

# Identification of possible gaps in the protection of the human rights of older persons and how best to address them

## QUESTIONNAIRE

### **Background**

The Open-ended Working Group on Ageing, in its [decision 13/1](#) adopted at the thirteenth session, requested the co-facilitators to submit proposed intergovernmental negotiated recommendations to be considered at the fourteenth session of the Working Group and to be presented for consideration by the General Assembly, in accordance with resolution [77/190](#), regarding the existing international framework of the human rights of older persons and possible gaps, and options on how best to address them.

The purpose of this questionnaire is meant to facilitate the consideration of the existing international framework of the human rights of older persons and the identification of possible gaps in the protection of the human rights of older persons and how best to address them.

The questionnaire will be sent to all States Members of the United Nations, observers in the General Assembly, A-status National Human Rights Institutions, non-governmental organizations with ECOSOC Status and previously accredited organizations to the Working Group, as well as United Nations Funds, Programmes, Specialized Agencies and other UN Entities.

### **The Questions**

#### [Identification of gaps](#)

1. For each of the topics that have been considered by the Open-ended Working Group since its eighth session, please state possible gaps your Government/organization has identified in the normative framework and practical implementation for the protection of the human rights of older persons. *(500 words each)*

#### a) Equality and non-discrimination

For older people, discrimination is related to many stereotypes and negative perceptions associated with old age and ageing: uselessness and burden on society, slowness, lower cognitive functioning, poor health, dependence on the care and help of others, ignorance of modern practices and, for example, digital and communication technologies.

The Strategic Framework for Preparing for an Ageing Society 2021–2025 responded to the challenges of an ageing society and defined the so-called 'ten principles for preparing for ageing', which are being elaborated in an action plan. One of the points is a safe life for the elderly, the fight against discrimination, violence and the so-called scroungers, also increasing consumer protection.

The Action Plan for the implementation of the Strategic Framework for Preparing for Ageing 2023–2025 is about to be approved by the Government.

## b) Violence, neglect and abuse

According to the EAN (elder abuse and neglect) definition adopted by the Committee on the Rights of the Elderly of the Human Rights Council on 1 June 2022, abuse, exploitation, neglect and ill-treatment of the elderly is a single or repeated, intentional or unintentional act or omission towards an elderly person, typically in a relationship of reasonably expected trust, resulting in physical, psychological, social, material, legal or moral harm or harm, or a combination thereof. The consequence of this act or omission may be, in addition to a threat to property, health, life, liberty or human dignity, the creation or aggravation of situational, temporary or general vulnerability. Abuse, exploitation, neglect and ill-treatment of the elderly as defined above may or may not constitute a criminal offence. Its perpetrators may be individuals, institutions or the social environment.

According to the results of the RESTABUS project study (2022), 40% of seniors over 65 suffer from this phenomenon in the Czech Republic in their immediate environment, in public contexts or as witnesses; women are more often affected than men, but the gender disparity appears to be smaller than in cases of registered domestic violence. In other words, EAN seems to affect a large set of types of older people.

- Insufficient use of appropriate, non-invasive or alternative ways of dealing with the signs and symptoms of pathological aging, cognitive deficits, etc. Inadequate medication, rehabilitation or occupational therapy, insufficient or limited activation (e.g. the patient was a musician and listening to music could lead to the stabilization of his current condition or its activation).
- Lack of acceptance and consideration of the diagnosis in connection with older age by both formal and informal caregivers ("what you want at this age will not get better.... etc.)

