



**POSITION PAPER SUBMITTED TO THE 2021 HIGH LEVEL POLITICAL FORUM  
BY THE STAKEHOLDER GROUP ON AGEING (SGA)**

**EXECUTIVE SUMMARY**

1. Sustainable and resilient recovery from the COVID-19 pandemic and achieving the Sustainable Development Goals necessitate bold actions. Older persons have paid a heavy toll during Covid-19. Age-inclusive recovery, to ensure that older persons are not left behind, requires:
  - Addressing severe violations of their human rights;
  - Recognizing their contributions to the economy, society and family;
  - Enshrining their rights in national and international legislation.
  
2. Unprecedented global attention was drawn to the unequal healthcare treatment for COVID-19 in the form of priority setting that excluded and discriminated against older persons. Older persons were stigmatized, found abandoned, abused, neglected and dead in care institutions and in their homes, lacking safeguards to long-term and palliative care, or home-based health care. They were denied access to treatments, protective equipment and vaccines, particularly in low and middle income countries. Affordable preventive care, treatment, rehabilitation, and long-term care including palliative care must be accessible for persons of all ages in all settings.
  
3. In the absence of job security and flexible retirement regulations, many older workers became unemployed, were dismissed, or forced to retire against their wishes, without adequate social protection. Job loss resulted in their significant overrepresentation among the long-term unemployed. Lockdowns hit older workers in the informal sector particularly hard. Increased poverty threatened the right to a decent life and dignity.
  
4. Overcoming ageism in the world of work entails social protection, including safety nets for informal workers. Obstacles to labour market participation of older workers must be overcome by adhering to international obligations for equal treatment of workers at all ages, introducing incentives to employ and retain older workers, providing lifelong learning opportunities and digital access. Ageist stereotypes persist – despite the economic need to employ a growing share of older workers to sustain growth.
  
5. Access to justice has been hampered for older persons by lockdowns of legal institutions, complex proceedings, lack of access to information and excessive costs in the absence of a globally agreed monitoring mechanism to provide evidence on the worsening health, social and economic status of older persons.
  
6. Barriers to achieving the SDGs related to poverty, health, decent work, economic growth and gender equality, include age discrimination in law and practice. Ageing is not a problem; ageism is the problem.
  
7. The Stakeholder Group on Ageing urges Member States to:
  - a. embrace the contributions of older persons;

- b. implement the UN Decade of Healthy Ageing;
- c. fully implement international labour standards and guarantees of older workers' rights to decent work and social protection;
- d. combat ageism by abolishing all forms of age exclusion and age discrimination; and
- e. establish legal measures to ensure equality and access to justice.

8. An inclusive path for recovery and accomplishment of the SDGs includes:

- a. empowerment of older persons with age-inclusive legislation and policies;
- b. achievement of a just society for all people of all ages;
- c. development of a convention to protect the rights of older persons.

### AGEISM

9. Ageism is not a new phenomenon. However, it has been ignored for too long. Ageism is very insidious, socially accepted and internalised by many to the point that when we experience or witness discrimination against older people, the injustice goes unnoticed or unchallenged. Ageism cuts across all the Sustainable Goals and without tackling it properly and thereby leaving older people behind, the whole Agenda 2030 will fail.

10. On March 18, 2021, WHO, OHCHR, UNDESA and UNFPA launched the first *Global Report on Ageism*. The Report defines ageism as the stereotypes, prejudice, and discrimination directed towards people on the basis of their age. It summarises the best evidence on the scale, impacts, and determinants of ageism and the most effective strategies to address it.<sup>1</sup> Combating ageism is one of the four areas of action of the United Nations Decade of Healthy Ageing (2021–2030) adopted by the General Assembly in its resolution in A/RES/75/131 of 14 December 2020<sup>2</sup>.

11. Ageism is extremely prevalent and affects older people in all regions of the world. According to the *Global Report on Ageism*, one in two people hold ageist attitudes towards older persons, with rates much higher in lower-income countries. The European Agency for Fundamental Rights (FRA) recognises that age-based discrimination is the most widespread form of discrimination across the EU<sup>3</sup>, yet it is not considered as equally severe and important as other forms of discrimination. It is the most prevalent “ism”. It intersects and interacts with other forms of bias and discrimination, including ableism, sexism and racism. The multiple and intersecting forms of discrimination worsen the effects of ageism on the lives of older people, particularly older women. Ageism can be institutional, interpersonal, or self-directed. It is a violation of human rights and it impacts all aspects of our lives leading to high costs to society and throwing older people into poverty, social exclusion, isolation, ill-health and death.

