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### Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General

Promotion and protection of all human rights, civil,  
political, economic, social and cultural rights,  
including the right to development

## Summary report of the consultation on the promotion and protection of the human rights of older persons

### Report of the Office of the United Nations High Commissioner for Human Rights

#### *Summary*

The present report contains a summary of the discussions of the public consultation on the human rights of older persons held by the Office of the United Nations High Commissioner for Human Rights in compliance with Human Rights Council resolution 21/23. The consultation focused on the main challenges to the enjoyment of the human rights of older persons and on good practices in the protection and promotion of their human rights, and included a one-day meeting, which was held in Geneva on 15 April 2013, as well as written contributions from Member States and observers, national human rights institutions, regional organizations, civil society organizations and academic institutions. The issues discussed included examples of specific protection against age discrimination and ageism, bodies with a mandate to protect the rights of older persons and to combat age discrimination, and challenges and good practices in the areas of the economic and social rights of older persons – including the rights to health, work and social protection – and of the protection of older persons against violence, neglect and abuse.

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## I. Introduction

1. The Human Rights Council, in its resolution 21/23, requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to organize, in Geneva, an intersessional public consultation on the promotion and protection of the human rights of older persons, with the participation of States Members of the United Nations, relevant international organizations, United Nations agencies and stakeholders, in order to receive information and share good practices on the matter, and to present a summary report of the consultation to the Council at its twenty-fourth session. The present report is submitted pursuant to that request.

2. On 8 January 2012, OHCHR addressed a note verbale to Member States and observers, and invited submissions from United Nations agencies and other international organizations, national human rights institutions, civil society organizations, academic institutions and other relevant stakeholders. In their submissions, the recipients were to indicate the main challenges encountered in the promotion and protection of the human rights of older persons at the country level, as well as any explicit prohibition of discrimination on the basis of age in constitutions or legislation. They were also to address other issues, including the existence of specific bodies with a mandate to protect against age discrimination or to protect and promote the rights of older persons, and the adoption of specific national legislation, national policies, strategies and plans of action to ensure the equal enjoyment of rights by older persons. Areas of interest in this regard included prevention of and protection against violence and abuse, social protection, food and housing, employment, legal capacity, access to justice, health support, long-term and palliative care.

## II. Written submissions

3. OHCHR received written submissions from Member States and observers, including Albania, Argentina, Bosnia and Herzegovina, Brazil, Chile, Colombia, Costa Rica, Cyprus, the Dominican Republic, Estonia, France, Gabon, Greece, Guatemala, Haiti, the Holy See, Hungary, Iraq, Ireland, Lebanon, Lithuania, Mauritius, Mexico, Peru, Qatar, the Republic of Moldova, Romania, the Russian Federation, Saudi Arabia, Serbia, Sweden, Switzerland, the Syrian Arab Republic, Trinidad and Tobago, Tunisia, Turkmenistan, Ukraine and Venezuela (Bolivarian Republic of).

4. Inputs were also submitted by the national human rights institutions of Afghanistan, Australia, Austria, Bolivia (Plurinational State of), Colombia, Germany, Great Britain (England and Wales), Malaysia, Morocco, the Netherlands, New Zealand, Panama, Paraguay, Portugal, Qatar, Rwanda, Serbia and Uganda. OHCHR also received inputs from two regional organizations: the Council of Europe and the European Union.

5. Contributions were also made by the following civil society organizations, academic institutions and individuals: AGE Platform Europe, Age UK, the Centre for Cardiovascular and Chronic Care, Faculty of Health, University of Technology Sydney and the International Council on Women's Health Issues (Australia), Coordinación de Organismos Regionales de la Sociedad Civil de América Latina y el Caribe sobre Envejecimiento, the Correctional Association of New York (United States of America), Dane Age (Denmark), 50+ Hellas (Greece), Foundation Compassion Alzheimer (Bulgaria), the Foundation for Older Persons' Development (Thailand), the Gay and Lesbian Equality Network (Ireland), HelpAge Ghana and National Pensioners Association (Ghana), HelpAge International, Magu Poverty Focus on Older People Rehabilitation Centre and Tanzania Mission for The Poor and Disabled (United Republic of Tanzania), the Legal Aid Bureau (United States of

America), Isenim (Uzbekistan), the National Association of Community Legal Centres and 30 supporting organizations (Australia), the Red Cross of Serbia, the Regional Public Foundation for Assistance for the Elderly Dobroe Delo (Russian Federation), the Resource Centre for the Elderly, Public Association of Social Protection for Population and HelpAge International (Kyrgyzstan), SOS Personnes Agées (Chad), Turbota pro Litnih v Ukraini (Age Concern Ukraine), UBA Schweiz (Switzerland), the Uganda Reach the Aged Association, the World Network of Users and Survivors of Psychiatry and the Centre for the Human Rights of Users and Survivors of Psychiatry (United States), Dr. P. Vyasamoorthy (India) and a group of private fund pensioners from Peru.

