Today, with declining birthrates and aging societies in many developed countries, including Japan, there have been many debates concerning equality and discrimination on the basis of old age. With regard to the right to health and the right to vote, we are called upon to discuss the human rights of the elderly more in-depth. It is existing that many elderly people need access to insurance services and that it is imperative for the state to guarantee their rights. However, under today's global epidemic of COVID-19, we believe that it is necessary to introduce a system in which the necessary public welfare is available for the elderly and to promote the redistribution of rights. In other words, there is a need to protect the right to survival through the implementation of priority measures for a stable health care system. We are convinced that it will be necessary to expand investment in medical equipment and systems to prevent the elderly from not being given priority in the choice of life in areas where the medical system is under pressure.

On the other hand, in developed countries, including Japan, where the elderly account for a high percentage of the population in terms of voting rights, certain age groups, led by the elderly, have an almost occupied opinion, and we have identified areas where they are suffering from a discriminatory situation reflected in the social system. In order to resolve this situation, it may be necessary to establish a system that corrects the disparity in the reflection of democratic voices by age group through the creation of a specific quota of delegates. I believe this would strengthen democracy in Congress more by incorporating input from an inclusive and diverse sector, including the elderly. In particular, in order to curb the tendency for debate to be given less priority with regard to the protection of the human rights of the elderly, it would be desirable to promote debate by delegates elected from those age groups, as well as in the future adaptation to new human rights.