

Preliminary findings and recommendations from the United Nations Independent Expert on the enjoyment of all human rights by older persons, Dr. Claudia Mahler, at the end of her official visit to Bangladesh

Dhaka, 17 November 2022

In my capacity as United Nations Independent Expert on the enjoyment of all human rights by older persons, I conclude today my official visit to Bangladesh that took place from 7 to 17 November 2022, at the invitation of the Government. I am tasked by the United Nations Human Rights Council to report and advise on progress, opportunities and challenges in realising the human rights of older persons worldwide.

From the outset, I would like to express my sincere appreciation and gratitude to the Government of Bangladesh for inviting me on this visit to assess the level of enjoyment of all human rights by older persons pursuant to international human rights law and standards, and the existing needs and challenges experienced by this group within the country.

During the past 11 days, I visited Dhaka, Rangpur and its region (Kurigram, Ulipur and Chilmari), Chattogram and Sitakund. I met with the Minister of Social Welfare and other relevant Government officials at national and division level, representatives of UN presences, doctors and heads of hospitals, community leaders, academics, civil society organizations and older persons from different communities and backgrounds.

I would like to particularly thank the Ministry of Foreign Affairs, the United Nations Resident Coordinator and UNDP Resident Representative as well as the United Nations Country Team in Bangladesh and the UN Office of the High Commissioner for Human Rights in Geneva for their considerable efforts in organizing this visit that led to the success of my visit.

Allow me also to express my deepest gratitude to everyone who took the time to meet with me.

Today, I would like to share with you a few preliminary and non-exhaustive findings. Please note that these will be addressed, among others, further in depth in a comprehensive report that will be presented to the Human Rights Council in September 2023.

Context

Thanks to commendable efforts to reduce mortality and ensure better living conditions for its population, Bangladesh successfully increased the life expectancy by 26 years within 50 years, jumping from 47 years in 1972 to 73 years in 2020. Combined with a decline in the birth rate, longevity is rapidly increasing in Bangladesh and older persons represent increasing percentage of the population (15.3

million of older persons or 10 per cent in 2022).¹ This means that older persons, defined by the State as any person over the age of 60 years, are expected to represent one in five Bangladeshis in 2050.²

As the ageing population increases, this demographic change has profound effects on the Bangladesh society and gives rise to a growing concern in terms of human rights linked to ageing. Bangladesh is currently facing an economic and financial crisis, exacerbated by the COVID-19 pandemic and the indirect impacts of the war in Ukraine, especially on food and energy security. The constant threat of climate-related events also constitutes a considerable challenge for the country. As Bangladesh entered a period of elections that will end in 2023, polarisation and tensions have also appeared and marked my visit. Such backdrop has critical impact on the enjoyment of all human rights by older persons in the country and it is important for me to acknowledge these challenges.

Policy and institutional framework

A National Committee on Ageing was constituted for the first time after the Vienna International Plan of Action on Ageing in 1982. It was one of the first commitments at Government level to address issues related to ageing. However, this Committee has been inactive since the COVID-19 pandemic, but I was reassured that the Committee will be reconvened soon.

The *2013 National Policy on Older Persons* represents the most commendable step to ensure older persons' human rights in the country. The Policy recognise all persons aged 60 years and above as senior citizens and recognizes their contributions within communities, emphasising the importance of communication and social facilities, as well as their needs in terms of care and health. However, for the past nine years since its adoption, the National Policy is yet to be implemented due to the absence of a timebound action plan. To effectively address older persons' needs in Bangladesh, I strongly recommend the Government to prepare an implementation roadmap at the soonest, as well as to establish a specific institutional platform to monitor the implementation of the Policy. Such monitoring body would also advise the Government on issues related to the wellbeing and human rights of older persons.

Ageism and age-discrimination

Ageism and age discrimination are generally unknown concepts in the Bangladeshi society, from grassroot to State level. These concepts seem to be deeply internalized and leading easily to structural ageism which remain undetected. As old age is not recognised as a specific cause of discrimination in the Bangladeshi legislation, age discrimination is easily ignored and justified, seen as normal behaviour.