6. The challenges identified in the submissions included the impact of the financial crisis on the human rights of older persons; the high incidence of poverty, hunger, illiteracy, unemployment, food insecurity and homelessness among older persons; the scale of violence against and abuse of older persons; the lack of coverage, the high costs or inadequacy of social protection or social services; the scarcity of professionals in services that are specific to older persons' needs; the isolation of older persons; the persistence of legal structures and instruments that favour institutional over home care; the lack of general legal recognition of age discrimination and ageing; and the lack of disaggregated data on older persons.

7. In their submissions, contributors also underscored the feminization of ageing and the need to pay attention to intersections of older age with other factors, such as sexual orientation, linguistic or ethnic minority origin, migration, disability, living in rural areas, internal displacement, and incarceration. Issues were also raised about lack of accommodation of the needs of older persons to ensure access to justice and to information (including difficulties arising from mandatory digitalization), and the lack of measures to promote political participation.

8. A number of the challenges were specific to certain regions, including witchcraft accusations against older women, restrictions to inheritance affecting older women, the impact of modifications to the family structure that have undermined the traditional protection of the extended family, and the lack of recognition of the care role of older persons for children as a result of migration, wars and the HIV/AIDS pandemic. Submissions from developed countries pointed to challenges relating to the sustainability of pension and health systems with a decreasing number of contributors and a higher number of beneficiaries.

9. In many submissions, contributors also highlighted good practices, including the adoption of specific legislation, programmes and plans of action; the explicit inclusion of older persons in sectoral legislation (such as the prevention of family violence); the establishment of specific protection bodies; and efforts to ensure coordination among diverse relevant authorities in areas such as health, social protection and social services. Other efforts included measures to ensure broader coverage and adequacy of pensions, the possibility of combining working with receiving a pension, the coverage of specific health needs of older persons, and partnerships with civil society organizations.

### **III. Panel discussions held during the public consultation**

10. The public consultation was held in Geneva on 15 April 2013. Experts from United Nations agencies, governments, national human rights institutions, academic institutions and civil society organizations from different regions of the world discussed the main challenges to the full enjoyment of human rights by older persons and offered examples of good practices in the protection and promotion of the human rights of older persons. The consultation included an opening session with introductory remarks by the Deputy United

Nations High Commissioner for Human Rights and four panels, to focus on (a) the main challenges to the full enjoyment of human rights of older persons; (b) age discrimination and ageism; (c) the rights to health, work and social security of older persons; and (d) violence against and abuse and neglect of older persons. Presentations were followed by questions and remarks from Member States, experts from United Nations agencies, representatives of civil society and academic organizations, and other participants.

## **A. Opening session**

11. The meeting was opened by the Deputy High Commissioner, who explained the objectives and the modalities of the public consultation. She highlighted the paradox between the growth in the number and proportion of older persons in society – an indicator of successful measures enabling a longer average life expectancy – and regular reports that reveal the rise of discrimination against and neglect, exclusion and abuse of older persons. She emphasized that, despite existing protection regimes and national legislation, the situation reflected a failure to pay sufficient attention to the protection of the rights of older persons. She also stressed that the efforts of the international community had not been sufficient to ensure the full enjoyment of the whole spectrum of human rights by older persons.

12. The Deputy High Commissioner expressed her satisfaction with the fact that the Human Rights Council has put the issue of the human rights of older persons on its agenda by means of resolution 21/23, and welcomed the public consultation as the first activity specifically organized under that new agenda item.

13. She reminded participants that, according to resolution 21/23, the purpose of the public consultation was to receive information and to share good practices on the matter. This process should be seen as complementary to the Open-ended Working Group on Ageing established by the General Assembly in its resolution 65/182.

## **B. Challenges for the protection and promotion of the rights of older persons**

14. The panel discussion on challenges for the protection and promotion of the rights of older persons was moderated by the Chief of the Development and Economic and Social Issues Branch of OHCHR, and included presentations by the Director of the Geneva Office of the United Nations Population Fund (UNFPA), Virginia Bras Gomes, a member of the Committee on Economic, Social and Cultural Rights, and the Director for the National Policy on Older Persons, Ministry of Social Development of Argentina, Monica Roque.

15. The Director of the Geneva Office of UNFPA underlined the significance of the awareness of the Human Rights Council and Governments about the human rights of older persons. UNFPA had contributed to the discussion through a landmark report entitled “Ageing in the Twenty-first Century: A Celebration and A Challenge”. In her view, three main messages had to be conveyed. First, the world population was quickly becoming much older and developing countries would soon be ageing the fastest; second, population ageing was an opportunity that also presented huge challenges; and third, ageing was not an issue for the future, but for the present. If States did not act now, they would fail to seize the opportunities to overcome the challenges presented by this huge demographic shift.