12. The COVID-19 pandemic has brought deep-rooted ageism to the fore. The Independent Expert on the rights of older persons, in her statement to the General Assembly at its seventy-fifth session, deplored the discrimination that older persons have been subjected to<sup>4</sup> and the United Nations Secretary-General, in his Policy Brief on the Impact of COVID-19 on Older Persons, stressed the fact that ‘beyond its immediate health impact, the pandemic is putting older people at greater risk of poverty, discrimination and

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<sup>1</sup> <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>

<sup>2</sup> <https://undocs.org/A/RES/75/131>

<sup>3</sup> <https://fra.europa.eu/en/publication/2018/shifting-perceptions-towards-rights-based-approach-ageing>

<sup>4</sup> <https://undocs.org/Home/Mobile?FinalSymbol=A%2F75%2F205&Language=E&DeviceType=Desktop>  
<https://www.ohchr.org/Documents/Issues/OlderPersons/FinalStatement-IE-GA75.docx>

isolation'<sup>5</sup>. The Brief was subsequently supported by 146 Member States, who committed to fully promoting and respecting the dignity and rights of older people and to mitigating the negative impacts during and after the COVID-19 pandemic, on their health, lives, rights and well-being.<sup>6</sup>

13. Examples of discriminatory practices during the current pandemic abound, such as age-based triage or non-admittance to hospitals, lack of access to non-COVID- related treatments and palliative care, lack of access to information, social services, employment or pensions. Governments resorted to measures to protect older persons from COVID-19 but the sometimes late, rushed decisions and the lack of preparedness for a crisis like this, resulted in paternalistic and ageist measures, with serious consequences for the health and well-being of older persons. Ageist attitudes in the media and social media have revealed deep and systemic ageism in countries around the world.

14. The lack of accurate data reflecting the real situation of older persons before and during the pandemic is also a form of ageism. In some cases, the COVID-19 excess mortality among older persons has been presented as the natural order of things, a form of quasi-natural selection.<sup>7</sup> The low value given to older persons' lives is also seen in the way older persons are excluded from the vaccination programme against COVID-19.<sup>8</sup>

15. Ageism and hate speech directed at older persons should not be tolerated and should be treated with the same seriousness as other forms of hate speech both during the pandemic and beyond. The Global Report on Ageism shows that three strategies are effective to reduce ageism: policy and law, education, and intergenerational contact interventions.

16. A United Nations Convention on the Rights of Older Persons would assist governments to respect, protect and fulfill their rights. It would raise awareness of all sectors of society and all generations of the fact that we all have the same rights and that we should all age free of discrimination. We need a solid, legal foundation to end systemic ageism.

## **Recommendations**

**17. Governments are urged to combat ageism by abolishing all forms of age exclusion and age discrimination, by adopting a life-course approach in their data- collection, legislation, policies and programmes.**

**18. Member States should accelerate their current deliberations, in the Open-ended Working Group on Ageing, for an international instrument to protect the rights of older persons.**

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<sup>5</sup> <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

<sup>6</sup> <https://www.un.org/development/desa/ageing/uncategorized/2020/05/140-member-states-support-the-sg-policy-brief-on-covid19-and-older-persons/>

<sup>7</sup> [https://www.researchgate.net/publication/345725719\\_COVID-19\\_and\\_residential\\_care\\_facilities\\_issues\\_and\\_concerns\\_identified\\_by\\_the\\_international\\_network\\_prevention\\_of\\_elder\\_abuse\\_INPEA](https://www.researchgate.net/publication/345725719_COVID-19_and_residential_care_facilities_issues_and_concerns_identified_by_the_international_network_prevention_of_elder_abuse_INPEA)

