WHO feedback on possible gaps in the protection of the human rights of older persons and how best to address them

1. Identification of gaps

Please state possible gaps your organization has identified in the normative framework and practical implementation for the protection of the human rights of older persons

a) Equality and non-discrimination

The absence of international policy against age-based discrimination or the inclusion of age as a prohibited ground for discrimination in other human rights instruments is a gap that if filled, would support the development of national policy and law and the implementation of adequate enforcement mechanisms.

As outlined in the Report by the UN Secretary General on the implementation of the United Nations Decade of Healthy Ageing there are gaps in the numbers of national policies and laws to address discrimination and inequality based on age. 105 of the 133 countries that responded to a survey on the Decade implementation had legislation against age-based discrimination. 93 of these 133 countries reported having a policy, strategy or program to combat ageism. 58 of the 133 countries have a national institution for older people's rights. No information is available on the scope and coverage of these laws, their alignment with international law, legal and material scope, if they provide protection from both direct and indirect discrimination, the nature of the enforcement mechanisms, the public's awareness of these laws, as well as how they are monitored, and the processes by which people can access remedies. Furthermore, no information is available on the protections available within these laws or policies or others to address intersectional and cumulative discrimination (e.g., discrimination based on both age and disability or age and gender). Further research to understand the effectiveness of anti-discrimination legislation and policies at the national and international levels is needed along with estimates of the costs of policy and legislative interventions.

In addition to policies and laws there are two other strategies that can assist in reducing ageism. Intergenerational contact interventions, when based on common goals and equal status, foster positive interactions between generations to reduce ageism and work jointly on issues such as sustainable development. No information is available on the coverage and quality of intergenerational program. In October, WHO released a guide on connecting generations, with 40 activities to combat ageism and to promote understanding and mutual respect. Formal and informal educational activities are another strategy that can dispel misconceptions about age groups and reduce prejudice and discrimination. Global, regional, and national educational interventions have been developed to increase knowledge and competence to reduce ageism but there is insufficient information on the scope, content (for example do they address intersecting forms of discrimination) and coverage.

In all regions, it remains difficult to collect data on ageism, but progress has been made. Countries in Latin America and the Caribbean and civil society organizations are increasingly including the issue of discrimination and abuse in surveys, to provide a more realistic picture of the problem. WHO has initiated the development and testing of a reliable, valid cross-cultural measure of ageism.

b) Violence, neglect and abuse

The existing normative framework – including international human rights law; regional human rights conventions, such as the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa; The Inter-American Convention on Protecting the Human Rights of Older People and policies such as the Madrid International Plan of Action on Ageing, 2002 – provides, to some extent, protection to older people against violence, neglect, and abuse. However, the main gaps in this area have to do, first, with the insufficient political priority of the issue (i.e., the degree to which international and national political leaders actively give attention and consistently provide financial, technical, and human resources to an issue) and second, the gaps in evidence, particular evidence for effective solutions.

The low political priority is a long-standing and ongoing problem. Some of the reasons accounting for it include the nature of the issue (the inherent complexity of abuse against older persons and of its detection, pervasive ageism, insufficient awareness, poor training among health and care workers, doubts about prevalence estimates, and the intractability of the issue), the policy environment (the restricted ability in the field of elder abuse to capitalize on policy windows and processes), and the capabilities of the proponents of prevention of elder abuse (disagreements over the nature of the problem and solutions, challenges in individual and organizational leadership, and an absence of alliances with other issues).

Few interventions to prevent and respond to abuse of older persons that have been shown to work in high-quality evaluations are available. Possible reasons for this state of affairs include limited research interest hitherto from fields that typically develop interventions (such as public health); inherent difficulties in creating interventions for vulnerable populations, some of whom are unable to consent to participate in research owing to cognitive impairment; lack of validated outcome measures; failure to move promising practices into rigorous testing for effectiveness; the complex nature of many interventions, which often require the involvement of several sectors (such as healthcare, education, social and criminal justice); and the lack of priority of the issue and associated funding constraints.