16. The UNFPA Director highlighted the importance of ageing as a demographic trend throughout the world: in 1950, there were 205 million people aged 60 or over; today, the number had nearly quadrupled to 810 million (equivalent to 11 per cent of the world population). By 2050, older persons would outnumber those under 15 and would account

for around 2 billion people (or 22 per cent of the world population). This trend was evolving throughout the world, in both developed and developing countries and in all regions. By 2050, nearly 80 per cent of the world's older persons would live in developing countries. Nonetheless, there were significant differences between regions: in Africa, which had the youngest population, 6 per cent of its population was aged 60 or over; in Latin America, it was 11 per cent, in North America, 19 per cent, and in Europe, 22 per cent.

17. Globally, women accounted for the majority of older persons; for every 100 women aged 60 or over, there were just 84 men. Women tended to be more prone to poverty, discrimination and abuse. Almost half of older women lived alone, whereas only a minority of older men did. These differences had important the implications for policy, programming and the promotion and protection of human rights.

18. Population ageing had to be approached as a reason to celebrate and as a challenge. Longer and healthier lives, the result of improved nutrition, sanitation, better health care, education and economic well-being, should be celebrated. Nonetheless, a decision had to be made about how this longevity could be harnessed and to secure the contributions that a socially and economically active, secure and healthy ageing population could bring to society. The challenge was to “add life to years, not just years to life”.

19. In order to meet the above-mentioned challenge, change was needed in three key areas. First, there was an urgent need to guarantee income security and access to essential health and social services for older persons. Second, investing in young people today was vital for improving the lives of future generations of older persons. This had to be combined with flexible employment, lifelong learning and retraining opportunities to enable and encourage current generations of older persons to remain in the labour market. Finally, everyone – including Governments, civil society, communities, families and older persons themselves – had to be involved in developing a new rights-based culture of ageing and change the mindset and social attitudes to ageing and older persons from welfare recipients to active, contributing members of society.

20. Ms. Bras Gomes highlighted the important protection offered to older persons by the International Covenant on Economic, Social and Cultural Rights. The provisions that were particularly relevant for older persons included articles 6 to 8 on just and favourable conditions of work, article 9 on the right to social security, article 10 on protection of the family, article 11 on the right to an adequate standard of living and article 12 on the right to physical and mental health. In addition, the Committee on Economic, Social and Cultural Rights had interpreted the scope of State obligations under the Covenant for older persons in its general comment No. 6, which took into account various United Nations documents, such as the Vienna International Plan of Action on Ageing, the United Nations Principles for Older Persons and the Proclamation on Ageing.

21. Ms. Bras Gomes addressed the issue of the obstacles faced by older persons in the enjoyment of the rights included in the Covenant on Economic, Social and Cultural Rights. With regard to the right to work and rights at work, she pointed out the absence of rights in the informal economy, the lack of training and retraining for older persons and age-related work redundancies as major issues. Challenges to the right to social security, which included contributory and non-contributory pensions and cash-transfer programmes, included the lack of universal coverage and the inadequacy of pensions, the impact of austerity measures and financial setbacks, and gender inequalities in pension regimes, which had a negative impact on women. With regard to the right to health, major difficulties included the lack of universal coverage, the privatization of services, the impact of austerity measures and the poor coordination of health and other social care services. She noted that the enjoyment of all the rights covered by the Covenant would only be ensured if they were promoted and supported actively by sound public policies, with the involvement of civil society.

22. Ms. Roque emphasized the importance and irreversible nature of the demographic phenomenon of ageing, and made reference to the available data and projections on the growth of the aged population. There were many risks associated with old age: poverty, marginalization, invisibility, discrimination and ill-health. Today, 80 per cent of the world population did not have any social security or health coverage and, if no national or international policies were adopted, by 2050, some 1,200 million older persons would face income insecurity. While access to quality jobs for older persons was often an issue, in Asia, Africa and Latin America, the survival of older persons was due to employment, mostly in the informal sector or in unqualified jobs. European surveys showed that 24 per cent of older persons were victims of violence and abuse. Between 2000 and 2050, the number of older persons with a moderate and entire dependence would double. Older persons were particularly vulnerable during armed conflicts and natural disasters, such as earthquakes and floods. Discrimination against older persons was aggravated by other factors, such as gender or indigenous origin. Discrimination in the provision of services included failure to obtain the consent of older persons when receiving health care or when placed in residential care.

23. Ms. Roque pointed out that societies and institutions had not yet adapted to the new demographic challenges posed by ageing, and still operated under an outdated paradigm. She described two different challenges for States: to change their classical perception of ageing, and to assume their responsibility towards older persons. States should regard ageing as an opportunity rather than as a problem, and they should adopt policies directed at enabling people to enjoy their human rights fully, even as they aged, and at guaranteeing human rights in an ageing world. This required the development of new legislation and national policies in agreement with a human rights paradigm recognizing equality and non-discrimination on the basis of age. The guidance of an international human rights instrument devoted to the rights of older persons would be useful as a model.