<sup>8</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2771091>

## **IMPACT OF PANDEMIC ON PROGRESS TOWARDS SDG3 FOR OLDER PERSONS.**

19. COVID-19 has exposed and exacerbated ageism in health care and gaps in social protection and community support, especially for older persons.
20. Human rights violations against older persons during the pandemic include violations of their right to life, to the highest attainable standard of physical and mental health, to be free from cruel, inhumane and neglectful treatment; to autonomy and freedom of movement; to work; to participation in family and community life, among other things. Withholding treatments, triaging of COVID-19 patients only on the basis of age, and lack of access to vaccines by older persons are blatant violations of their human rights.
21. Pressure on governments to implement rapid responses to COVID-19 has resulted in their failure to consider age, disability and gender issues. Curfews and stay-at-home orders isolated older persons and persons with disabilities and denied their rights to essential services. Domestic violence, including elder abuse, have increased.
22. Governments also failed to protect the rights of residents of aged care and nursing homes and older persons who live alone or in congregate settings, such as detention centres, during the pandemic. Tens of thousands of older persons have died in aged care homes, the majority in high income countries such as Belgium, Canada, Italy, Spain, the United Kingdom and the United States. Casualties of the virus and of pre-existing conditions lacked proper treatment, as older persons were excluded from routine health care and from critical and palliative care wards, even when beds were available.
23. Despite the burden of infection and death due to COVID-19 falling heaviest on older persons, accurate data on age, disability and gender relating to the pandemic are still not widely available in all countries. It is not possible to achieve SDG3 without such disaggregated data to inform decisions on universal healthcare.
24. Ill health and disability are not inevitable consequences of older age. A life course and gender specific approach to health supports the identification of critical points for preventive intervention that can influence the onset of health conditions and delay or avoid the onset of disabilities, including those associated with non-communicable diseases (NCDs). Older women often enter old age with poor health conditions due to the neglect of their health over their lifetime, exacerbated by multiple child bearing and untreated problems during menopausal years.
25. NCDs have a disproportionate impact on older people. It was estimated in 2018 that close to 60% of deaths caused by NCDs annually occurred in people aged 70 and over. SDG Target 3.4 wording is discriminatory - 'premature mortality' instead of "preventable" mortality. At what age is death "premature" ? While the indicator no longer refers to "between ages 30-70", persons over 70 continue to be excluded from data collection. This exclusion goes against the universal human right to health, and against the health goal of healthy life and wellbeing for all at all ages.
26. Most pandemic related deaths are people older than 60, especially those with chronic conditions such as cardiovascular and respiratory diseases. This has important implications for development of proper clinical responses, public health, social protection, and economic security. Yet, to date, this issue in countries of all income levels has been largely ignored.
27. NCD strategies must include treatment, management, care, rehabilitation and palliation services for people of all ages affected by NCDs, while continuing to invest in strategies for prevention of

population level disease across the life course. The pandemic has made the absence of such services tragically evident in the majority of Member States, including those in developed countries. Achieving the goals and targets of Agenda 2030 requires the strengthening of health systems that apply a human rights and life-course perspective, with no age-discrimination.

28. In low- and middle-income countries (LMICs), which comprise 69% of the global population aged 60 and above, where vaccines are largely absent, and where health systems are weaker, COVID-19 could potentially have the greatest impact, devastating the social fabric for decades to come.<sup>9</sup>

29. Unacceptable levels of inequalities in healthy life expectancy (HALE) and disease burden exist across countries in different socio-demographic (SDI) quintiles and between sexes. The burden of disabling conditions has serious implications for health system planning and health-related expenditures for building forward in the post-COVID era.<sup>10</sup> Without stronger health systems and services, more years of poor health requiring more intensive family caregiving, that disproportionately burdens women and girls, will not only put the brake on attainment of SDG 3 but also other SDGs.

30. Some older persons in poor health, living alone, unsheltered, or experiencing functional decline, but who are fortunate enough to live in compassionate cities<sup>11</sup> have been supported through public and community services that prioritise wellbeing along multiple domains. Compassionate cities identify risk factors such as abuse, neglect, and inhumane treatment, all of which have escalated since the onset of the pandemic, compounding an already chronic global problem rooted in ageism.<sup>12</sup>

31. At the same time, many older persons around the world do not have access to affordable healthcare services or social protection, and are without treatment, long-term care or palliative care. They continue to suffer from violence, abuse and neglect, inhumane treatment.

32. It should be noted that there are also many older persons in good health who have been providing significant help to family members who have been affected by job losses, illness and death, and other adversity during the pandemic.

33. The General Assembly, in its resolution 74/2 on universal health coverage<sup>13</sup>, reaffirmed the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health. It also recognized that universal health coverage, with a focus on health outcomes throughout the life course, is fundamental for achieving the Sustainable Development Goals.