### **Suggestions for action:**

- A strategic objective in NAPAN (National Action Plan for Alzheimer's Disease and Similar Diseases) dedicated to the field of education.
- Integration of educational modules of relevant medical and non-medical disciplines dealing with healthy and pathological aging, geriatric syndromes, etc.
- Setting fixed visiting hours by health service providers, which does not allow individual consideration of the needs of specific patients and their relatives. Some sections of health service providers or some specific situations may not allow any presence of close persons (ICU, ARO, epidemiological situation). Suggestions for action:

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- Guidelines for specific cases and situations that take into account the needs of senior patients - incorporation of specific procedures for this group of patients into the operating rules or crisis plans of providers.
- Education of management and staff of health and social services in the area of the needs of senior patients/clients.
- There is no simple and comprehensible recommended procedure for the care of people living with dementia. (Interdisciplinary guidelines are emerging, informal carers are poorly oriented in many disparate information and recommendations, there is a lack of guaranteed systemic information and skills support for carers at the level of individual health service providers)

### Suggestions for action:

- Counselling for informal carers at inpatient care providers.
- Strengthening the counselling activities of social workers at municipal authorities, including their education.

### c) Long-term care and palliative care

In terms of social services, it sets out the protection of the rights of users (including older persons) as follows:

Concerning residential social services in the context of LTC, the Social Services Act sets out the basic principles: individual approach and protection of dignity. Control mechanisms are ensured by the Ministry of Labour and Social Affairs – Social Services Inspectorate.

The provision of social services is implemented based on a contractual relationship between the provider and the individual client. This is a guarantee for the individual provision of social care.

If a client is not satisfied with the social service provided, he or she is entitled to complain (to the provider, the founder, and the Ministry of Labour and Social Affairs, which is authorized to inspect the provision of social services by registered social service providers).

The inspections of social services control whether the rights of clients of social services are respected. The Ministry is entitled to impose measures on social service providers to eliminate deficiencies identified during inspections. At the same time, it can impose a fine for committing an offense.

The Act on Social Services defines the obligations of the provider in the annex to the decree and lists the quality standards for social services. They are therefore binding for all registered providers.

Social services in the Czech Republic can only be provided based on authorization/registration to provide social services.

A social service provider must meet the registration conditions defined by law, which guarantee the necessary quality of social service provision.

This fulfillment is regularly checked by the registering authority to ensure that the safety of the clients of the service is not endangered due to changes in the registration conditions, and thus the quality of the social service provided is reduced.

In long-term care, there is a need to raise awareness of formal carers on the topic of ageing and dementia (social workers, health social workers, direct care workers, medical staff).

- In some cases, for example, it happens that the staff does not provide the patient with relevant care without sufficient information (e.g. the patient does not know how to peel a tangerine - he does not know how to do it, he is not physically able to do it. The worker concludes that the patient does not want a tangerine and takes it away.)
- Or the social worker does not identify possible manifestations of the onset of cognitive deficit during a social investigation and does not inform the social worker, his or her family, etc.

- Support and setting up social work at municipal authorities and municipalities with extended powers, which will provide advisory services not only within the authority, but in all municipalities.
- Limited interdisciplinary cooperation in the early identification, diagnosis and setting up of treatment procedures for patients 65+ (geriatrician, general practitioner, social workers and social service workers, social workers of city and municipal authorities, emergency department workers, specialized medical specialties, etc.).

Suggestions for action:

- System support and motivational mechanisms for setting up the passage of patients 65+ through the health and social services system (searching, diagnostics, follow-up, acute, follow-up and follow-up services, setting up social health services, including setting up reimbursements for all participating subjects).
- Guidelines for all levels of patient flow through the service system, including pilot trials.
- Use of good practices.
- Insufficient capacities of professional medical and non-medical health care workers – geriatricians, geriatric nurses, health and social workers.
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- Low attractiveness of fields dealing with care for the elderly

Suggestions for action:

- Support for PR fields (focused on patient and client care) 65+ for applicants for study of health and social sciences and students of medical faculties and within the framework of lifelong learning.
- Support of motivational mechanisms (economic, social) - sufficient evaluation of employees' work, increasing their competencies, setting up effective interdisciplinary and interdepartmental cooperation, mechanisms for reconciling personal and professional life, qualification and lifelong learning.

#### **d) Autonomy and independence**

The Czech Republic provides subsidy assistance to organizations providing support to seniors and people with disabilities in many areas of life.