24. During the discussion, Franciscans International raised the issue of the rights of older persons in prisons. Representatives of Argentina and of the Republic of Korea underlined the importance of ageing, and welcomed the action taken by the Human Rights Council in this regard. The Republic of Korea referred to certain initiatives undertaken in the promotion and protection of older persons' rights. The representative of Swaziland asked about the resolution of the potential conflicts between States' cultural traditions and the assertion of the State's obligation to protect older persons, for example, where the family, and not the State, was seen as the main institution responsible for the care of older persons. In response, Ms. Bras Gomes underscored the universality of human rights and the fact that they were an obligation for States, regardless of culture or custom. The European Union was fully committed to the human rights of older persons and acknowledged the challenges older persons faced, such as abuse and violence, discrimination, exclusion and lack of opportunities, specific health-related difficulties and other challenges associated with old age. According to the European Union, existing human rights standards and principles provided a framework for the enjoyment of these rights also by older persons. The focus should be on the implementation of existing standards. The European Union also encouraged the universal periodic review, the treaty bodies and special procedures mandate holders to devote attention to the rights of older persons within their mandates.

### **C. Old age discrimination and ageism**

25. The panel discussion on old age discrimination and ageism was moderated by the Chief of the Millennium Development Goals Section of OHCHR, and included interventions by Susan Ryan, the Age Discrimination Commissioner of Australia; Claudia Mahler, a senior researcher at the German Institute for Human Rights; and Israel Doron, Professor of the Department of Gerontology at the University of Haifa, Israel.

26. Ms. Ryan described the role of the Age Discrimination Commissioner and Australian legislation and policies on older persons. Existing legislation and policies focused on employment, access to goods and services, discrimination against older persons in access to education, accommodation and public premises, social security (including pensions, health care and access to medicines), home and residential care, and transition from paid work to retirement and aged care. She recalled that, despite the comprehensive protection available, certain rights of older persons were still undervalued and unprotected.

27. Ms. Ryan highlighted some of the main challenges faced by Australia in ensuring the protection of the rights of older persons. In the area of health and aged care, there was a need to manage the growing resource demand for health and aged-care services, to respond to chronic illnesses and dementia, and to satisfy the expectations of older Australians for higher quality services and greater control and choice. In the area of access to housing, issues included the availability, affordability and adequacy of housing for older persons, given that there was evidence that the number of homeless older persons was increasing. With regard to employment, many people left the workforce before they were ready and before they had sufficient savings for their retirement. Age discrimination made it difficult for older persons to obtain work or to work more. There was also a need for flexibility in working hours or part-time arrangements to allow for caring responsibilities or to manage illness or disability.

28. With regard to discrimination, Ms. Ryan underscored how negative stereotypes and perceptions about older persons constituted a significant barrier to the realization of their full potential. Surveys showed that views about older persons in Australia included the belief that they were a homogenous group, unable to learn or to change, unwell, lonely and an economic burden on society. The media played an important role in the reproduction of these stereotypes. Consequently, part of the work of the Age Commissioner was directed towards the promotion of positive perceptions of older persons, including a project called "Age Positive: promoting positive and diverse portrayals of older Australians".

29. Age discrimination could be aggravated by other factors. One in five older Australians came from a culturally and linguistically diverse background, often facing barriers in their access to appropriate health and aged-care services. Overcoming these barriers required accessible and culturally appropriate services. In addition, many older lesbian, gay, bisexual, transgender and intersex persons had endured lifelong discrimination and stigma, with a damaging impact on their physical and mental health and social well-being.

30. Ms. Ryan pointed out that, at present, there was no national government strategy for protecting older persons from violence and abuse. In addition, there was a real need for social protection for older persons in order to ensure an adequate standard of living. Approximately 80 per cent of all Australians aged 65 or older were reliant, to some degree, on the age pension, while the remaining 20 per cent relied on their own retirement savings.

31. Ms. Ryan also supported the development of a new international convention for older persons. The Australian Human Rights Commission was taking steps to meet relevant stakeholder groups and government ministers to encourage support for a new convention. Even though Australia could be considered an advanced country with a wide range of domestic protections for older persons, a convention would provide a unified framework reference for national law and policies, enhance the coverage of rights and provide a firm basis for monitoring implementation. At present, there was no specific international obligation to report on human rights issues affecting older persons. A convention could assist Australia to become a more effective human rights sponsor and donor, and it would bring greater coherence and fullness to the country's protection of human rights for older persons.



32. Ms. Mahler recalled the mandate of the German Institute for Human Rights, including the promotion and protection of human rights by pursuing several activities: information-gathering, documentation, applied research, human rights education, advising policymakers and society in general, participation in relevant debates and cooperation at the national and international levels.

33. Despite the legal framework in Germany, where non-discrimination was a general principle, age discrimination was seen as a new phenomenon. She illustrated her point with a survey of the Federal Anti-Discrimination Agency, which revealed that one in five persons in Germany had experienced situations of age discrimination: for example, discrimination against women in employment throughout their lives often led to disproportionately lower incomes and pensions compared with men. Hence, older women were at higher risk of poverty in old age.

