Response of the World Health Organization to the call for inputs by the Independent Expert on the enjoyment of all human rights by older persons on 'Ageism and Age-Discrimination'

The information provided below stems mainly from the first UN Global report on ageism, launched on 18 March 2021, by the World Health Organization, the Office of the High Commissioner for Human Rights, the United Nations Department of Economic and the Social Affairs and the United Nations Population Fund. The Global report on ageism provides a key resource for the upcoming report of the Independent Expert on the enjoyment of all human rights by older persons as it systematically summarizes all available evidence on this topic and is the first report of its kind. The answers provided below summarize some of the content of the UN Global report on ageism, and reference specific chapters as relevant.

It is worth noting that the UN Global report on ageism provides a conceptual framework for this area of work that is the result of a decades-long process of refinement, and enjoys considerable consensus among academics and practitioners. An important aspect of this framework is the definition of ageism as a phenomenon that involves three dimensions: stereotypes, prejudice and discrimination. Each relates to a distinct psychological faculty: thoughts (stereotypes), feelings (prejudices) and actions or behaviours (discrimination). Age discrimination is therefore an integral part of the concept of 'ageism'.

Forms and manifestations of ageism and age-discrimination

- What forms does age discrimination affecting older persons take and which ones are the most prevalent? Where available, please provide concrete examples and collected data including in employment, education, social protection, and health, financial and social services.

Ageism manifests at the institutional level, at the interpersonal level and at the individual level (self-directed ageism). As showcased in Chapter 2 of the Global report on ageism, prevalence data is mostly available on institutional and interpersonal ageism.

With regards to **ageism against older people at institutional level**, evidence shows that it is present in health and long-term care, in the workplace, the media, the legal system and other settings such as housing, technology, financial institutions, emergencies and statistics and data. For example, in healthcare, a systematic review showed that in 85 per cent of 149 studies, age determined who received certain medical procedures or treatments. Older people also tend to be excluded from clinical trials though they account for a disproportionate share of the total burden of disease and use of prescription medicines and therapies. In the labour market, research shows that attitudes about a person's competence and organizational "fit" are often related to age. In particular, the process of hiring older workers, their career advancement, performance appraisals and evaluations of interpersonal skills have all been shown to be affected by ageism. In the legal system, there is evidence of the application of upper age limits for organ transplantation and retirement. In financial institutions, many credit and loan schemes have been found to discriminate against older people, particularly older women, often making it impossible for them to join. Age is also used as a risk factor in pricing many financial products,

including travel insurance policies, and mortgages. Further examples of the manifestation and scale of ageism against older people can be found in Chapter 2 of the report.

Data on **interpersonal ageism against older adults** shows that half of the world's population is ageist against older people. The highest prevalence of ageism was found in low- and lower-middle income countries, which is concerning given that half of the world's population lives in these countries.

Institutional ageism also affects younger people, particularly in the workplace in terms of pay and benefits; the legal system where crimes committed by younger people tend to be perceived as more severe transgressions and considered to deserve harsher punishment than those committed by older offenders; and in politics where there is a tendency to deny or dismiss the voices and initiatives led by younger people.

The data that is available on **interpersonal ageism against younger people** shows that, in Europe, the only region for which data is available on all age groups, younger people report more age discrimination than other age groups, and receive the lowest ratings across four characteristics, which included being seen as friendly, competent and viewed with respect, and having high moral standards. Further examples of the manifestation and scale of ageism against younger people can be found in Chapter 5 of the report.

- Please provide information and data collected about the causes and manifestations of ageism in society, both for younger and older generations, and how it translates into discriminatory practices.

Please see the answer above on the manifestations and prevalence of ageism as it affects younger and older people. It is important to also highlight the **far reaching and serious consequences of ageism for people's health, wellbeing and human rights** (Chapter 3). Ageism is associated with earlier death, poorer physical and mental health, and slower recovery from disability in older age. It is further associated with riskier health behaviours (e.g. eating an unhealthy diet, drinking or smoking), social isolation and loneliness, and a lower quality of life. Ageism is harmful in itself but it also exacerbates other forms of disadvantage related to sex, race and disability, making the effects on our health and wellbeing even worse. Moreover, ageism is very costly to our societies. For example, in the United States of America, a study showed that ageism led to excess annual costs of US$63 billion for the eight most expensive health conditions. This amounts to $1 in every $7 spent on these conditions for all Americans over the age of 60 for one year.