The Ministry of Health has created subsidy programmes for non-profit organisations that focus on rehabilitation and educational stays, support for the education of patients and their informal carers, etc. It is currently creating a project that aims to set up strong cooperation between the Ministry of Health and the Ministry of Labour and Social Affairs, regions and municipalities, health insurance companies, patient representatives and providers of health and social services in the field of monitoring. Evaluating, planning and supporting services that provide care and support to people with complex social and health needs.

In addition, activities are planned to support care in one's own social environment, through the development of home care health services, which also include activities to support education and the development of competencies of informal carers.

#### e) Protection et sécurité sociales (y compris protection sociale minimale)

**The Czech pension system consists of two parts.** The first pillar is the **mandatory basic pension insurance**, defined by benefits (DB) and funded on a pay-as-you-go (PAYGO) basis. The system is universal and provides for all economically active individuals; the legal regulation is the same for all the insured persons, there are no industry-specific schemes etc. Only in the area of organizational and administrative provision there are some variations in the so-called power sectors (e.g., soldiers, policemen, customs officers, firefighters). The pension from the basic pension insurance is drawn by more than 99 % of the population whose age is higher than the retirement age. In addition, there is a voluntary complementary **additional pension insurance with state contributions**, defined by contributions (DC), capital funded. The additional pension insurance can be, according to the EU terminology, considered the third pillar of the pension system. The third pillar also includes **products offered by commercial insurance companies – particularly life insurance**. Pensions granted from the third pillar so far represent only a negligible portion of incomes of the retired. The second pillar, which is usual in EU member states (employer pension schemes), is absent in the Czech pension insurance system.

The dynamic nature of the system is given by the annual updating of the reduction limits for earnings which are used for the calculation of benefits in accordance with wage developments. Increases in pensions are set so that for the average old age pension it corresponds to at least 100 % of price increases as well as to at least one third of the growth of real wages. The Czech Republic has Eurostat indicator “risk of poverty” for persons 65+ on of the lowest in the EU member states.

In the field of social security, the Czech Republic is bound by both bilateral and multilateral conventions. Multilateral conventions include the International Labour Organization (ILO) Convention No. 102 on Social Security (Minimum Standards) of 1952, the ILO Convention No. 128 on Invalidity, Old-age and Survivors' Benefits of 1967 (both conventions came into effect for the Czech Republic in January 1993) and the Council of Europe's European Code of Social Security (the "Code"). The ILO Convention No. 102 and the Code have less stringent provisions for the required level of benefits and were ratified by the Czech Republic for all types of pensions under pension insurance. The Czech Republic only ratified the provisions of the more stringent ILO Convention No. 128 that relate to old-age pensions. The replacement ratio for newly granted old-age pensions dropped under 45% and the Czech Republic ceased to fulfil criteria of the ILO Convention No. 128. The Czech Republic continues to fulfil the criteria contained in the Code.

#### f) Education, training, lifelong learning and capacity-building

Support for educational activities is not limited by age in the Czech Republic. The Ministry of Labour and Social Affairs offers a contribution towards the cost of a digital training course for all people who have a link to the labour market. Therefore, seniors who want to deepen or increase their digital skills and avoid the digital gap can also be educated. Training through the Labour Office is also aimed at seniors (aged 55 and over), who are given increased attention and guidance.

The explosive growth of the Internet in recent years has brought about a phenomenon we call the digital divide. This is the widening gap between people who use the internet for a range of activities and those who are unable or unwilling to do so. It is the elderly who are the main population group most affected by this divide. In 2022, 1,300,000 people in the Czech Republic aged 16 and over did not use the Internet, and 1,100,000 of them were aged 65 and over.