34. Ms. Mahler emphasized three main challenges for Germany in the protection of the rights of older persons:

(a) With regard to labour, older workers were often stereotyped as less productive, less efficient, more prone to ill-health or disease or incapable of adapting to technological environments. In Germany, there were strict age limits for certain professions, which imposed a disproportionate limitation of the fundamental rights to work;

(b) Health services should consider the health needs of older persons with the goal of enhancing their autonomy. The health system discriminated against older persons because many illnesses were wrongly defined as inherent to old age, and therefore older persons received different treatment from younger patients. Older persons should have the same access to health as younger people;

(c) Public debate: demographic change was often associated with negative attributes and depicted as a threat. Such negative images reproduced ageism instead of underscoring the new possibilities offered by demographic change.

35. According to Ms. Mahler, the Government of Germany had to be more aware of the increasing importance of ageing by implementing a rights-based approach in order to allow older persons to enjoy their right to autonomy and independent living. German society had to include older persons in the public discourse to create an inclusive society. She argued that an international binding treaty for older persons would constitute a strong reference to close existing gaps and bring a human rights-based approach to age-adequate policies.

36. Mr. Doron explained the origin of the term “ageism”, and pointed out that international human rights instruments did not include an old age-sensitive approach. For instance, while the Universal Declaration of Human Rights included a list of prohibited grounds of discrimination in its article 2, no reference to age was made in it. In contrast, article 25 of the Universal Declaration depicted age as a negative contingency, equated with unemployment or sickness: “Everyone has the right to a standard of living adequate for the health and well-being of himself ... and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”. The general pattern of the way in which international human rights law treated old age was either by ignoring it or considering it a vulnerable condition, a risk, a weakness or a burden, or by implying that older persons did not deserve to be considered a specific group, or by considering that their rights could be covered by other categories (such as “older women” or “older workers”).

37. The key reasons that would justify a specific human rights instrument for older persons on all levels were ageism and age discrimination. These phenomena were universal and unique to older persons, and manifest in all fields of life, such as employment, health services, social services, the economy, intergenerational relationships, and access to justice,

the arts and many other areas. Public policies regarding older age did not only require redistribution of wealth, but also the recognition of the identity and value of older persons in society. Ageism could only be combated when this recognition was explicit.

38. During the discussion, representatives of Uruguay and of the Holy See stressed that there was a need to adopt an international instrument. The Holy See also emphasized that the specific protection of older persons was a moral imperative since they had built society. Several civil society organizations were of the view that a new convention would need to include age discrimination, inclusive society and the idea of social responsibility towards older persons. Representatives of the Russian Federation and the United States of America described their efforts in the protection of older persons. The European Union observed that there was a lack of implementation of the European Union directive regarding older persons, and expressed the concern that defining older persons as a unified category might create new stereotypes.

39. Ms. Mahler noted the work within the Council of Europe regarding a soft law instrument on older persons, but underlined the need to develop a binding legal framework at the regional and international levels. Mr. Doron considered that the regional standard setting experiences were useful first steps that might pave the way for an international instrument. He pointed out that a specific convention did not imply any kind of stigmatization, and indeed that this has not been the case with other instruments regarding women, children or persons with disabilities.

#### **D. Older persons and the rights to work, health and social security**

40. The panel discussion on older persons and the rights to work, health and social security was moderated by a Human Rights Officer with the Human Rights and Economic and Social Issues Section of OHCHR, and included interventions by Emmanuelle St. Pierre-Guibault, Work and Social Security Legal Specialist from the Social Security Department of the International Labour Organization (ILO); Islene Araujo de Carvalho, Senior Policy Adviser with the Department of Ageing and Life Course of the World Health Organization (WHO); and Abdessadek Atlas, representative of the civil society organization AIDE Fédération (Fédération des Agences Internationales pour le Développement).

41. Ms. St. Pierre-Guibault emphasised that ILO was committed to the protection and promotion of the rights of older persons in active life and beyond, and of their families. ILO was keenly aware of the new demographic context, which was characterized by declining mortality and fertility and by increased longevity. These posed new challenges for society and work in all parts of the world. The changing age structure of the population had potentially significant implications for economic development, labour markets and well-being in different development contexts. The issue would be the subject of the upcoming International Labour Conference in June 2013; ILO had therefore drafted a preparatory report in which it analysed those implications and policy alternatives for both industrialized and developing countries.

42. ILO had adopted a wide range of conventions and recommendations relevant to the context of demographic change and that could play an important role in achieving the public consensus needed to adopt and implement adequate national policy frameworks.

43. The Older Workers Recommendation, 1980 (No. 162) is the most specific and direct mechanism taking into account the consequences of ageing societies for the world of work and social protection. It is based on three main subjects: equality of opportunity and treatment; employment protection measures; and preparation for and access to retirement. The Discrimination (Employment and Occupation) Convention, 1958 (No. 111) does not

mention age discrimination explicitly, but it provides for the possibility of determining additional grounds of discrimination, such as age. ILO social security standards, most particularly the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the recent Social Protection Floors Recommendation, 2012 (No. 202) provide an international reference framework for the range and levels of social security benefits that are necessary and adequate for ensuring income maintenance and income security, as well as access to health care throughout the life cycle. A number of other conventions are also important to promote and protect the rights of older persons.

