

Age discrimination and older persons

Submission by HelpAge International for the Third Intersessional meeting for dialogue and cooperation on Human Rights and the 2030 Agenda for Sustainable Development

Meeting Objective 1: Discuss how historic, systemic and institutional discrimination, including based on gender, race and ethnicity, has exacerbated inequalities in the context of COVID-19 and thus contributed to impeding the realisation of SDGs 10 and 16.

1. Introduction

Older persons and the SDGs

Older persons have an important role to play in development and the achievement of the SDGs. They are also recognised within Agenda 2030 as a specific group at risk of being left behind.

SDG10 aims to reduce inequality and includes targets to empower and promote inclusion of all, irrespective of age (Target 10.2) and to eliminate discriminatory laws, policies and practices (Target 10.3). This is very welcome as the effects of inequalities in education, health, employment and income accumulate throughout people's lives and can have a disproportionate impact on people as they grow older, particularly on women. The inclusive society envisaged in SDG16 is dependent on the full participation of all its members, including older persons.

Older persons and the COVID-19 pandemic

Older persons have been disproportionately impacted by COVID-19 in terms of the severity of their symptoms and the high death rates they have experienced. Older persons have also played, and continue to play, an important role in the response to the pandemic. Participating in the recovery is their right as full members of society.

Despite this, the rights of older persons have been disproportionately affected in public health responses. Age-based public health measures have subjected older persons to stricter restrictions on their movement and rights than other age groups. The intention of these measures has been to stop the spread of the virus, protect health services and reduce the death rates amongst the older population. However, restricting people's rights on the basis of their age is discriminatory and as such these measures do not comply with international human rights standards in public health emergencies.

These discriminatory public health responses have exposed systemic age discrimination and ageism, exacerbated the inequalities older persons already experience, and contributed to the isolation and segregation of older people thus impeding the realisation of SDGs 10 and 16.

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2. Recognition of age discrimination in responses to the pandemic

In March 2020 as the pandemic was rapidly spreading, the United Nations (hereafter UN) Independent Expert on the enjoyment of all human rights by older persons drew attention to the unacceptable ageism and age discrimination that older persons were being subjected to.¹ In April the Office of the High Commissioner for Human Rights updated its guidance on COVID-19 to include older persons² and in May, the UN High Commissioner for Human Rights recognised the broader impacts of the pandemic on the rights of older persons including the denial of healthcare for other health conditions and the trauma of stigma and discrimination.³ Also in May, the UN Secretary-General highlighted concerns about the disproportionate impact of the pandemic on the older population and their human rights in a policy brief⁴ that was supported by 146 Member States⁵.

While we welcome this recognition of age discrimination in the response to the pandemic, age-based measures continued to be used in national responses with significant impact on the rights and wellbeing of older persons which we outline in the following sections.

3. Quarantine measures discriminating against older persons on the basis of their age

Governments around the world have introduced age-based public health measures to restrict the movement of older people at different stages of the pandemic. These include banning people over a certain age from leaving their home, for example those over the age of 60 in Jordan,⁶ Mexico,⁷ and the Philippines⁸. In China persons over the age of 60 were advised not to travel.⁹ In Croatia they were advised to stay at home and 'skip' routine doctor and hospital checks ups and visits.¹⁰ In El Salvador private companies were ordered to send employees over the age of 60 home on paid time off for 30 days.¹¹

Persons over 63 in Moldova¹² and over the age of 65 in Azerbaijan,¹³ Bosnia-Herzegovina,¹⁴ Jamaica, ¹⁵ Lebanon,¹⁶ Romania,¹⁷ Russia,¹⁸ Serbia,¹⁹ Tunisia,²⁰ and Uzbekistan²¹ and Switzerland²² were required to stay at home. In Malta²³ and Kerala state in India²⁴ they were told to segregate from other family members in their homes.

Persons over the age of 70 in Colombia²⁵, Georgia²⁶, and Serbia²⁷were banned from leaving their homes, and in the Czech Republic²⁸, Finland²⁹, Sweden³⁰ and Thailand³¹ were advised to stay at home. In Ireland they were asked to 'shield' or 'cocoon' at home.³² In New Zealand persons over 70 were encouraged to stay at home when the country is at Alert Level 3 when there is high risk the disease is not contained.³³ Persons over the age of 75 in the Bahamas³⁴ and 80 in Chile³⁵ had to stay at home.