Not using a smartphone can also be a problem, as this, in conjunction with the applications available on the Internet, has been the main driver of the further development of the digitalisation of society in recent years. Almost everyone aged 16 to 44 has a smartphone and uses the internet on their mobile phone, with a few exceptions. In contrast, 30% of people over 65 use this connection and only 15% of the oldest citizens (aged 75 and over) use the Internet on their mobile. These people are also significantly restricted from using some services, such as making appointments for vaccinations or communicating with authorities online. The issue of the digital gap should thus be one of the priority topics in the field of education of the senior population.

#### **g) Right to Work and Access to the Labour Market**

There are currently no legislative barriers in the Czech Republic that would prevent seniors from having the right to work and access to the labour market. However, seniors are a vulnerable group in the labour market that deserves increased attention from key employment actors.

According to the latest available data, the number of people aged 65 and over in the Czech Republic in 2022 was approximately 2.17 million. The share of seniors in the population rose by half a percentage point to 20.6 per cent.

In the latest available period, which is Q2 2022, the age-specific economic activity rate for the 60-64 age group was 55.9 per cent, compared with only 27.9 per cent in the comparable period a decade ago (Q2 2012). This means that the labour market participation rate for this age group has practically doubled, and now more than half of people in this age group participate in the labour market.

Working seniors make up 9.3% of all workers, but they differ from younger workers in many ways. One of these is employment status. They are more likely to be employed as entrepreneurs than in the general population. Seniors are also more represented in the case of self-employed workers. This is 17.4% compared to 13.0% of the total population.

In terms of economic activities performed, working seniors are more represented in the health and social care sector, where about one in ten seniors (48 000) work, and in education, where 46 000 are employed. About one in eight people working in these sectors is a senior aged 60 or over!

Senior employment is supported by the ESF project "Age is no barrier". The aim of the project is to support the occupational mobility and prolongation of the active career of older people (aged 55 and over), in particular through individual further training or counselling and support for the adaptation of the working environment and further career development, and to promote employment through a comprehensive range of active employment policy instruments, in particular the elimination of barriers limiting older people's access to employment where it has already been lost.

#### **h) Access to justice**

In the Czech Republic, older persons have access to the courts on equal terms with persons of other ages. Discrimination - whether direct or indirect - is unacceptable. In general, this is already apparent from the constitutional order, according to which:

- people are equal in dignity and rights;
- fundamental rights and freedoms and other rights are protected by the judiciary;
- everyone may, in accordance with the procedure laid down, seek redress before an independent and impartial tribunal and, in specified cases, before another body;

- all parties are equal in the proceedings.

The Constitutional Court has emphasised in many of its decisions that the right of access to a court occupies such an important place in any democratic society that neither a narrow interpretation nor formalistic approaches to interpretation are acceptable.

The civil justice system has a primary role in the judicial protection of rights. The Code of Civil Procedure emphasises that civil proceedings are one of the guarantees of justice and law, serving to consolidate and develop the principles of private law. Anyone may seek protection in court of a private right that has been threatened or violated.

Administrative justice is also important, where courts provide protection for public subjective rights of natural and legal persons - for example, against unlawful decisions and interventions by public authorities or against their inaction.

In terms of access to justice, the Czech legal order does not merely ensure formal equality, but actively seeks to take into account the specific situation of vulnerable persons. This is done in particular through the institution of legal aid, which focuses on low-income people, which often includes the elderly.

It is based on the imperative that a litigant must not be prevented from exercising or defending his or her right in court simply because he or she is in an unfavourable financial situation. In particular, the court takes into account the applicant's overall financial circumstances, the amount of the court fee, the costs likely to be incurred, the evidence to be taken and the nature of the claim. In the case of natural persons, it shall take into account their social circumstances, state of health, etc.

From the point of view of the elderly - whose ability to navigate the legal system may generally be lower - it is particularly important that courts have a general statutory duty to instruct and thus provide parties with information on their procedural rights and obligations. This means that the senior citizen is also advised by the court, inter alia, of the right to apply for exemption from court fees or for the appointment of a representative.