44. The transition between an active life and retirement needed to be progressive, allowing for voluntary retirement and coupled with provisions for making the pensionable age flexible, thereby giving greater freedom to persons to decide on the age at which they wish to stop working. In addition, the other important social policy challenge was the need to secure an adequate level of income for all persons in old age without overstretching the capacities of younger generations.

45. The recent ILO Recommendation No. 202 completed this framework by calling for the guarantee of basic income security for all persons in old age for countries at all levels of development. It also made a significant contribution to the realization of the minimum core content of the right to social security. It was particularly relevant for low- and middle-income countries where a large part of the workforce was concentrated in the informal sector, but also for high-income countries where the recent financial crisis had shown that there was still a need to ensure a minimum of income security for older generations in some form of State guarantee of a minimum pension level.

46. Ms. Araujo de Carvalho argued that realizing the right to health implied that policymaking and programming should be guided by human rights standards and principles in tandem with the development of the capacities of duty bearers to meet their obligations and of the capacity of rights holders to claim their rights. This translated into building a knowledge base that would allow policymakers to develop and implement policies and programmes that addressed the health needs of older persons.

47. Ageing was frequently not prioritized in health plans and strategies, data were not age-disaggregated in health situation analysis, and age was not considered a category for analysis in monitoring, evaluation and accountability mechanisms in health planning and programming.

48. The health of older persons needed to be specifically addressed in initiatives to strengthen health systems and in primary health-care reform frameworks. Policy guidance to achieve universal coverage was particularly relevant because older persons were usually excluded, particularly when coverage depended on previous contributions. Targeted interventions could be an alternative to complementing universal mechanisms, for example to tackle dementia and hypertension as health priorities.

49. It was also necessary to increase visibility of unequal access to health care. Disability and disease affected more people in developing countries, and States should adopt measures to improve the situation of the population, and specifically older persons. Health services should be targeted at the major causes of poor health in older persons, such as non-communicable diseases. Primary health-care centres had to better meet the needs of their older patients. They could serve as an entry point for referrals for specialised care, long-term care, mental health and social services.

50. According to Ms. Araujo, the main challenges for States were (a) to put in place information systems to strengthen the knowledge base and to facilitate the use of evidence in policy development; (b) to build a critical mass of capacity for change, as capacity-building of rights holders and duty bearers was critical, especially on health equity analysis

and priority setting in the fields of ageing and health; and (c) to manage the political process from policy development to implementation.

51. Mr. Atlas illustrated some of the challenges to the realization of the right to social protection of older persons with the case study of Morocco, where his institution participated in capacity-building of local organizations specializing in the protection of the rights of older persons.

52. Morocco was not an exception to demographic transition, with a significant increase in the number of older persons. Since 1960, the number of older persons had tripled. In general, older persons in Morocco were inadequately protected by a weak social security and retirement pension. Only 20 per cent of older persons in the country were currently covered by social protection schemes. Older persons in rural areas were in a particularly vulnerable situation. For a long time, the goal of policy strategies and choices had been economic growth, and thus the main concern was the active population. These policies revealed a failure to regard ageing as a crucial issue. The absence of a strategy taking ageing into consideration could be explained by the historical understanding of old age as an issue that could be addressed within the family. The size and role of the family had, however, changed dramatically, and family structures had proven to be insufficient to take care of older persons. Moreover, deregulation and the withdrawal of the welfare State, supposedly justified by the need to promote economic growth, had had a negative impact on the rights of older persons because they were considered to be a non-profitable demographic group.

53. For several years, the Government had been aware of the issue of ageing and had taken measures accordingly, such as the National Strategy for Older Persons in 2009 and the National Report on Ageing in 2002. These national policies were based on the objectives and targets of the Madrid International Plan of Action on Ageing and on the Arab Plan of Action on Ageing. This policy had led to the creation of new actors, social structures and charity organizations, as well as to training for professionals, awareness-raising campaigns to promote better conditions and solidarity between generations.

54. In Morocco, the system of social protection of older persons was characterized by the existence of three main old-age pensions. For several years, the number of recipients had risen faster than the number of contributors, and this had brought an imbalance in the demographic ratio of the pension fund. In 1980, there were 15 contributors for every pensioner; by contrast, in 2009, there were 4.6 contributors for each pensioner. This deficit had an impact on public resources. Several solutions were being discussed to prevent any further major deficit. The extension of social health coverage to all new workers and the extension of the age of retirement could be a first answer. The best solution would be to improve the employment rate which would have a great impact on the situation of pension funds and encourage a new institutional organization of the pension system.

55. Health coverage was also weak. More than 30 per cent of older persons had no access to health and social coverage. Even for those who had access, coverage is limited to 30 per cent of health-care costs, the rest being charged to the patient.