To address this absence of effective solutions, WHO and partners have launched an "intervention accelerator" which will be made up of an international research-to-practice network aiming to speed up the development of effective interventions and create a portfolio of cost-effective interventions to prevent and respond to abuse of older people in the community and institutional settings within low-, middle- and high-income countries.

c)Long-term care and palliative care

Long-term care for older people who need it, is one of the four action areas of the UN Decade of Healthy Ageing (2021-2030), which was endorsed by the 73rd World Health Assembly and was proclaimed by the United Nations General Assembly in 2020. Subsequently, WHO (the leading

agency of the UN Decade) published a global-level LTC framework, Framework for countries to achieve an integrated continuum of long-term care, which adapted the health system strengthening framework to guide countries in assessing and implementing LTC systems. Of the 110 countries that responded to the survey on the Decade implementation on long-term care policies in both 2020 and 2022, 78% reported having a national policy to support long-term care of older people in 2022, from 67% in 2020.

Currently, there is no UN-wide international normative framework or document with a broad consensus that focuses on long-term care (LTC) as a global priority. Various UN agencies and international players approach LTC with a specific lens, producing LTC-related reports and documents that are not coordinated or linked to each other. This is due to increased awareness and attention to LTC in the context of the COVID – 19 pandemics, the complex and multisectoral nature of LTC which has implications for health, finance, social protection, welfare, labor, migration etc. This often positions LTC between health and social sectors and related ministries and makes it difficult to coordinate not only domestically between ministries and implementers, but also internationally between key partners and actors.

Implementation of LTC to protect the rights of older people should take parallel steps at various levels. Globally, the UN agencies, partners and stakeholders should build consensus and collective understanding for LTC for example through joint statement and reinforce these with agreed normative frameworks, and technical and operational guides to accelerate implementation. In regions and countries, the LTC agenda should resonate with the existing related issues and call for more state responsibility to ensure universal coverage of LTC.

k) Right to health and access to health services

When people age, their health and care needs become chronic and complex. Our current health and care system is not adequate to respond to their diverse needs and multimorbidity. The current levels of unmet health care need among older persons are concerning, especially in low- and middle-income countries (38%)[1]. There are gaps to hinder the right to health and access to quality health services for older people. That includes following

1. Availability, affordability, accessibility of quality health care services including prevention, promotion, provision of assistive technology, assistive care and palliative care. A 2020 study in sub-Saharan Africa found 9·6% (95% CI 5·2–16·9) of adults aged 60 years or older across sub-Saharan Africa had an estimated travel time to the nearest hospital of 6 hours or longer. For the nearest health-care facility of any type (whether primary, secondary, or tertiary care), 15·9% (95% CI 10·1–24·4) of adults aged 60 years or older across sub-Saharan Africa had an estimated travel time of 2 hours or longer.

2. lack of competency and knowledge of health and care workers to address complex health and care needs, including timely provision of assistive technology. Of the 131 countries that that

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[1] Tracking universal health coverage 2023 global monitoring report
https://www.who.int/publications/i/item/9789240080379

responded to a survey on the Decade implementation[2], 64% have plans to strengthen their geriatric and gerontology workforce.

3. fragmented health and care system and service delivery including data governance

4. ageist attitude by health and care workers and age- or disability - based discrimination in service delivery

5. lack of age-disaggregated data to inform policies and programs. Of the 104 countries that that responded to a survey on the Decade implementation, only 46% of countries reported having obtained longitudinal data in a nationally representative population study in 2022 [2].

6. Self-directed ageism

7. Lack of support for caregivers (formal and informal) Of the 136 countries that that responded to a survey on the Decade implementation, 61% of countries reported having a programme for carers of older people, the rates ranging from 24% in the African Region to 83% in the Americas Region.

8. Lack of meaningful engagement of older people, in all their diversity (e.g., gender, disability, race etc.) in program design or evaluation in health care

9. poor attention on the need of adapting the physical and social environment (e.g., reducing poverty, and improving housing, education, information, transportation, and social engagement)

10. Interactions of ageism with other forms of disadvantage, such as sexism, ableism, and racism.

m)Accessibility, infrastructure and habitat (transport, housing and access)

There are several gaps in the protection of human rights of older persons related to their communities, including the habitat those communities are in, the built environment and its related infrastructure, and the accessibility those communities enable one to have (from one's home to their surroundings to the community at large).

The first and perhaps most important is the absence or weak presence of political processes and structures – from the community all the way to the national levels - that listens to the voice of older people and meaningfully engage them in the identification of priorities; in the identification of the best solutions to address those priorities; in the implementation of those solutions; and in the evaluation of what has or has not worked for the next cycle (see examples from the Global Network for Age-friendly Cities and Communities on the application of guidance for developing and sustaining age-friendly communities). Built (and social) environments are constructed by humans for humans and so the right to democracy and political participation is key to ensure that older people can influence and act on the (re-)creation of their communities according to their will.