The legal aid provided by the Czech Bar Association stands on its own. This assistance is defined by the Act on Advocacy, which provides for the right of anyone who does not meet the conditions for the appointment of an advocate by the court or cannot secure the provision of legal services in any other way, to have an advocate appointed by the Czech Bar Association to provide legal advice or legal services upon his or her request.

Seniors are also guaranteed special treatment if they become victims of a crime. They are classified as particularly vulnerable victims. These victims have certain additional rights, including the right to free legal aid (including representation by a proxy) and other professional assistance (e.g. psychological counselling, social counselling, legal information or restorative programmes).

### **i) Contribution of Older Persons to Sustainable Development**

Demographic ageing will not only lead to a decline in the productive component of the population but will require a strengthening of the number of employees in health, education, social and care services and in the so-called silver economy, i.e., the economic opportunities associated with the rising costs of an ageing population and the special needs of people over 50. The demands of lifelong learning may require a strengthening of staffing levels in the education sector.

The Action Plan for the implementation of the Strategic Framework for the Preparation for an Ageing Society 2023-2025, which is currently being finalised (approved by the Ministry of Labour and Social Affairs on 7 November 2023 and is being submitted to the Government for approval), is based on the principles of sustainable development of society, intergenerational cohesion and emphasises the cooperation of all actors and an active approach to life and participation in society (vision). Global objectives of the Action Plan: Cooperation of the state with all actors as a basis for a resilient society, Active personal approach to ageing, e.g., through age-management and the role of employers, Ageing with dignity and quality of life.

In view of the forecasts, it is essential that not only society prepares for ageing in its policies, but also every individual. Each of us can actively contribute and participate in the development of ageing policies with a clear legacy for future generations. Given the ongoing demographic changes and the expected need to support the development of society, the need for cooperation between the state and private actors is clear. We support the development of lifelong learning aimed at adaptability to the labour market as well as, for example, lifelong learning in digital technologies.

#### j) Economic security

The Czech Republic, as an EU member state, does not find serious gaps in the protection of the human rights of older persons. Ensuring social protection and human rights in the economic field of older persons, in addition to the most important pensions (old-age, disability, and survivor's pensions), also provides **non-contributory social benefit systems**. The use of non-contributory social benefits is one of the forms applied by the Czech Republic to combat poverty and social exclusion in senior age.

The mitigation of the negative effects of living in old ages realized through several different benefit systems. **Housing Allowance** is designed to assist low-income and middle-income individuals and households (tenants and owners) to cover expenditure connected with housing, including energy.

The purpose of the minimum income system, called in the Czech Republic the system of **Assistance in Material Need**, is to help those with insufficient income to secure the resources they need to meet their living requirements. The system protects persons or families that do not have enough income and their overall social and property relations prevent them from enjoying what the society accepts to be basic living conditions. At the same time, these persons are objectively unable to increase their income (typical representatives are pensioners and the disabled and caregivers), thereby improving their situation by their own doing. The system covers situations of inadequate means of subsistence (Living Allowance) or housing (Housing Supplement) and also deals with some emergencies (Extraordinary Immediate Assistance). The rule is set that everyone is entitled to receive basic information that can not only address their particular material need, but in the first place prevent it from occurring. Social work with clients is an integral part of the system.

Senior **people with disabilities receive a higher degree of protection**. Through financial **Benefits for People with Disabilities** (Allowance for Mobility, Grant for Special Aid) and Certificate (Card) of Person with Disability the State helps to mitigate social consequences of disability and supports social inclusion. The **Care Allowance** is paid to individuals dependent on care to handle basic life needs.

Non-contributory benefit systems are regularly **monitored and adjusted** if necessary. Legislative changes respond to the newly emerging needs of old people or current **crisis** situations. Statistics are kept on the payment of benefits. In response to the rise in consumer prices, benefits are valorised. These engagements have **positive impact in strengthening the protection of the human rights of older persons**.