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<sup>9</sup> Bearing the brunt of covid-19: older people in low and middle income countries

*BMJ* 2020; 368 doi: <https://doi.org/10.1136/bmj.m1052> (Published 13 March 2020) *BMJ* 2020;368:m1052

<sup>10</sup> Kyu, H. H., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., ... & Breitborde, N. J. (2018). Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 392(10159), 1859-1922.

<sup>11</sup> See for instance Sevilla Contigo Support for Older Persons, presented at the World Health Organization on April 28 and DeLange Martinez, P., Nakayama, C., & Young, H. M. (2020). Age-friendly cities during a global pandemic. *Journal of gerontological nursing*, 46(12), 7-13.

<sup>12</sup> <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>

<sup>13</sup> <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/pdf/N1931184.pdf?OpenElement>

34. The Decade of Healthy Ageing<sup>14</sup> developed by the WHO and officially adopted by the General Assembly in December of 2020 (Resolution A/RES/75/131) challenges governments and all other stakeholders to **take action** in several interconnected areas over the coming decade:

- Attitudinal—reducing ageism in our thoughts, feelings, and actions.
- Environmental - building communities that “foster the abilities of older people.”
- Health care—providing access to person-centered care across the continuum from primary and preventive care through long-term, palliative and end of life care.

### **Recommendations**

**35. Governments must implement the United Nations Decade of Healthy Ageing, and combat ageism by abolishing all forms of age exclusion and age discrimination.**

**36. Governments must implement strategies for universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.**

**37. A United Nations system-wide approach is also necessary to improve the lives of older persons during and after the pandemic, including the protection of their human rights.**

### **RIGHT TO WORK AND SOCIAL PROTECTION (SDG 8)**

38. The realization of the right to work and access to the labour market by older persons is considered a pre-requisite for dignity and living independently, as stated in the United Nations Principles for Older Persons adopted by the General Assembly in 1991<sup>15</sup>. The right to work is enshrined in international human rights law, with some instruments addressing specifically the rights of older persons to engage in income generating activities. It should be noted at the outset that many people over the age of 60 need to work in order to survive.

39. The ILO reports that labour force participation rates (LFPR)<sup>16</sup> among older workers 65+ are highest in low- income countries where old-age pension coverage is poor and not widely available. Conversely LFPR 65+ rates are lowest in the high income countries where old-age pensions are more widespread, with middle income countries in the middle on both dimensions.

40. Global commitment to social protection floors which provide for basic income security, for older persons<sup>17</sup> in SDG 1 is especially important given 80 per cent of the world’s population of older persons lack access to any kind of social protection. After a lifetime of work, people employed in the informal economy, particularly rural workers and women, cannot afford to retire because they have no retirement income to support them; they are not covered under social protection programmes directed at the formal sector. ILO data of 2018<sup>18</sup> shows that 77% of older women were employed in the informal sector - attributed to multiple years of discrimination - as young women unable to remain in school due to poverty, puberty and early marriage, as young adults expected to carry out household chores, and as older women

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14 Decade of healthy ageing: baseline report. Geneva: World Health Organization; 2020 License: CC BY-NC-SA 3.0 IGO

15 A/AC.278/2021/CRP.3 ‘ Substantive Inputs on the Focus Area “Right to Work and Access to the Labour Market’ UNDESA 2021

16 Staudinger, U.M., Finkelstein, R., Calvo, E. & Sivaramakrishnan, K. (2016) A global view on the effect of work on health in later life. *The Gerontologist*, 56(2), 281-292. doi:10.1093/geront/gnw032

17 [https://www.ilo.org/seccoc/areas-of-work/legal-advice/WCMS\\_205341/lang--en/index.htm](https://www.ilo.org/seccoc/areas-of-work/legal-advice/WCMS_205341/lang--en/index.htm)

18 *Women and men in the informal economy: a statistical picture (third edition)* / International Labour Office – Geneva: ILO, 2018

still needing income to survive but with few skills to advance beyond minimal low level jobs and insufficient pension to retire. According to the human rights institution of Peru data from its 2017 national household survey shows 33.8 per cent of older women in rural areas work without receiving payment, compared to 4.8 per cent of older men<sup>19</sup>.

