**Multi-stakeholder meeting on the human rights of older persons**

Statement of IAHPC Session 3, August 30, 2022

I have been representing the IAHPC (International Association for Hospice and Palliative Care) a global membership organization whose vision is a world free from health-related suffering for almost ten years. I am grateful that I have not been forced to retire from my job as Advocacy and Partnerships Director because I am now officially an older person. In the US this makes me eligible for the Medicare benefit, which includes hospice and palliative care. This is part of the right to health and the OHCHR correctly identified lack of access to palliative care as a protection gap in the Technical Report 49/70.

The colleagues in this movement have taught me about the protection gaps experienced by older persons, which we seek to overcome in a binding international instrument, including a right to palliative care. What they have taught me about the right to be counted, to dignity, autonomy, employment, and independence, have confirmed my belief that palliative care, provided upstream, at the diagnosis of serious illness, as well as through its course, can support those rights.

Palliative care includes pain relief, social, and spiritual support for patients and their caregivers, many of whom are older women. Palliative care provided in the home and the community can operationalize the right of the person with a serious diagnosis to work, to go to school, to participate in the community, in political life, in the family, and in the arts. The right to palliative care supports the right of older persons to enjoy those other rights, to paraphrase Hannah Arendt.

in LMICs, the need to find livelihood is resulting in increasing number of young adults leaving their towns of origin, leaving behind ageing parents alone and vulnerable to the intersectionality of illness brought on by aging as well as a depleting social support system. This was acutely highlighted by the lockdowns of the pandemic where aging populations suffered greatly.

Experts estimate that by 2060, 67% of people who die with cancer and experience serious health-related suffering will be over 70 years old, compared to 47% in 2016. In high and upper-middle income countries, lung cancer will be the single greatest contributor to the burden of serious health-related suffering among cancer decedents. In low and lower-middle income countries, breast cancer will be the single greatest contributor.

We urgently need age-disaggregated data serious health related suffering in order to plan for publicly provided palliative care and procurement of palliative care medicines.

We call on the international community to fund multistakeholder advocacy for a binding convention on the rights of older persons.

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