## k) Right to Health and Access to Health Services

From the point of view of health services, it is necessary to state that the Czech Republic legislatively guarantees equal access to health services to all citizens, namely by **Act No. 372/2011 Coll., on Health Services and the Conditions of Their Provision**. Any situation of denying this access is therefore a serious violation of the law. The legislation also regulates the rights of patients and the obligations of health service providers. The gaps identified below associated with access to and provision of health services to seniors stem, for example, from limited systemic support for comprehensive solutions (attractiveness and motivation, education, information, cooperation, interconnection of health and social services, etc.).

## l) Social Inclusion

In the Czech Republic, there is still a relatively high level of solidarity in families between the younger and older generations. However, as the family structure is changing and the average size of households is decreasing, more and more seniors are experiencing social isolation and loneliness and are facing a greater risk of income poverty due to the rising cost of living.

As stated in the Social Inclusion Strategy 2021-2030, "in almost all age categories, women (14.6 %) are at greater risk of income poverty or social exclusion in the long term than men (10.4 %), which is, among other things, a consequence of the 15% gender pay gap, one of the highest in the EU, and children (20,000) are at greater risk of income poverty or social exclusion. "The EU has the highest number of children in the Czech Republic, with the highest number of minors growing up in severe housing need, and seniors (especially women living alone), who are at risk of income poverty or social exclusion at 23.2 %."

The lower availability of outreach services and low support for social housing does not allow them to remain living independently in their homes for as long as possible. The Social Inclusion Strategy 2021-2030 further states that 100-120 thousand senior households suffer from excessive housing costs (spending more than 40% of their income on housing). "As of 2021, at least 5.5 thousand seniors aged 65+ living in 4.7 thousand households were in housing need. For example, senior households represent up to one-fifth of all households residing in long-term housing. 39 to 20 thousand senior households are at risk of losing their housing."

Since 2006, the senior component of the population has outnumbered the child component of the population, with 123 seniors in the 65+ age group for every 100 children aged 0–14 in 2018. The declining representation of the 15–64 age group and, on the contrary, the growing representation of seniors have resulted in an unfavorable development of the economic burden index (as of 31 December 2018, there were 55 persons aged 0-14 and 65+ per 100 persons aged 15–64).

## m) Accessibility, infrastructure and habitat (transport, housing and access)<sup>1</sup>

At the national level, the recodification of public building law is underway in individual steps, which newly establishes the universal principle of accessibility at the level of law, ordinances and standards.

The new Building Act strengthens the position of accessibility. The new definition of accessibility is now enshrined directly at the level of the law, while emphasising the universal value of this requirement. The scope of the concept is based on international and European concepts. The purpose is the independent, safe and dignified use of buildings by all potential users regardless of health, age and gender. Furthermore,

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<sup>1</sup> To be discussed at the 14<sup>th</sup> Open-Ended Working Group on Ageing

the law sets out a list of buildings in which accessibility requirements must be taken into account. In relation to accessible housing in terms of the ageing population, these include common areas and amenities of the dwelling house and special purpose dwellings. The effectiveness of the Act is divided. It applies to the above buildings from 1 July 2024.

The new draft Building Requirements Ordinance integrates accessibility requirements as an integral part. In relation to housing, it is based on the concept of lifelong living in an individual's natural environment, which places it among modern European legislation. On the one hand, the draft decree contains definitions of a flat with universal standard S120, a special purpose flat for persons with severe mobility impairments in the barrier-free standard S150, a special purpose flat for persons with severe mobility impairments in the specific standard S180 and a special purpose flat for persons with severe visual impairments. It then sets out specific requirements for each of the standards or types of dwellings introduced. For details, reference is made to the designated standard CSN 73 4001 Accessibility of buildings and barrier-free use, which is under preparation. The Decree is expected to come into force on 1 July 2024.