41. Lockdowns and curfews have especially impacted older female workers in the informal sector. Unprotected older workers in countries where vaccinations are not yet being given systematically to older persons are fearful.

42. Covid 19 has impacted employment of older workers more markedly than mid career workers<sup>20</sup>. In the UK rates of unemployment of both female and male workers has risen markedly, with a worse impact on women in their 50s, who are not yet of pensionable age.<sup>21</sup> In the US some 11 percent of people 65 and older, or about 1.1 million people, have lost their jobs.<sup>22</sup> Older workers in health care, education and retail, are exposed to ageism. It is a significant reason for the exclusion of older persons from access to and the denial of the equal enjoyment of opportunities in the labour market.<sup>23</sup> Studies are showing that older workers are now facing higher unemployment rates than mid-career workers.<sup>24</sup>

43. Social protection is essential to reduce vulnerabilities in old age, access rights to basic services and to support families. Coverage must be universal in all countries, including portable benefit arrangements and ease of collection. Reports and submissions to the 11<sup>th</sup> Open Ended Working Group on Ageing<sup>25</sup> concluded that in many countries social protection policy is inconsistent across groups of older persons, effectively denying their right to a pathway considered essential to combat poverty and guarantee health and well-being. It is important to overcome barriers caused by requirements for identity documents and literacy, along with linguistic barriers and transport costs to access benefits, which disadvantage older women<sup>26</sup>. There is growing momentum for adequate funding of social protection, and the special rapporteur on extreme poverty and human rights will present his findings on the proposal for a 'Global Fund for Universal Social Protection' in July 2021.<sup>27</sup>

### **Unpaid care work**

44. There is a lack of recognition and guarantees of social protection for unpaid informal older care workers, while at the same time scandals of neglect of older persons in care institutions have been laid bare by Covid-19 in many countries. The majority of informal carers are older women, including those caring for older family members with dementia and chronic health conditions.

45. In the United Kingdom there was an estimated 4.5 million informal caregivers between 2017 and 2018, with older people - particularly older women - more likely to have caregiving responsibilities.<sup>28</sup> A Carers UK survey in 2020 found that 54 % of its respondents were women over 55<sup>29</sup> and that 69% said

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<sup>19</sup> A/AC.278/2021/CRP.3 - page 2 – 'Substantive Inputs on the Focus Area "Right to Work and Access to the Labour Market' UNDESA 2021 para 18

<sup>20</sup> Davis, O. Fisher, B. Ghilarducci, T. and Radpour, S. (2020) "A First in Nearly 50 years, Older Workers Face Higher Unemployment than Mid-Career Workers." Status of Older Workers Report Series. New York, NY. Schwartz Center for Economic Policy Analysis of the New School for Social Research

<sup>21</sup> N Cominetti, A U-shaped crisis: The impact of the Covid-19 crisis on older workers, Resolution Foundation, April 2021

<sup>22</sup> COVID-19's Impact on Older Workers: Employment, Income, and Medicare Spending, Issue Brief 8 Commonwealth Fund 2020

<sup>23</sup> Byrnes et al 'The Right of Older Persons to Work and to Access the Labour Market' 2019 University of New South Wales Law Research Series

<sup>24</sup> U.S. Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey: E-16. Unemployment Rates by Age, Sex, Race, and Hispanic or Latino Ethnicity," July 2020.

<sup>25</sup> <https://social.un.org/ageing-working-group/eleventhsession.shtml>

<sup>26</sup> (A/AC.278/2019/CRP.3)

<sup>27</sup> <https://www.ohchr.org/EN/Issues/Poverty/Pages/global-fund-social-protection.aspx>

<sup>28</sup> Ibid para 23

<sup>29</sup> [https://www.carersuk.org/images/CarersWeek2020/CW\\_2020\\_Research\\_Report\\_WEB.pdf](https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf)

that unpaid carers are not well valued or not valued at all, compared to 61% of men, which could reflect that women are more likely to be providing unpaid care, or to have provided unpaid care than men.<sup>30</sup> The Older Women's Network Europe has reported that Covid 19 related legislation in the UK and staff shortages in health and social care services brought in due to Covid has had especially negative impacts on older women carers who have lost vital 'low level' services provided on a voluntary basis by older women now having to socially isolate.