There are several others (non-exhaustive list), such as: Lack of or substandard conditions of living, including in inadequately built or maintained homes that can also be overcrowded, subject to extreme temperatures and mold, poorly insulated from noise, and with no secure tenure, to name a few risks. Given that these conditions affect older people particularly hard, even the basic rights to life and safety or to adequate standard of living / basic needs cannot be attained under such conditions. Housing developments placed far and poorly connected to the community – commonly

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[2] Progress report on the United Nations decade of healthy ageing, 2021-2023
https://iris.who.int/handle/10665/374192

due to market pressures, in particular due to the cost of land – also represent a major risk for older people when it comes to securing meaningful and longstanding social connections, which can be aggravated by the lack of intergenerational contact depending on the profile of residents in such developments. The accessibility and quality of household surroundings and the outdoor spaces more broadly can also hinder full participation in the community, limit opportunities for physical activity, leisure, healthy food, and services in general, and expose older people to higher risks of e.g., falling and levels of abuse and violence. These considerations are particularly relevant for older persons with disabilities, who are often disproportionally impacted by poor living conditions and inaccessible houses and community spaces. Inexistent transport systems, services and infrastructure, particularly in rural and remote communities but also in poor, disadvantaged communities in towns and large urban areas. When they do exist, they most commonly lack universal accessibility, either due to infrastructural (e.g., no universal design in transport hubs), economic (e.g., high cost of commuting) or sociocultural (e.g., ageist attitudes towards older people and its intersection with other forms of discrimination). As a result of these gaps older people are not free to move, to fully participate in cultural, artistic, leisure and scientific activities, access jobs and education, or health and social services. Unsustainable transport systems, heavily dependent on private motorized forms of transport as well as on fossil fuels, are major drivers of climate change, of increases in air and other forms of pollution, and of the degradation of the environmental (e.g., through inadequate disposal of transport garbage) and social fabric (e.g., through community severance caused by transport infrastructure), ultimately jeopardizing the human right to a clean, healthy and sustainable environment.

n) Active inclusion and consideration of the specific needs of older persons in humanitarian response efforts

In times of internal conflict, war, or natural disasters, older people are disproportionately affected but often overlooked in humanitarian efforts. Despite a growing number of older people affected by humanitarian crises, their needs are often overlooked, and they lack representation in decision-making processes. While governments and international organizations are committed, addressing the needs of older individuals is slow and inadequate. In emergency responses, older people are frequently excluded, lacking proper consultation and data collection, leading to incorrect assumptions about their needs. Barriers such as limited mobility, health issues, and exclusion from recovery programs persist. A fundamental shift is necessary to ensure older people, including older refugees and displaced persons, have a voice and receive appropriate support. Specific guidelines for older persons in humanitarian crisis and greater coordination between emergency actors (UN agencies and lead INGOs) is required to ensure older persons are not left behind.

2. **Options on how best to address the gaps**
   1. What other options to be considered to strengthen the protection of older persons.
   - Support implementation of the UN Decade of healthy ageing. The Decade takes a human rights-based approach and is a key opportunity to address gaps in the protection of the human rights of older persons notably through combating ageism, developing age-friendly countries, cities and communities, developing integrated care that is responsive to the needs of older persons

and long-term care than enables older people to live with respect and dignity. The implementation of these action areas is an opportunity to address other related agendas, such as migration, disability, technology (including digital and assistive technologies), gender and LGBTIQ+, and climate change.

- Develop normative guidance on developing policy and law to prevent and respond to Ageism
- Provide technical advice to Member States, on request, on the gaps and how these can be addressed, including evidence on the benefits of international policy and law on the rights of older persons.
- Provide technical advice to Member States, on request, on how to build the capacity of health and care workers including informal caregivers
- Develop strategies that ensure meaningful engagement of older people in all their diversity and a life course approach, ensuring better health trajectories and a life with dignity for current older people as well as the ones from the future
- Advocate for cross-sectoral engagement for the development of public policy and strategies to address the protection and promotion of the rights of older persons in a comprehensive and integral way.
- Develop a global research agenda for strengthening evidence to support the protection of the rights of older persons
- Develop a specific agenda on older persons in humanitarian response to ensure greater attention to the needs of older migrants, displaced persons and those affected by natural disaster and in all phases of response emergency preparedness, response, and recovery
- Timely access to assistive technology is cross-cutting, as important as accessible environments – playing a role in health, inclusion and participation, enabling people during emergencies etc.