

1) The right to autonomy and independence of older persons is defined in relative terms in Cameroon referring to a situation whereby the older persons would accept some form of help at hand; doing things alone; having family, friends, and money as resources; and preserving physical and mental capacities. This provides delegated, executional, authentic, decisional, and consumer autonomy, as well as social interdependencies and spatial and social independence.

2) Other rights essential for the enjoyment of the rights to autonomy and independence by older person or affected by non – enjoyment of this right are the rights to citizenship got either by birth or through marriage. The right for a healthy life at old age and full inclusion into all societies.

3) Key elements and challenges facing older persons in Cameroon regarding autonomy and independence are rights to ending restrictions on family reunification, arbitrary internet blocking jeopardizing freedom of expression, right for the care for the terminally ill old persons. Studies and data reveals a set of vulnerable group who rely on the informal sector for survival and mostly on private welfare institutions for survival with the family as the prime and most important institution and most families are not economically viable to meet their needs. The high rate of unemployment and the impact of HIV/AIDS on the youths, this rendered the elderly Guardians and carers of their grandchildren.

4) Steps taken to ensure older persons enjoyment of their right to autonomy and independence following Cameroon decree n°2011/408 of December 09, 2011, to consecrates the reorientation of the missions of the Ministry of Social Affairs to be responsible for the elaboration and implementation of the Government policy as concerns prevention, assistance and protection of persons socially vulnerable to move vulnerable populations from potential resources to real development resources; ensure the harmonious integration of vulnerable classes in the development process and transform vulnerable persons from simple consumers to wealth producers

5) Mechanisms necessary, or already for older person to seek redress for the denial of autonomy and independence are the granting of priority to the fight against social exclusion of older persons. In 2004, Cameroon laid the basis of a new concept- the profitable social, as foundation for the **3 “A” approach, that is Assistance-Accompaniment-Autonomy**. This approach aims at breaking the vicious circle of precariousness dissatisfaction, because of economic charges and sources of social breaks. She devotes to a permanent psychosocial accompaniment, developing aids and diverse technical supports through targeted and followed multi-sectorial politics, enabling to transform vulnerabilities into production of wealth engines. In other words, beyond the humanitarian requirement towards extremely vulnerable classes, social action henceforth aims at profitability, capacity building of self-care delivery of vulnerable persons, in order to guarantee their full contribution to the development of our country. Among other identified strategic, is the reinforcement of National Solidarity to jugulate or reduce social exclusions.

6) Responsibilities of other non-state actors in respecting and protecting the right to autonomy and independence of older persons include the provision of health insurance, access to credit saving associations by Market Based Organizations. Pooling risks such as individual crop failure or illness among group members, traditionally, these community based systems of risk pooling are based on the rule of generalized reciprocity, which has been often formulated in anthropological literature: “in a community where everyone is likely to find himself in difficulties from time to time, he who is in need today receives help from him who may be in like need tomorrow”. Households use risk diversifying strategies to cope with social risks including old age. Private households provide welfare to the elderly in many ways, through the provision of shelter, basic provisions, remittances and the provision of health care needs. Differentiates risk management and risk mitigation strategies where the former encompasses all activities which households undertake to smooth their variability of

income while risk mitigation strategies include crop diversification, prudent use of new technologies and migration of family members. Through informal sharing and collective decision making, the cost of transactions is reduced.

1) In *Cameroon*, from the prism of certain legislation, the prelude of long-term care is *defined* in line with order n° 1758 of April 03, 1953 to regulate the attribution of helps. Long term care for older persons is defined as the various activities undertaken by government and other organizations and philanthropic institutions aimed at sustaining lives within the means available. The Constitution of Cameroon support that “The nation must protect ... the elderly”. The Civil Code requires descendants to take care of their parents. Cameroonian social legislation provides a series of texts relating to the types of support and services to be covered including: Law N°67/LF/18 of June 1967 on the organization of social insurance in Cameroon; Decree N° 94/199 of October 7, 1994 on the General Statute of Public Service to organize the regime of pension service of state agents on retirement; Decree N° 77/495 of December 7, 1977, laying down conditions to create and run social protection institutions. At institutional level, there is Decree N°2005/160 of May 25, 2005 organizing the Ministry of Social Affairs with a Department of the Social Protection of Persons with Disabilities and Older Persons and a sub-department of the protection of older persons. Organization of international workshops on ageing with the support of Help Age International and International Federation of Ageing; Holding of inter-regional consultation workshops for the putting in place of a policy on the protection and welfare of older persons and the drafting of a National Action Plan. Granting of subsidies to private social welfare institutions, associations and NGOs for the elderly; Granting of multiple assistance to older persons (financial, material and psychological), Granting of material or financial aids to indigent or poor older within the framework of aids and reliefs. Besides MINAS has also adopted the Madrid+10 Plan of Action as a framework to achieve the needs and concerns of the elderly. To this effect it proposes a multi-sectoral solution based on five main areas notably: health and welfare, participation, a favorable and enabling environment, an improvement of living standards and research on ageing, so as to orient and assemble the actions of the different actors and partners in favor of the elderly.

2) Specific challenges faced are to ensure income for old persons of the informal sector. Families are not economically viable to meet the needs of the elderly and to ensure adequate income for those old persons of the informal sector and the absence of social businesses.

3) Measures taken/necessary to ensure high quality and sustainable long term care systems for older persons involve pension reforms to reduce poverty in the informal sectors. Social safety net to ensure regular incomes and maintain equal living standards at retirement. Drafting and publication of the Guide on Healthy and Active Ageing to ensure a harmonious society for all ages which provide for short term financing and long term viability.

4) Other Rights essential for the enjoyment of the right to long term care by older persons or affected by non-enjoyment of this right are the right of older persons rights to ending restrictions on family reunification and arbitrary internet blocking that jeopardizes freedom of expression, rights to care to terminally ill situations.

- 5) In *Cameroon*, palliative care is defined as an approach in health care services that improves the quality of life for patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering.
- 6) Specific needs and challenges facing older persons regarding end-of-life care are telemedicine, accommodation, feeding and better health. Research data and evidence indicates that when *Cameroon's* first and only palliative *care* unit opened in April, 2015, many people were frightened.
- 7) Palliative care is available to all older persons on a non- discriminatory basis, through spiritual and bereavement counseling services including a unique Expressive Arts program for patients and families dealing with life-limiting illnesses.
- 8) Palliative care is provided through home visits, when patients leave hospital, palliative care-givers conduct visits to reassess their needs, continue care and provide psychological support. They make multiple home visits to their patients, and visits of condolence to families. Those who live outside their immediate region are followed by phone. The new palliative care team are mobile with a doctor, a pharmacy technician and a nurse aide trained in palliative care and psychosocial counseling.
- 9) Good practices available in long terms care and palliative care involve multi-pillar schemes which are good practices and lessons learnt from human rights perspectives. It provides risk diversification which considers the fact that countries experience different types of risk in the long run. To provide non-contributory pension scheme to elders in the informal sectors and the prevention of employment accidents and occupational safety, their coverage and administration schemes based on compulsory social contributions.