In Cote d'Ivoire older people were subjected to compulsory home confinement.³⁶ In South Africa older people were required to stay at home while the rest of the population came out of national lockdown.³⁷

4. Ageism exacerbating inequalities, infringing rights and undermining the wellbeing of older persons

Although these restrictions may have been intended to stop the spread of the virus, agebased measures fail to take into account the diversity among older persons, and have often not been based on, or updated in light of, the medical evidence. They also fail to consider the negative impact that long periods of isolation have on older persons' physical, mental and cognitive well-being³⁸, rights and inequalities.

The categorisation of COVID-19 as an older person's disease has led to increased ageism and stigmatisation causing fear among some older people. Examples of stigmatisation and threats include instances of hate speech, where the pandemic has been called an opportunity to 'cull' older persons⁴⁰ and the pitting of one generation against another in claims that responses to the pandemic are harming the young in order to save the old and older persons should be taxed to pay for sacrifices younger generations have made⁴¹. Elsewhere the lives and deaths of older persons have not been afforded the same value as younger persons⁴², and older persons have been stigmatised and assaulted⁴³.

"We do not accept stigmatized remarks which can subtly make the idea that older persons, just for reason of their age, are not welcome in the public space and may represent an additional risk for spreading the pandemic."

Associação de Aposentados, Pensionistas e Reformados, Open Letter to the Government of Portugal, 30 April 2020⁴⁴

In Tanzania, where the Minister of Health advised social distancing with older people as far as possible, older people said relatives denied them food or reduced their food portions and would not allow them to leave the house. ⁴⁵ In Kenya, while older members of the National Assembly were mocked by the House Minority Whip ⁴⁶, older people said they felt discriminated against and stigmatised, worrying that young people think that coronavirus is a good thing as it is 'getting rid of older people' In Rwanda, older people reported service providers did not wish to serve them for fear of infection.

"They only cater for the youth. There are few workers and they don't interact with many people due to the fear of Corona. A lot stopped. They only like working with younger people, neglecting older people."

60-year-old man, retired hotel worker living with his spouse in an urban area, Rwanda⁴⁸

Living in a state of fear, stress and anxiety alongside a loss of autonomy and increased dependency on others has threatened older people's dignity.

"Dependency has increased. I live with grandchildren who used to go to school and are now forced to be with me throughout. I have to borrow for them to have a meal."

81-year-old woman living with her grandchildren in a rural area, Kenya⁴⁹

In addition, as messages concerning heightened 'vulnerability' in older age groups are internalized, they may influence older persons' perception of their own ageing process and self-esteem, and decrease longevity, cognitive, physical and mental health.⁵⁰

5. Inequitable access to social security, work, healthcare for other health conditions, care and support and other rights

Restrictions of older people's movement have not only denied their right to freedom of movement but also limited their equal enjoyment of other rights.

Right to social security

For those with no ATM bank cards in Russia, the closure of banks denied their right to social security as they could not access their pensions. Travel restrictions in Ukraine blocked older people's access to pensions for four months, forcing them to reduce their food, medication, and necessary hygiene products. Payment of entitlements have been interrupted or suspended, as in Uganda. In Ghana older people have been excluded from social intervention programmes and in Nigeria older people on low incomes who have been unable to work have not received the government subsistence cash transfer.

A shift to accessing services digitally or online has been a barrier to equal access for some older people.

"Service providers did not want to help us to avoid getting the Corona, telling us to do everything online. We have no clue how to do that." 63-year-old woman, retired government worker living with her children in an urban area, Rwanda⁵⁶

Elsewhere inadequate social security systems have put older persons at risk⁵⁷ and while many countries have expanded their social protection systems to mitigate the impact of lockdown measures,⁵⁸ only a small proportion have adapted or expanded old age social protection measures.⁵⁹ Another concern is a lack of focus on equitable access to large cash transfer programmes where older persons are unaware of the scheme, have no access to the technology to register, are excluded by eligibility criteria or cannot access the cash distribution points.⁶⁰

"We might die of hunger before coronavirus, so how are we meant to stay alive?" Zafor Alam, 62, Cox's Bazar, Bangladesh⁶¹

• Right to work

Age-based quarantine and confinement measures have prevented older people from working. In Kenya, not being able to work meant services were no longer affordable to some older people.