Throughout my discussions with older persons and civil society representatives, I learnt that the situation of older persons is largely ignored and not enough addressed by the Government at national and local level. In some discussions that I held, interlocutors often perpetuated negative stereotypes when discussing the role of older persons in the society, especially after they leave the labour force. To halt the spread of ageist stereotypes and misconceptions, awareness-raising campaigns are key to inform the population on the positive contributions of older persons to the society. It would also contribute to shift the narrative that older persons are rights-holders instead of beneficiaries.

I was pleased to learn that a new *Anti-Discrimination bill* was recently placed in Parliament, to fill out some legal protection gaps. I strongly support the inclusion of age as ground of discrimination, which

¹ Information shared by the Ministry of Social Welfare

² See <https://ageingasia.org/ageing-population-bangladesh/>

is lacking in the bill as it currently stands. Such addition would be a positive and future-oriented move which would further highlight the need to respect older persons and their rights.

One of the most visible spaces in which older persons face extreme age discrimination in Bangladesh is in the labour market. In most of my meetings, older persons depicted how structural ageist assumptions were in their search for employment or how it was impacting their job security. For instance, a 75-year-old shipbreaking worker in Chattogram informed me that he also lies about his age to keep working on the yards, as breadwinner for a family of seven. Discrimination of older persons from younger ones was also reported when it comes to decision-making processes, because of their older age and social status. They are usually rarely consulted, and older women are never invited to take part in these processes.

Social protection and safety net scheme

The right to social protection is ensured in Article 15 (d) of the 1972 Constitution of Bangladesh recognises that right to social security for citizens in Part 11 Article 15d. Social security should be provided for underserved people, including widows and old age. The social protection scheme is highly fragmented, with more than 100 disparate programmes. Bangladesh is currently working with international organizations and other partners to unify these programmes into a universal social protection system. I welcome such initiative that would ensure better coordination between programmes and will simplify procedures that were seen as highly bureaucratic, by many of the older persons I met with.

The Old Age Allowance (OAA) represents an essential non-contributory safety net programme. This cash transfer programme of 500 taka per month targets older persons (aged 62 and above for women and aged 65 and above for men) that live in vulnerable situations and in poverty. The OAA programme, which is exemplary, currently benefit to 5,7 million of older persons (about 43 percent of this age group), mainly in the rural areas. It is of concern that some eligible older persons are still unaware about this allowance programme and others have been waiting for years for their application to be processed due to the limitation of allocated budget. In the absence of universal social protection coverage for all older persons, I was informed that some non-governmental organizations provide donor-funded allowances for them. I also heard from older persons that the amount of 500 taka is not sufficient to live a dignified life. In their views, the OAA should be raised to the amount of 3,000 taka per month to ensure their basic needs. I recommend considering a change in the budget priorities to increase the allowance for older persons who will face a huge impact by the rising costs of living, because of the current crises.

I was pleased to learn that to resolve practical issues in receiving their allowance, some banks established fast lanes and shaded waiting areas for older persons. Furthermore, the ability of receiving electronically the allowance through apps such as G2P (from Government to Persons) or bKash which is frequently used by older persons, eased the process for the beneficiaries.

I was concerned to learn that in addition of the stigma and discrimination they often face within their families upon their return to Bangladesh, older migrant workers do not receive any pension, putting them at high risk of economic insecurity and financial issues.

Access to healthcare services

Older persons' right to health was one of the main concerns expressed by older persons during my visit. I was told that the public health system is overcrowded and underfunded. As a result, people are usually relying on private health care which remains very expensive and therefore unaffordable for the majority

of older persons without social protection or depending on the OAA. I urge the Government to honour their 2018 election commitment to ensure free medical healthcare for all persons aged 65 and above.