In terms of the causes of ageism in society, Chapter 5 and 6 of the report cover the determinants of ageism against older people and younger people, respectively. These chapters provide an overview of both risk and protective factors. Risk factors are characteristics that increase the likelihood of ageism. Protective factors are characteristics that decrease the likelihood of ageism or provide a buffer against risk.

Factors that increase the risk of perpetrating ageism against older people are being younger, male, anxious about death and less educated. Factors that reduce the risk of perpetrating ageism against both younger and older people are having certain personality traits and more intergenerational contact.

Factors that increase the risk of being a target of ageism against older people are being older, being care-dependent, having a lower healthy life expectancy in the country and working in certain professions or occupational sectors, such as high-tech or the hospitality sector. Having poorer mental and physical health is also a risk factor for self-directed ageism in older age. A protective factor for self-directed ageism is having contact with grandchildren.

Risk factors for being a target of ageism against younger people include being female, having poorer health and working in certain professions, such as teaching.

- From an intersectional perspective, are there specific factors that aggravate ageism and age discrimination and how? Please provide concrete examples and collected data where available.

Whilst there may be as many intersections as there are forms of stereotypes, prejudice and discrimination, research exploring the intersection between ageism and other forms of bias is limited, as shown in chapter 1 of the Global report on ageism. Most of the evidence that is available has investigated **the compounded impact of ageism and ableism, and ageism and sexism**. It shows that programmes, expenditures, and goals for people with disabilities differ substantially across age groups in ways that suggest ageism against older people with a disability. In turn, younger people with a disability may be treated with disdain or disrespect because they are violating the cultural norm of able-bodiedness, whereas their older counterparts may be treated with support and empathy.

In terms of the intersection between ageism and sexism, research shows that women are often in a situation of double jeopardy in which patriarchal norms and a preoccupation with youth result in a faster deterioration of older women's status compared with that of men. This double jeopardy also affects older women's sexuality. For example, in sub-Saharan Africa, myths, prejudices and misconceptions, rooted in religious and traditional customs and beliefs, often cause older women who show an interest in sex to be judged as behaving inappropriately. The interaction between ageism and sexism can manifest in many different institutions, ranging from the health system where there is evidence of differential access to treatment and preventive care for older men and women, and the labour market, where the disadvantages of being too young or too old impact women more than men.

Legal, policy and institutional frameworks related to ageism and age-discrimination

- What international, regional and national legal instruments are in place to combat ageism and age discrimination?

Examples of legal instruments from different regions and countries are provided in Chapter 6 of the UN Global report on ageism, including reference to any available research on their effectiveness. These include, for example:

- The employment equality framework directive of the European Union (Council Directive 2000/78/EC of 27 November 2000)
- The African Union Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa
- The African Youth Charter

- The Iberoamerican Convention on Rights of Youth
- The Inter-American Convention on Protecting the Human Rights of Older Persons
- The Equal Opportunities Act of 2012 of Mauritius

- Please also note any action plans or policies to raise awareness and combat ageism (including anti ageism in school curricula) and to move toward a more age-friendly and inclusive society.

Examples of policies that have had a focus on combatting ageism include the Political Declaration and Madrid International Plan of Action on Ageing (MIPAA) and the World Programme of Action for Youth to the Year 2000 and Beyond (Chapter 6 of the report).

Beyond policies and laws, two other strategies have shown to be effective in reducing or eliminating ageism: educational activities (Chapter 7) and **intergenerational interventions** (Chapter 8). Educational activities can enhance empathy, dispel misconceptions about different age groups and reduce prejudice by providing accurate information and counter-stereotypical examples. They can be included in all types and levels of education, including formal and non-formal education.

Intergenerational interventions, which bring together people of different generations, can help reduce intergroup prejudice and stereotypes. These are among the most effective interventions to reduce ageism against older people and show promise for reducing ageism against younger people.

- What legal and other measures have been taken to address and protect from racism, sexism, ableism or other similar forms of discrimination that might be useful models for addressing ageism?

Beyond evidence on the effectiveness of national laws to protect against other forms of bias, there is also evidence on the effectiveness of international treaties and conventions, in particular, the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination against Women and the International Convention on the Elimination of All Forms of Racial Discrimination. Please see Chapter 6 of the report for specific references to available literature.

Key resource:

- World Health Organization. Global Report on Ageism; World Health Organization: Geneva, Switzerland, 2021 (https://www.who.int/publications/i/item/9789240016866)