"I have no finances to access basic services any longer."

70-year-old man working in the informal sector, living alone in an urban area, Kenya⁶²

In some cases specific measures were introduced to deny older people the right to work. In Kerala State in India older persons were not allowed to work. In Kenya public servants over the age of 58 were asked to take paid leave and the private sector advised to do the same. In Israel, a measure to stop people over 67 returning to work was proposed but not introduced.

• Right to health

Age-based rationing to deny older persons' access to scarce medical resources is not a new practice but has been brought to the fore in the pandemic. Age has been included as the basis for deciding who has access to scarce medical resources in COVID-19 triage protocols, including in Italy⁶⁶, Switzerland⁶⁷, various states in the USA, for example Maryland⁶⁸, the UK⁶⁹ and South Africa⁷⁰.

The use of upper age limits in triage policies deny older persons equal access to health services and therefore their right to health, and may impact their right to life. It also denies their right to give their own free and informed consent to their healthcare. The use of age to determine the value of life is unethical, discriminatory and denies older persons their rights to exercise their autonomy, equitable access to health care and to life. ⁷¹ Basing such decisions on age assigns less value or worth on the life of the older person.

"Being old does not mean the end of our ability to be responsible citizens for the present and the future of our society."

Marie-Françoise Fuchs, founder of OLD'UP, France⁷²

Older people have reported delays in getting appointments, not accessing health services for fear of getting the virus and being unable to access the medication they need due to drug shortages and price rises.

"As for my medication, I struggled a lot to get it with the drug shortage in hospitals. We also had difficulty booking appointments, as it took too long to get one. How could they give a person who suffered a stroke a check-up appointment after 3 months?" 66-year-old woman living with her spouse in an urban area, Jordan⁷³

Insurance companies in Ukraine set upper age limits to deny those over 60 or 65 access to health insurance against COVID-19.⁷⁴

Public health measures suspending or reducing non-COVID-19 related health services to free up the capacity have left older people with unmet health needs.⁷⁵ In Serbia, the risk for older people of having to pay for private healthcare for non-COVID-19 services increased as public health services covered by their insurance were adapted to respond to the pandemic.⁷⁶ Older people in the Democratic Republic of Congo reported being unable to afford taxi fares to access their medication while public transport was suspended, severe delays in getting COVID-19 test results and no access to intensive care treatment when they needed it.⁷⁷ In Rwanda lockdown meant older people with chronic diseases could not have regular checks ups in health facilities.⁷⁸ Others could get to the hospital but were not treated.

"I went to the hospital and was received but I did not get what I had gone for. They couldn't help me since I have diabetes."

68-year-old woman, retired farmer living with her children in a rural area, Rwanda⁷⁹

• Right to care and support

Older people's right to care and support to enable them to live autonomous and dignified lives has been denied where public health measures have restricted older people's access to day services, as in Kenya⁸⁰, and where bans on public transport significantly reduced the informal care and support older people received in their homes from relatives, friends and civil society organisations, leaving them isolated and without access to adequate food, as in Uganda.⁸¹

Bans on visitors to care homes, for example in South Africa, have denied older people their right to a private and family life and had a significant impact on older people's mental health and wellbeing. In Kyrgyzstan and Serbia volunteers or informal caregivers were prevented from making home visits, and while in Russia social service departments have had insufficient funding. In Serbia, older people in care homes were denied the right to see family members when they were prevented from leaving their care homes, and visitors were prevented from entering, increasing their psychological stress and risks to their mental health.

In the UK care and support services were not been given sufficient personal protective equipment (PPE) for use in the community and in care homes in order to protect the lives of residents and staff, ⁸⁷ older residents were not offered COVID-19 testing ⁸⁸ and guidance was issued to not transfer them to hospital when they present with symptoms. ⁸⁹ There has been widespread failure to prevent deaths in care homes, ⁹⁰ and frequent failures to count the deaths in care homes ⁹¹ or include them in official statistics. Elsewhere, emergency measures have been introduced that reduced older persons' access to care and support services, ⁹² and removed funding for important social services. ⁹³