Older persons have special needs regarding healthcare. Although the community health centres and hospitals are age-inclusive and treat older persons equally compare to other age groups, the majority of these establishments are lacking specific geriatric care. For what I understand there are some hospitals with geriatric departments or units, but there is no public geriatric hospital in Bangladesh, except a private one in Dhaka. I was glad to hear from official representatives that the Government is considering opening a geriatric hospital. Geriatric care is crucial to ensure that all healthcare workers, irrespective of specialty or profession, know how to deal with the particular health issues associated with ageing. In hospitals and health centres, older persons' needs should be treated as priority, and extra seats in the waiting area should be provided for them, as seen during my visit at the Rangpur Community Medical College and Hospital.

Another obstacle for older persons is the availability of free medicine. Community health centres and hospitals should provide 27 essential medicines; however, I was informed that most of the community health centres only have an average of 11 essential medicines available. As a result, older persons spend most of their income and OAA for medicines, and the out-of-pocket-costs for medical treatments are very high.

In emergency situations and climate disaster prone areas, older persons face difficulties to receive adequate healthcare. Older persons are also more likely to suffer from flood-related diseases such as diarrhoea and typhoid fever, due to the lack of drinking water. Most of them do not have access to immediate medical treatment, exacerbating the risks for their life.

I was concerned to hear that older shipbreaking workers in Chattogram suffer from severe diseases such as lung cancers and other respiratory problems by inhaling toxic fumes at the scrap yards. They are not provided with adequate protection equipment, and they are not taken care of in case of injuries or accidents. I was even more concerned to hear that most of the older workers cannot seek proper medical treatment and cannot afford to buy medicines.

Bangladesh has a high number of persons who received the first and second COVID-19 vaccination doses. I was glad to hear that, persons over 50 years were one of the prioritized groups for vaccination. I was informed by representatives of the Ministry for Health that all hospitals and other health facilities were kept open during the pandemic. However, I was concerned to hear from civil society organisations that a lot of older persons died from COVID-19.

Care of older persons

Bangladesh is a family-oriented society. Bangladeshi people have a long-standing tradition of providing care for their relatives, including for older persons. While most of older persons continue to live with their children in extended families, the current evolution of the Bangladeshi family structure towards more nuclear families, and the rural to urban migration of the children, have considerably impacted the traditional care system of older persons.

In response to these changes, Bangladesh enacted the *Maintenance of Parents Act* in 2013, instructing children to provide care and financial support to their parents and/or grandparents when they do not have sufficient means. I was concerned to learn that this act primarily put an obligation on family members as duty bearers instead of the State, to provide for basic care and financial support of older persons. I would like to recall that the assistance provided by family members and communities cannot substitute for States' obligations to promote and protect all human rights of older persons. Over the past

nine year since its enactment, less than five cases were filed, also suggesting the barriers that older persons might have to face to access redress and justice. The Government should provide assistance to families, in including human rights and medical based training, counselling, and financial, social and psychological support. It is crucial that the State develop national home-care programmes and community-based care services, in rural and remote areas to further support families providing care for older persons.

One of the Government solutions to respond to the erosion of the traditional family system is the creation of old homes acting like shelters for abandoned and destitute older persons. While the number of old homes in the country remains limited, a clear set of standards should be established on free informed consent in care settings and old homes, in particular in mental health-care settings.

Many older persons also told me that they feel lonely and do not want to be a burden for their community. I commend the creation of older people's associations and intergenerational self-help clubs or specific age friendly areas to meet and enjoy recreation. Such programmes are a welcomed system to combat loneliness and social exclusion, as well as improve wellbeing of poor and disadvantaged older persons. Such system provides a considerable platform for older persons to claim their human rights and empower them within their communities.

Older persons in precarious situations

- **Older persons and climate change**

Bangladesh is one of the most vulnerable countries to climate change. Such events have disproportionate impacts on the human rights of older persons and can be magnified by ageism. The effects are often aggravated by poverty and location, such as remote rural areas or coastal areas. During my visit, I met with several older persons affected by flooding, land erosion, sea-rising levels, land sliding and cyclones, especially in the Rangpur and Chattogram regions.