## Digital access

46. The United Nations Secretary-General's Policy brief on the Impact of Covid-19 on Older Persons<sup>31</sup> highlighted the impact of uneven access to digital technologies for older persons. The advances in technology are being touted as the fourth industrial revolution impacting all spheres of life from education, work, the purchase of goods and services, and access to healthcare services are a few examples. Yet some 3.4 billion people – about 50% of the world's population – are still not online.<sup>32</sup>

47. In the U.S. adults over age 50 contribute 40% of the GDP.<sup>33</sup> They are one-third of the workforce and those 65+ are the fastest growing segment.<sup>34</sup> A quarter of new enterprises are being started by 55-64 year olds<sup>35</sup>. Affordable and reliable high-speed internet access is essential to this, but 38 million adults age 50+ in the US do not have high-speed internet access at home.<sup>36</sup>

48. Just over half of those over 50 in the OECD are online, almost one-fifth of the population, while some 95% of young people are connected.<sup>37</sup> This digital exclusion has an economic as well as a social cost. According to a OECD report on Promoting an Age Inclusive Workforce “age discrimination is still present in many modern workplaces – not only restricting employment choices for older and sometimes even younger workers, but also representing a considerable cost to business.”<sup>38</sup> AARP reports that age discrimination against those ages 50-plus cost the United States economy USD 850 billion in 2018 alone.<sup>39</sup>

49. Building transformatively forward from Covid 19 includes rolling back work place ageism and realizing the right to work in old age, with digital tools and skill development for older workers to work from home. Reliable, high-speed, low-cost internet and government subsidies are needed for lower-income older adults to support their online access. Older people have the right to digital literacy opportunities that address lack of familiarity, privacy concerns, and trust so they can effectively use their devices. Partnerships are needed with academia, industry, and employers to offer age and disability inclusive solutions to improve technology design, user experiences, access, and workforce training for current and future generations.

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<sup>30</sup> Ibid

<sup>31</sup> <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

<sup>32</sup> <https://www.weforum.org/our-impact/creating-hundreds-of-millions-of-new-internet-users>

<sup>33</sup> Productive Opportunity <https://arc.aarpinternational.org/countries/united-states>

<sup>34</sup> Accius, Jean, and Joo Yeoun Suh. *The Longevity Economy Outlook: How People Ages 50 and Older Are Fueling Economic Growth, Stimulating Jobs, and Creating Opportunities for All*. Washington, DC: AARP Thought Leadership, December 2019. <https://doi.org/10.26419/int.00042.001> <https://longevityeconomy.aarp.org/>

<sup>35</sup> Fairlie, Robert, and Desai, Sameeksha. *Kauffman Indicators of Entrepreneurship: 2019 Early-Stage Entrepreneurship in the United States: National and State Report*. . Kansas City, Missouri: Ewing Marion Kauffman Foundation, June 2020. <https://indicators.kauffman.org/reports>

<sup>36</sup> *Ageing Connected*. New York, NY: Human Foundation and Older Adults Technology Services (OATS), January 2021.

<https://agingconnected.org/report/> and U.S. Census Bureau. *2019 ACS PUMS Persons 18+ with Household High Speed Access by Age*. Data available at: <https://www.census.gov/programs-surveys/acs/microdata.html>

<sup>37</sup> <https://www.oecd-ilibrary.org/sites/def83a04-en/index.html?itemId=/content/component/def83a04-en>

<sup>38</sup> <https://www.oecd.org/employment/promoting-an-age-inclusive-workforce-59752153-en.htm>

<sup>39</sup> [https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/econ/2020/impact-of-age-discrimination.doi.10.26419-2Fint.00042.003.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2020/impact-of-age-discrimination.doi.10.26419-2Fint.00042.003.pdf)



## **Recommendations**

### **50. Member States should:**

- a. acknowledge the contributions of older persons to their families, communities and to the national economy;**
- b. fully implement international labour standards and guarantees of older workers' rights to decent work and social protection;**
- c. combat ageism by abolishing all forms of age exclusion and age discrimination;**
- d. support the call for a Global Fund for Social Protection to enable implementation by 2030 of goal 1, target 1.3 on social protection floors.**

### **ACCESS TO JUSTICE: SOCIAL DEVELOPMENT (SDG 16)**

51. Gaps in the enjoyment of human rights by older persons that are essential to achieving the SDGs were identified during the recent 11th session of the Open Ended Working Group on Ageing<sup>40</sup>The analytical study by OHCHR and the analytical summary of input from Non-Governmental Organizations (NGOs), National Human Rights Institutes and Member States on access to justice<sup>41</sup> led to the identification of normative elements for a new international legally binding instrument to protect the rights of older persons.

