

SUBMISSION BY THE SENIOR CITIZENS ASSOCIATION OF ZAMBIA TO THE UN OPEN ENDED WORKING GROUP ON THE CONVENTION OF THE RIGHTS OF OLDER PERSONS.

This submission is as result of a consultation with older persons which was conducted through focus group discussion.

1. Autonomy and Independence

The definition in regards to autonomy and independence of older persons is not specifically indicated in the 2015 National Ageing Policy. The nearest it comes in defining this is under Human Rights 6.7 in which it states the objective as 'being to recognize the fundamental rights of Older persons and abolish all forms of discrimination based on age'. The policy further goes on to relate ageing issues directly to poverty. There is no definition of autonomy and independence for older persons, other than describing the roles and responsibilities of various ministries and institutions that are expected to play a significant role in facilitating for provision of services that will benefit the older persons, for example, free health care to those 65years+(though only for consultation in government clinics and hospitals). There is need for this to also incorporate reduced fees on diagnostics and medical treatment, which are often out of reach due to high costs to the elderly. Insurance policies unless taken at an earlier age, do not cover the older persons beyond retirement. It was felt that the elder persons are abandoned and are not consulted enough on issues affecting them even in Parliament, there is no representation.

The government regards the rights of older persons as benefits rather than entitlements and this fact is supported by various pronouncements made by government officials in the public domain. The fact older persons do not access public services such as transport or discounts from services providers the rights to autonomy and independence are affected because older persons have to depend on other people for support to access these services and on the goodwill of the service providers. Therefore, older people have limited choices.

Effective mechanisms that could be put in place for older people to seek redress would include policies that would ensure older persons have income in older age such as universal pensions. This is important because when somebody is old and has no income they would be dependent on other people. Older people should be entitled to free medical services close enough to where they live. Consideration should be given to establishment of housing for older age which is affordable and accessible. Development of infrastructures should take into account of older persons needs, thus accessible. Functional assistive devices for independent living such as hearing aids, walking sticks and spectacles should be provided free of charge. This could be achieved through the establishment of a comprehensive health care insurance.

2. Long-term care and palliative care

The Zambia National policy on ageing does not specifically define long term and palliative care, but holistically places emphasis on accessibility to free appropriate health care at all levels. The support services would include legislation on the establishment of a national social health insurance scheme. Long term care has been left to the family but this could only work when extended family ties existed. On the ground, not much information is available for this type of long term care. Currently, only two institutions in the country offer treatment in mental health. Once an older person becomes ill, there are no provisions for long-term care and palliative care, other than within the family. Very few hospices exist and these focus on care mostly for those dying or abandoned cases. **Facilities to accommodate long term care do not exist in Zambia other than the hospices. These usually are found in urban areas.**

Older people have the right to choose where and with whom they live. To be able to make this choice, care and support services should be available to them in different settings. These settings include in their own home, in the home of other family members, in community care settings (such as day centers) or in residential care and support facilities.

Older people who have been abandoned or who do not have an extended family should not be forced to live in residential homes against their will as this would be a deprivation of their liberty and denial of their autonomy. They may want to live in their own home. Therefore home-based care and support services that are not provided by family members must be available to them.

Africa currently has 66.5 million persons aged 60+. Zambia, as per census in 2010, has a population of 13,046,150 with 521,860 being older persons. By 2020, this figure is expected to rise to 670,239.

There is a need to introduce long term care insurance policy for older persons, to reduce dependency on children and other care-givers, as well as to allow access to better health care support services. End-of-life care services do not exist in Zambia at the moment but in future need may arise for end of life care services. No studies or data are available. Ageing issues are missing from the National Development Programme for 2017-2021. Even the Zambian Constitution hardly makes mention of ageing issues. At school level, only the University of Zambia had offered a course in Gerontology as a compulsory course under Adult Education. At the time of writing this submission, a candidate for a PhD in Population Studies, wrote his thesis on older persons. It highlighted findings similar to what has been discussed by our group and further gave advice that the Policy needs certain mechanisms to be implemented to facilitate the rights of older persons to be respected.

In conclusion, there is a lack of survival means for the elderly. We need to redefine certain terms under long-term care and palliative care, given our African context, and bring them in line with international human rights to suit our Zambia's situation. A way should be found to embrace the extended family being provided with basic training to assist taking care of the elderly. The more reason, given the fact that we don't have the institutional support to provide such services. Also the government could look at remedial support services by retraining retired nurses to fill in the gap of being able to handle long-term care and palliative care, as well as other extended family

care-support systems. Older women need more protection from GBV, sexual abuse and discrimination by members of the family. Hence, the need to restructure or create one-stop centers focusing on the female only to address the discriminatory practices against women.