

**Joint written statement of the Global Alliance for the Rights of Older People (GAROP) for the 11<sup>th</sup> session of the Open-Ended Working Group on Ageing, 29<sup>th</sup> March – 1<sup>st</sup> April 2021**

This statement is made on behalf of the 394 member organizations of the Global Alliance for the Rights of Older People.

Responses to the COVID-19 pandemic have exposed significant gaps and systemic failures in the protection of the rights of older persons. Across every region and level of governance from national to municipal, older persons have been denied their rights, discriminated against on the basis of their age and subjected to ageist hate speech, stigmatization, prejudice, abuse and neglect.

In a time of public emergency, international human rights law allows governments to introduce public health measures that may, to some extent, restrict people's rights. However, such measures are not allowed to discriminate.<sup>1</sup> Despite this, public health measures to stop the spread of the virus have actively discriminated against older persons on the basis of their age. Age has also been used to deny older persons' right to equal access to medical resources. Older persons have been denied access to their livelihoods, care and support, information on COVID 19 in accessible formats, pensions and treatment for other health conditions. The rights of older persons in care homes have been disregarded, resulting in catastrophic numbers of deaths.

These violations of human rights and the need to address the gaps in the international system that protects them have been recognized at the highest level, including by the UN Secretary General<sup>2</sup>, the UN High Commissioner for Human Rights<sup>3</sup> and the Independent Expert on the

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<sup>1</sup> Article 4 of the International Covenant on Civil and Political Rights, 1966, and Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, 1985

<sup>2</sup> United Nations, 2020, The impact of COVID-19 on older persons, [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief\\_on\\_covid-19\\_and\\_older\\_persons\\_1\\_may\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf)

<sup>3</sup> Webinar organized by the NGO Committee on Ageing in Geneva, 12 May 2020, <https://www.youtube.com/watch?v=J9Fw3J81ez0>

enjoyment of all human rights by older persons<sup>4</sup>. One hundred and forty-six Member States have also recognized these violations and committed to fully promoting and respecting the rights of older persons in their support<sup>5</sup> for the UN Secretary General’s Policy Brief on the impact of COVID-19 on older persons issued in May 2020.<sup>6</sup> With this commitment from 75 per cent of all UN Member States, the Open-ended Working Group can no longer ignore its responsibility to deliver on the mandate given to it by the UN General Assembly to develop proposals for the main elements of an international legal instrument on the rights of older persons.<sup>7</sup>

A number of Member States have blocked progress or stayed silent on an international legal instrument since this mandate was given to the Open-ended Working Group in 2012. The discrimination and denial of older persons’ rights evident in responses to the pandemic have reaffirmed the fallacy of their claim that existing human rights instruments are adequate and there are no protection gaps to fill. The pandemic has provided significant evidence of gaps in protection of older persons’ right to non-discrimination as a right in itself, and in the realization of other rights including the rights to work, health, life, social security, care and support, freedom from violence, abuse and neglect, and participation, including digital inclusion, as full members of society.

The position of Member States who have blocked, resisted, or stayed silent on efforts to better protect the rights of older persons in a UN convention is, and always has been, untenable. To continue to delay progress is indefensible in the face of the preventable deaths and restrictions of rights, discrimination and ageism that older persons have been subjected to and which have been highlighted during this pandemic.

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<sup>4</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748> 27 March 202

<sup>5</sup> <https://www.un.org/development/desa/ageing/uncategorized/2020/05/140-member-states-support-the-sg-policy-brief-on-covid19-and-older-persons/> Updated 20 May 2020

<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/> Updated 20 May 2020

<sup>7</sup> A/67/139 <https://undocs.org/A/RES/67/139>

We, as members of the Global Alliance for the Rights of Older Persons, call on Member States at the Open-ended Working Group to fulfill their mandate and start drafting a UN convention on the rights of older persons.

A UN convention on the rights of older persons that applies to older persons everywhere would help ensure that we can all age with rights and that all older persons in all their diversity<sup>8</sup> are treated in a fairer and more just way, including in public health responses to future pandemics. A convention would provide a clear baseline, enshrined in law, to guide better policies, laws and services and set in motion a chain of events that would improve the lives of older people today and in future generations. It would put solidarity and respect for everyone's dignity to the fore as common values that we need to uphold at all times. It would challenge community attitudes, behaviours, norms and social constructions that keep us from living fairly and freely as equals when we are older.

Further delay by Member States in the face of the significant evidence on the need for a convention is wholly inexcusable.

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<sup>8</sup> A convention would guarantee rights whatever the older person's association with a national minority, race, ethnicity, descent, colour, migrant, refugee, civil, family or carer status, disability, economic status, gender expression, gender identity, sex, sexuality, sex characteristics, sexual orientation, body diversity, genetic or other predisposition toward illness, cognitive, physical or mental health status, language, national or social origin, nationality, political or other opinion, religion or belief, and respond to the diversity of social, cultural, linguistic, religious, spiritual, psychological, sexual, health, and care and support needs.