We would like to strengthen the role and support of informal carers for older people with various comorbidities, including cognitive impairment. We find the inclusion of the item Creating enabling environments, including age-friendly cities and communities, to empower individuals across the life course to engage with their community and improve service accessibility. Also in the Czech Republic, we are now working on setting appropriate criteria for dementia-friendly communities and piloting these criteria in some regions. We also express our support for addressing the intersectionality of disability and ageing, as the issue of care provision must be addressed in an interdisciplinary manner and in connection with other services and expertise.

#### n) Participation in the public life and in decision-making processes<sup>2</sup>

With regard to the issue of participation, it can be said that the **elderly people show a high interest in and engagement in political and, more generally, public affairs**. At the same time, there are indications that their real influence on political decisions about the things that affect them is rather small. One stream of arguments summarises that seniors, as a marginalised group with insufficiently articulated interests, meet subsequently with unfavorable social conditions that may be conditional to low functional literacy and, as a result, a lack of knowledge in dealing with certain social situations.

**Involvement of older citizens in the decision-making process in the context of demographic change individual ageing also appears to be a key issue** and as such has also become an important target of senior policies at international level. Although clear progress has been made over the last decade, the persistent ageist stereotypes, the existence of social differences between a group of seniors and the still insufficient transition from “for seniors” to “from seniors, with seniors and for seniors” activities are still a barrier to further development.

**Social inclusion** presupposes the preservation of social relations and contacts, the right to self-determination participation in the life of society. As a result of their life and work experience, older people have enormous potential to apply their experience to the benefit of the community and society.

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<sup>2</sup> To be discussed at the 14<sup>th</sup> Open-Ended Working Group on Ageing

Older people can also use their experience through **volunteering**, which is a source of self-realisation and social contacts. Programmes for volunteers should take use of the potential of older people and provide opportunities for intergenerational relations and solidarity. Experience from volunteering can lead to employment in the labour market and to a “second” career.

**The Internet is gradually becoming a key source of information**, including information on solving various life situations, and a key means of communication. In the context of the increasing number of older people, the rapid development of information and communication technologies and the “internetisation” of society, it is important to ensure equal access to new information and communication technologies and their use and support the development of information and communication technologies that meet the needs of people with different health and other limitations.

It is very useful to promote the involvement of seniors also **through senior and prosenior organisations** and advisory senior councils, in decision-making on issues that affect them significantly and which have a significant impact on the quality of life of older people.

Institutional aspects

The **Ministry of Labour and Social Affairs** plays a key role in this area and coordinates the agenda of ageing, including the involvement of the elderly in public life. An important actor is also the **Ministry of the Interior**, which included the issue of participation in its conception of Client-oriented Public Administration 2030, in which its implementation is devoted, for example, to the education of officials taking into account the needs of older people, or to the implementation of a methodology aimed at comprehensible communication of authorities with specific groups of people, including older people. The Department of Human Rights and Minority Protection of **the Office of the Government** also plays a role in the agenda, in particular by ensuring conceptual, analytical, legislative and awareness-raising activities in the areas of human rights, including the status of persons with disabilities and the activities of non-governmental non-profit organisations. Also the active approach of many **municipalities and regions** in this area should be highlighted; in particular, municipalities often deal with the issue of involvement of seniors in public life, creating strategies and programs, etc., thus providing other municipalities with usable examples of good practice.

When formulating strategies, concepts and methodologies, authorities in the Czech Republic also took into account a number of **international recommendations and standards** (Council of Europe, EU, UN, OECD).

#### [Options on how best to address the gaps](#)

1. Please state how your Government/organization has engaged with international and regional human rights mechanisms (for example: universal periodic review (UPR) treaty bodies, special procedures, regional mechanisms), specifically with regard to older persons. *(500 words)*

As part of universal design, the Czech Republic takes into account the internationally set boundaries of human rights in the creation of all legislative and non-legislative materials. Examples of good practice from abroad are often used to solve individual problems, or various levels of cooperation are established with representatives of foreign institutions. At present, for

example, informal consultations with some EU Member States are used to support the development of geriatric care.

