights.

The report highlights three things

* There are existing examples of national anti-discrimination laws, regional conventions such as the Inter-American Convention on Protecting the Human Rights of Older Persons, the African Union Protocol on the rights of older persons.
* the scope and coverage of national legal and policy provisions prohibiting discrimination on the basis of age are uneven compared with guarantees against discrimination on other grounds. For instance, they still accept age limits in laws that deny opportunities for older people to equally contribute within society.
* we need to develop protections from intersectional and cumulative discrimination through policies and laws (e.g. discrimination based on both age and disability).
* An international convention could provide guidance on how to address specific rights violations in older age e.g. prevention discrimination, reduce the digital gap,…

***2.  How are human rights of older persons integrated into the work of WHO on ageing?*** ***Are there interdepartmental and interagency mechanism on this issue? (Quality Rights? Use of existing instruments?)***

In the absence of a specific convention on the rights of older persons we draw on existing frameworks such as the Universal Declaration of Human rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) the Convention on the Rights of Persons with Disabilities (CRPD).

For example QualityRights[[2]](#footnote-2) is WHO’s flagship initiative to increase access to quality mental health and related services and promote the rights of people – of all ages - with mental health conditions or psychosocial, cognitive and intellectual disabilities in countries around the world.

Recent reports such as the Global Report on Assistive Technologies, which found that 2 in 3 of people aged 60 years and older need at least one assistive product and majority do not have the access align with the CRPD.

Others that are in develop such as the WHO Global report on health equity for persons with disabilities also leverage the CRPD.

***3.  Elder Abuse and human rights – how do you frame the work as the right to live free of violence, abuse and neglect?***

People of all ages have the right to live free of violence, abuse and neglect.

WHO considers “elder abuse” or “abuse of older people” to be a sub-set of the broader category of violence[[3]](#footnote-3) against older people, which itself is one of several different types of violence (e.g. violence against women, violence against children).

Abuse of older people[[4]](#footnote-4) remains a low global priority within human rights, within public health and within development.

As part of action to implement the *UN Decade of Healthy Ageing 2021–2030* a broad range of stakeholders identified, based on a systematic evidence based process, five priorities to prevent and respond to abuse of older people [[5]](#footnote-5) (These include tackling ageism, data, cost effective solutions, investment case and funding).

It is imperative that we take both a

public health approach, based on science, evidence and

a human rights approach to violence against older people and that in both we collaborate across sectors and stakeholders.

If governments, United Nations agencies and development organizations, civil society organizations, academic and research institutions and funders implement these priorities, we can reduce the number of older people worldwide who experience abuse and contribute to improving their health, well-being and dignity.

***4.  How do older persons meaningfully participate in WHO?***

Voice and meaningful engagement of older persons is a key enabler to WHOs work on fostering healthy ageing.

What is meaningful engagement needs to be defined but at present we consider how best to

* extend opportunities to older people toraise their voices and meaningfully engageand influence discussions and decisions that relate to their health and well-being for example through a participatory video project in 3 countries;
* bring the perspectivesof older people, along with others, to the creation of communities for current and future generations for example through the development of age -friendly cities and communities;
* encourage and support governments and civil society organizations representing and working with older people to ensure that they are engaged in the Decade of healthy ageing.

Older people had a voice in the

* development of the Plan for the Decade of healthy Ageing,
* they helped to shape the content of the Global Report on Ageism
* their views were included in the development of the 5 priorities to tackle abuse of older people

But it’s not enough.

Meaningful engagement of older people, especially of those at risk of and of those experiencing some form of vulnerability, is necessary for policy to foster healthy ageing and address diverse forms of disadvantage.

How best to enable older persons to take their rightful place in the center so that they are understood, heard and included is not yet well developed.

We are currently working to understand what meaningful engagement actually means and how to deliver on it. A discussion document is under development and an expert meeting involving older people will be hosted.

We are also working to identify a mechanism such as an older persons council by which older people can have a voice in WHOs work on ageing.

***5. How can the Human Rights Council (HRC) and the Office of the High Commissioner for Human Rights (OHCHR)  as custodian of the human rights treaties and mechanisms, guide and inform the human -rights based work of the Decade in all its areas of action? (Ageism, Age-Friendly Environment, Person-centred care, LTC)  What would you like to see in future reports and actions by HRC and OHCHR?***

WHO welcomes the

* + Substantive resolution on ageism
  + This multistakeholder meeting and the opportunity to dialogue

Request

* Given we use existing mechanisms – we would benefit from guidance on how best to integrate older persons’ concerns into the work of existing mechanisms e.g. CEDAW, CRPD
* Specific norms and standards as well as guidance on what actions are necessary to ensure the realization of human rights for older persons across all action areas: e.g. related to health, long term care, lifelong learning, labour, violence etc

1. This finding is based on a sample of 83 000 in 57 countries [↑](#footnote-ref-1)
2. QualityRights uses a participatory approach to

    Improve the quality of services and human rights conditions in inpatient and outpatient mental health services.

    Create community based and recovery oriented services that respect and promote human rights.

    Build capacity to understand and promote human rights, recovery and independent living in the community.

    Develop a civil society movement to conduct advocacy and influence policy-making.

    Reform national policies and legislation in line with best practice, the CRPD and other international human rights standards.  
    [↑](#footnote-ref-2)
3. WHO defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (1). [↑](#footnote-ref-3)
4. Globally 1 in 6 people aged 60 years and older experience abuse in the community every year. Rates in institutions are even higher. [↑](#footnote-ref-4)
5. * combat ageism;
   * generate more and better data on prevalence and on risk and protective factors;
   * develop and scale up cost–effective solutions;
   * make an investment case for addressing the issue; and
   * raise funds to tackle the issue.

   [↑](#footnote-ref-5)