• Freedom from violence, abuse and neglect

Lockdown measures have put older persons at increased risk of violence, abuse and neglect. It has also exposed and exacerbated ageism, a risk factor for violence against older persons. 94 Older women are at particular risk where ageism intersects with gender inequalities. There has been an increase in violence, abuse and neglect in the community 95 and an increase in calls by older persons to violence and abuse helplines 96 and the police. 97 Older persons have also been subjected to abuse and neglect in care homes. Poor standards have been exposed 98 and restrictive visitor policies have increased the isolation of residents 99 increasing the risk of neglect. In some cases, older residents have been abandoned and left to die. 100

"During quarantine, my son and daughter-in-law began to neglect my needs. Previously, I did not notice their behaviour, but since all family members must stay home, I started feeling their bad attitude to me. They don't give me food and medicine on time and even don't talk to me. Sometimes my daughter-in-law yells at me. I feel like a burden to my family."

Older woman, 62, Osh province, Kyrgyzstan¹⁰¹

• Other rights

Additional age-based restrictions imposed on older persons have had a negative impact on other rights, including the right to a family life in Belgium where grandparents over the age

of 65 have been prevented from seeing their grandchildren. 102 In Pakistan older persons were not allowed to go to the mosque during Ramadan impacting their right to freedom of religion. 103 Restrictions on older persons' use of public transport in Moscow 104 and the Philippines 105 has impacted on older persons' right to fully participate in society. In Mauritius, older people were only allowed to go shopping between $9am-10am.^{106}$ In the North Macedonia Republic, people over the age of 67 were subjected to longer weekend curfews than younger adults. 107 People over the age of 60 were not allowed to go to restaurants in Dubai, Abu Dhabi and Ras Al Khaimah or to shopping malls in Dubai. 108 An attempt by the City of Buenos Aires to introduce driving permits for over 70s was overturned in the courts. 109

6. Historic, systemic and institutional age discrimination

The pandemic has shown that age discrimination is rarely treated with the same gravity in law and practice as other forms of discrimination. Given the discriminatory and disproportionate impact of age-based public health measures, the question remains as to why their use has been so widespread. Central to this is that age discrimination is rarely prohibited to the same degree as other forms of discrimination such as those based on gender, ethnicity, race or disability.

At the international level, discrimination on the basis of age is only explicitly prohibited in one human rights treaty, the International Convention on the Rights of Migrant Workers and their Families. Age as a prohibited ground has to be interpreted under 'other status' in the discrimination articles in the other human rights treaties, rendering it invisible and rarely addressed in both the reporting and implementation at the national level.

For example, a review of national anti-discrimination legislation across ASEM countries done in 2016 showed that that non-discrimination on the basis of older age is not a right that all older persons across ASEM member countries enjoy. The study showed that while all European members had some form of legal protection against age discrimination, this was not the case in all Asian members, for example Bangladesh, Brunei Darussalam, Cambodia, India, Indonesia, Japan, Kazakhstan, Lao PDR, Malaysia, Myanmar and the Philippines had no legal guarantees specifically prohibiting age discrimination.

The study also showed that where there was legal protection, its scope varied, for example only in relation to employment and not all aspects of life, including access to goods and services. Age discrimination is often subject to exceptions, making it lawful where other forms of discrimination would not be, for example the denial of the right to work on the basis of age through mandatory retirement ages.

Intersectional discrimination, namely where discrimination based on a combination of two or more different characteristics, for example, age, gender or disability, is rarely provided for. Cumulative discrimination, namely discrimination that happens more than once over a period of time, or on a number of single occasions based on different characteristics, and which have a cumulative impact, is not addressed.

7. Non-discriminatory recovery strategies based on human rights

In their efforts to recover from the pandemic while achieving progress towards SDG10, governments should:

- a) Ensure all people across the life course have age, disability and gender-equitable social protection through the universal implementation of social protection floors and other measures.
- b) Provide affordable, high quality, person-centred and accessible social services, including universal health coverage and care and support services, for all older persons.
- c) Ensure meaningful participation of older persons in all planning and decision-making processes, including through information on rights and entitlements.
- d) Take steps to end ageism and reform discriminatory laws, policies and practices on the basis of age.
- e) Adopt a UN convention on the rights of older persons. A UN convention on the rights of older persons is long overdue to address age discrimination, ageism and inequalities in old age. Such an instrument would provide a definitive, universal position that age discrimination is morally and legally unacceptable. It would clarify how human rights apply in older age and guide governments on how to meet their responsibilities to uphold those rights.

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