56. The economic recession and the financial crisis had had a significant negative impact on the economy in Morocco, including a reduction in remittances from the Moroccan diaspora, the growth of the internal debt and a drop in public investment. All of these consequences had led to a decrease in public investments in health and social protection systems and in the protection of the rights of older persons. The implementation of the rights of older persons and of their social and health protection was dependent, to a great extent, on the adoption of a specific strategy where growth would be based on redistribution and social justice. This strategy depended on the relevance of the welfare

State, of social justice and of the reduction in regional disparities in health centres and in qualified health personnel.

57. During the discussion, the representative of Brazil noted that legislation to protect the rights of older persons had been introduced in 1994 and improved in 2003. Civil society played an important role in making proposals and monitoring implementation. Venezuela (Bolivarian Republic of) indicated that its Constitution forbade age discrimination and provided for the protection of older persons, including protection of their human dignity and autonomy, access to efficient social services, an adequate standard of living and pensions tied to the minimum urban wage. Legislation had been adopted to ensure access to adequate social, geriatric and gerontology services, and to extend social coverage and health services. The European Union stated that one of the objectives of the European Year for Active Ageing and Solidarity between Generations in 2012 had been to encourage healthy ageing in dignity. A dedicated European Union health programme had launched initiatives to promote health and reduce health inequalities, promote healthy ageing, patients' safety and health information.

58. Ms. St. Pierre Guibault pointed out certain key elements that would enhance success in providing social security, including constitutional protection, enabling legislation to give effect to rights, universality of protection through universal schemes, guaranteed minimum income, the responsibility and proactive response of the State in pursuing innovative strategies and the involvement of civil society.

59. Ms. Araujo de Carvalho highlighted other important elements, such as evidence-based research, for example on the impact of the implementation of a human rights-based approach to women's health. She emphasized the importance of civil participation in the promotion of intergenerational solidarity. Mr. Atlas stressed that the participation of civil society and the private sector should be taken into account in the process of protecting and promoting the rights of older persons.

## **E. Abuse and neglect of and violence against older persons**

60. The panel discussion on abuse, neglect and violence against older persons was moderated by the Chief of the Women's Rights and Gender Section of OHCHR, and included interventions by Viviane Brunne, Associate Population Affairs Officer with the Economic Commission for Europe (ECE); the Director of the Resource Centre for the Elderly of Kyrgyzstan, Svetlana Bashtovenko; and the Chairperson of the Tanzania Social Protection Network, Theresa Minja.

61. Ms. Brunne emphasized that older persons had a fundamental right to protection from abuse, and that the State had a correlative obligation to put in place legal and social structures to protect them from abuse, to ensure legal investigation and prosecution, and to intervene and remove victims from situations of abuse. Many consequences resulted from abuse: reluctance to seek help for fear of institutionalization, social withdrawal, anxiety, depression, increased dependence, illness, emergency room visits, mortality, additional costs for health and care systems, and loss of social capital and people as productive resources in society. Comparative analysis showed that data were seldom available and that underreporting was common.

62. Several international policy instruments referred to violence against and abuse and neglect of older persons. For example, the Madrid International Plan of Action on Ageing recognized the dignity of older persons, and called on States to adopt measures to eliminate all forms of neglect, abuse and violence; the ECE Regional Implementation Strategy of 2002 stated that all ages should enjoy quality of life, independent living, health and well-being; and the Vienna Ministerial Declaration of 2012 referred to the need for policies on

the health and welfare of older persons to be complemented with measures to empower older persons and to prevent abuse, neglect and loneliness of the elderly.

63. This policy framework was directed at preventing abuses through awareness-raising, mitigating risk factors both for older persons and for caregivers, prevention in health-care settings, helplines and counselling, legal assistance, case management and multiagency teams.

64. The ECE Associate Population Affairs Officer considered that the lessons learned pointed to the need to adopt a public health perspective with an emphasis on prevention, while also offering remedial legal, therapeutic and other necessary interventions. This included a client-oriented approach, taking into account the specificities of each person, better cross-national data collection and a more systematic evaluation of interventions and their effectiveness.

65. Ms. Bashtovenko illustrated the difficult situation in Kyrgyzstan with regard to the protection of the rights of older persons. Currently, while violence against older persons was prevalent, little relevant information was available and, as a consequence, the situation was ignored. Older persons were often unaware of their rights and of the safeguards against domestic abuse. No comprehensive national legislation had been adopted to combat this phenomenon and there was, therefore, a lack of capacity and knowledge on the part of social services regarding the prevention, timely intervention and protection of the elderly. Health and social workers seldom took into account domestic violence against older persons and often avoided intervening. Domestic violence against the elderly was usually not reported and not treated as a human rights violation. Only a few studies existed on domestic violence against older persons, and society was insufficiently informed about the services available to victims of domestic violence.

66. Ms. Bashtovenko illustrated her presentation with research conducted by HelpAge International and the Association of Crisis Centres. A study had found that 71 per cent of people acknowledged that the problem of violence against older persons existed, 47 per cent believed that family violence against older persons had increased over the past 10 years, while 35 per cent were aware of situations of violence against older persons. Older persons were victims of different forms of family abuse: 55 per cent of respondents believed that the needs of older persons were often neglected, 47 per cent of older persons had experienced psychological violence, and 13 per cent believed that older persons were exposed to financial abuse.