2. Have those engagement resulted in positive impact in strengthening the protection of the human rights of older persons? Please elaborate. (500 words)

Already within the legal setting of the provision of health care in the Czech Republic, attention is paid to the observance of human rights. Both the rights of patients and the obligations of health service providers in relation to patients are set. There is also a legal obligation for health insurance companies to ensure the availability of health services.

When creating new regulations or amending them, creating strategic materials, etc. international conventions are always taken into account, highlighting specific areas that must not be overlooked. This certainly has a very positive effect on the individual outputs of materials in the Czech Republic.

3. What other options can be considered to strengthen the protection of older persons? Please elaborate. (500 words)

We see opportunities in strengthening the protection of the elderly in the setting of the issue of prevention and protection against undignified treatment, abuse, and neglect of the elderly – by mapping the extent of the phenomenon. Also, in strengthening the setting of the issue of prevention and protection from undignified treatment, abuse and neglect of the elderly and senior women through the Working Group on the Elderly and Ageing, which was established in 2022 under the Government Council on the Elderly and Ageing. We also see opportunities to strengthen protection through the development of an action plan and legislation dedicated to protecting seniors from violence.

In the Czech Republic, the National Action Plan for Alzheimer's disease and related diseases 2020-2030 was approved in 2021. The main strategic objectives of this plan are recommended practices and service network, education, research, prevention and awareness of dementia and protecting the rights of people living with dementia. Overall, the plan aims at early diagnosis of dementia, prevention of the onset and development of cognitive impairment, interconnection of health and social services with good accessibility and sufficient capacity and, last but not least, more support for informal carers and better provision of shared family care and services (health and social).

At the national level, the creation of a strategic document for the conceptual development of geriatric care in the Czech Republic is currently supported, which aims to support the quality and availability of health services for geriatric patients, to develop the education of doctors, non-medical health care workers and social services workers in the field of geriatrics and gerontology, to prevention in geriatrics and interdisciplinary and interdepartmental cooperation. Support for geriatric care is now being developed in real terms through the adoption of new medical

procedures for geriatricians, the assessment of the fragility of geriatric patients and patient case management.

Case management for geriatricians in the Czech Republic includes identification of polymorbid patients, determination of priorities and risks, cooperation with medical and non-medical experts and evaluation of the suitability of follow-up provision of health and social services. When assessing fragility, the geriatrician focuses on identifying the presence and degree of geriatric fragility, including the risks of its onset or progression.

4. *If applicable*, what is your assessment on the protection of the human rights of older persons according to regional and international instruments? (500 words)

To strengthen the protection of human rights, the Committee on the Rights of the Elderly of the Human Rights Council of the Government has been established, and the priority of this Council is the topic of age discrimination and the protection of the rights of the elderly. There is also the Government Council on the Elderly and Ageing, which is a permanent advisory body to the Government on issues relating to the elderly and ageing. In its activities, it seeks to create conditions for healthy, active and dignified ageing and old age in the Czech Republic and the active involvement of older persons in the economic and social development of society in the context of demographic development. In 2022, the Government Council established the Working Group on Seniors and Ageing, which has topics such as consideration of the establishment of senior ombudsmen in municipalities or the topic of loneliness in its plan of activities for the next period.

Also central to this topic is the adoption of the Action Plan for the implementation of the Strategic Framework for Preparing for an Ageing Society 2023-2025, which in its proposal mentions the establishment of a Working Group on Seniors and Ageing as a starting point for the creation of Contact Points for Seniors in all ministries. A law on the protection of the elderly from violence and abuse should be drafted by 2025.

### **The Deadline**

Deadline to send responses to the questionnaire is 24 November 2023.

All inputs will be posted online.

Submissions to be sent to Stefano Guerra [stefano.guerra@mne.pt](mailto:stefano.guerra@mne.pt) and Pedro Paranhos [pedro.paranhos@itamaraty.gov.br](mailto:pedro.paranhos@itamaraty.gov.br) with copy to [ageing@un.org](mailto:ageing@un.org)