52. Key issues included:

- (a) Access to justice is a core element of the rule of law, a fundamental right in itself, and an essential prerequisite for the protection and promotion of all other human rights.

*A specific case that was recently concluded in the **Canadian Supreme Court** concerned the misuse of guardianship of an older woman by professionals involved in her care (psychiatrist, lawyer and social worker). Issues of the time taken and processual delays in obtaining justice were significant.<sup>42</sup>*

53. Access to justice encompasses the right to a fair trial, including equal access to and equality before the courts, and seeking and obtaining just and timely remedies for rights violations.

***In Ireland**, an older woman wishing to return to her home from a care home was prevented from doing so because of opposition from her family and the care home clinical staff. She was denied timely recourse through the legal system. (The Citizens Assembly in Ireland-discussion on*

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<sup>40</sup> <https://social.un.org/ageing-working-group/documents/eleventh/OHCHR%20HROP%20working%20paper%2022%20Mar%202021.pdf>

<sup>41</sup> [https://social.un.org/ageing-working-group/documents/eleventh/A\\_AC.278\\_2021\\_CRP.4.pdf](https://social.un.org/ageing-working-group/documents/eleventh/A_AC.278_2021_CRP.4.pdf)

<sup>42</sup> <https://montrealgazette.com/news/justice-served-after-89-year-old-woman-was-robbed-of-her-life-savings/wcm/5cc4fc6d-73b8-4b63-97ec-b1739a927f8c/>

*opportunities and challenges of an ageing population. The recorded interviews can be found here:*

<https://2016-2018.citizensassembly.ie/en/Meetings/First-Meeting-on-How-We-Best-Respond-to-theChallenges-and-Opportunities-of-an-Ageing-Population.html>)

54. The Covenant on Civil and Political Rights requires States parties to guarantee that individuals have accessible and effective remedies to assert their rights<sup>43</sup>. Adapting remedies to different populations' specific requirements must emphasize the importance of full participation in preserving or achieving restoration of the dignity of the victim.

*Access to Justice impacts on older people's abilities to exercise their human rights and this is nowhere seen more clearly than in situations of violence, abuse and neglect experienced by older people and challenges in accessing judicial remedies for such crimes.*

55. No international human rights instruments and treaty bodies have specifically addressed the barriers facing older persons in accessing justice, including physical access; reasonable accommodation; affordability; excessive delays and backlogs in judicial processes; impact of digitilisation, cultural norms, gender bias, discrimination, and ageism.

*While access to justice is generally recognized in national laws and legal processes, often these do not serve the specific needs of older persons who seek recourse to injustices via legal remedies. Among the specific challenges faced by older people are issues relating to physical accessibility, reasonable accommodation, affordability, timeliness and high levels of ageism in both law and practice. Time delays and accessibility of provision were found in cases relating to access to justice that particularly affect older citizens in Nepal. (as reported by INPEA Australia, INPEA Nepal, and the ASMI- Group Working for Empowered Age, Kathmandu Nepal).*

56. Entrenched ageism exists within the justice system and laws and policies themselves can be ageist. It is important to ensure that access to judicial and non-judicial proceedings and their outcomes are not influenced at any stage by ageist stereotypes. Access to Justice must be granted to survivors of neglect, abuse and violence in all jurisdictions.

*One case from Argentina, reflected the importance of Access to Justice within the Interamerican binding legal instrument to protect older person's rights and the relevance of this to issues relating to violence, abuse and neglect<sup>44</sup>.*

## **Recommendations**

**57. To put an end to elder abuse, governments must establish legal measures to ensure equality and access to justice.**

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<sup>43</sup> <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

<sup>44</sup> [http://www.oas.org/en/sla/dil/inter\\_american\\_treaties\\_A-70\\_human\\_rights\\_older\\_persons\\_signatories.asp](http://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp)

- 58. An inclusive path for recovery and accomplishment of the SDGs includes:**
- a. empowerment of older persons;**
  - b. achievement of a just society for all people of all ages and**
  - c. a convention to protect the rights of older persons.**

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