67. The gender dimension of the phenomenon was also apparent: 39 per cent of women and 31 per cent of men reported having experienced at least one form of violence, including financial, psychological, emotional, physical and sexual abuse. Many factors, either alone or in combination with others, accounted for violence against older persons, and these included poverty and unemployment, alcoholism and drug addiction, the inability of older persons to defend themselves, the destruction of moral and ethical values, impunity and migration.

68. In Kyrgyzstan, the proportion of persons over 60 years of age in the general population was expected to rise from 8 per cent to 20 per cent by 2050. The need to take appropriate measures to avert a potential increase in violence against older persons was therefore urgent. For several years, the Government of Kyrgyzstan had adopted national policies and legislation to address violence against older persons, such as a law on social and legal protection against domestic violence, awareness-raising advocacy and public information campaigns. Public bodies were required to work in the prevention of family violence, to provide assistance and support to victims and to collect statistics. Older persons continued, however, to experience various forms of violence because the law did not

identify older persons as a vulnerable group, and the level of awareness of legislative measures for protection against family violence was low.

69. Ms. Minja stated that the United Republic of Tanzania was party to a number of international human rights instruments, and reported periodically on the situation of human rights in the country. These reports did not, however, take into consideration the rights of older persons.

70. Ms. Minja illustrated some specific human rights issues faced by older persons in the United Republic of Tanzania. Thousands of older persons had been killed between 2005 and 2011 after having been accused of witchcraft. Elderly widows had also been killed in order to facilitate property inheritance by younger members of the family. Poverty was prevalent among older persons, and social protection coverage was very low. An initiative to pay a universal pension to persons over 60 years of age had been approved and would take effect in July 2013. This would help older persons to cover their basic needs, including food and medical assistance, and to care for the vulnerable children living with them (53 per cent of all orphans and vulnerable children were cared for by older persons). Physical integrity was also an issue, particularly with older persons living in rural areas, where 80 per cent of them live. Isolation and loneliness made older persons particularly vulnerable to attacks.

71. Older persons were also discriminated against in labour. In the United Republic of Tanzania, the mandatory age of retirement was 60 years. Most retirees lived the rest of their lives in poverty, as the small amount that they received as a pension did not cover their basic needs. With regard to health, even though the country had, since 2003, a national ageing policy that stated that older persons of 60 years of age or over should receive health services free of charge in all government health facilities, many obstacles still prevented effective access. These included distance, lack of drugs, a shortage of qualified doctors and a lack of sensitivity on the part of health workers.

72. Ms. Minja pointed out that an international convention on the protection of the rights of older persons should be adopted to ensure that older persons were no longer discriminated against for reasons of age. Such a convention would allow for specific reporting on the situation of older persons, as was already the case with women, children and persons with disabilities.

73. During the discussion, HelpAge International underscored the fact that, in a meeting of the Commission on the Status of Women held in March 2013, the risk of violence against older women had been significantly highlighted. Paying attention to violence against older women should not, however, be done at the expense of equal attention to violence experienced by older men.

74. The European Union supported active and healthy ageing by promoting equality of care in institutional and home settings. A major conference had been held in March 2012 for the protection and dignity of older persons, in order to understand the phenomenon and how it could be addressed. A similar seminar would be held in Brussels in June 2013, together with the European Commission and OHCHR. Similarly, the European Union was funding several pilot projects focusing on protecting older persons and monitoring elder abuse in public health and long-term care systems.

75. Argentina stressed that there was a lack of systematic information on violence against older persons. Older persons were invisible and did not appear sufficiently in country statistics or in development programmes. A human rights instrument devoted to older persons would be a valuable contribution to visibility and an improvement in data collection.

76. Ms. Bashtovenko described a project carried out by her organization that focused on monitoring the conditions of incarcerated older persons, including their living conditions, access to medical and social services, and the degree to which prison staff received specific training on working with older persons. Ms. Brunne underlined the need for a better understanding of violence against older persons through evidence-based research, in order to inform policymaking. Ms. Minja stressed the limited response of public authorities to end violence against older persons, and emphasized that a specific international instrument calling for action and requiring reporting might put some pressure on countries to act on this issue.

#### **IV. Conclusions**

77. **Ageing is a global phenomenon. Older persons, as a group, are a rapidly growing sector of our societies, developed and developing, and the trend is increasing everywhere. Human rights should guide the policies developed to ensure that older persons enjoy a dignified life. The experiences discussed during the consultation showed both areas where action was urgently needed, and examples of specific measures taken at the national and regional levels.**

78. **While most international human rights instruments are applicable to all age groups, including older persons, a number of human rights issues that are particularly relevant to older persons have not been given sufficient attention either in the wording of existing human rights instruments or in the practice of human rights bodies and mechanisms. These include, inter alia, age discrimination, access by older persons to work, adequate health services and social protection, protection from abuse, violence and neglect, and long-term care.**

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