The Government of Bangladesh, through the Minister of Disaster Management and Relief, adopted several strategies and policies to address challenges related to climate change. However, it is of concern that most of them fall short of including specific attention to older persons, who remain highly vulnerable in emergency situations. In times of emergency, such exclusion from emergency response plans exacerbates ageism and age discrimination, leading to unequal and inadequate services. I was also informed that most of the actions of these strategies and programmes are yet to be implemented on the ground.

While I was informed during my meetings that local authorities (Unions and Upazillas) often provide some emergency response and assistance to the population in case of climate-related disasters. Older persons described that such assistance remained insufficient in the face of the frequency to which they suffer from such disasters - often three to four times a year. Older persons also told me how they struggled to find evacuation transport, shelter with appropriate sanitary facilities, food, drinking water and medicines. Older persons mentioned that they rely primarily on their relatives and neighbours for assistance. I also learned that many had to leave their lands and are now living as displaced persons in new villages.

The Government, as well as local non-governmental organizations and older persons, informed me of the existence of shelters in flood-prone and cyclone-prone areas, with some of them being easily accessible for older persons, including for those with disabilities. However, I was concerned to learn that most of the shelters – which are in the majority primary schools reconverted into shelters when the

climate-related disasters occur – are not old age-friendly nor appropriate for older persons’ specific needs.

During my meetings, I was astonished by the resilience of the older persons in the face of climate change. In all the communities I visited, older persons were the ones holding the knowledge, experience and skills to respond and adapt in the adversity of these disasters.

It is essential that the Government take urgent and meaningful action to mitigate the impacts of climate change on older persons. Such measures must be among others, age-responsive and take into account the special needs of older persons, including their disabilities and their gender. Enabling older persons’ participation and contribution in decision making processes about climate change, at local, division and national level would foster further appropriate age-responsive climate action.

- **Rohingya older persons**

While I was not able to travel to Cox’s Bazaar over the past 11 days, several stakeholders informed me of the situation of Rohingyas older refugees. From the outset, I would like to acknowledge the Government of Bangladesh’s continuing efforts in supporting and welcoming almost one million refugees into their territory since 2017. I was also made aware of the precarious living conditions of older refugees within the camps of Cox’s Bazaar, prone to climate-related events, such as floods and land-sliding due to heavy rainfalls and hilly terrain. Most of the older refugees do not have proper access to drinking water, accessible and age-friendly sanitary facilities, nor regular primary or age-specific healthcare. Many Rohingya older persons also have difficulties in accessing necessary medicines.

I commend the relentless efforts of international and local actors addressing the needs and rights of older Rohingya refugees, including the establishment of six centres for palliative care within the camps. I learnt with concern the decrease of international aid allocated to support the Rohingya refugees which might further leave behind the 4 per cent of older Rohingyas living in the camps. I further call on all stakeholders working with Rohingya refugees to pay specific attention to older persons’ specific needs and to include them within their emergency response programmes.

- **Older persons living in slum urban areas**

With the absence of an adequate social protection system, getting older represents significant risk of getting poor or remaining poor in older age. Some of these people live in very precarious conditions, including in slum areas without access to safe drinking water. In Chattogram, I visited the community of Shahid Nagar, where most of the older persons live under the poverty line and yet, do not have access to the OAA due to quota reasons. The older persons of this community also described the constant harassment they face from landowners who regularly threaten them of forced eviction. Forced evictions of older persons may seriously affect their health and well-being, in addition of hindering their right to adequate housing.

I also visited Geneva Camp in Dhaka where the Bihari community or “stranded Pakistanis” are living in slums-like conditions. Older Biharis appeared to me as the furthest left behind in the country. Despite being granted the Bangladeshi citizenship in 2008 by a Supreme Court decision, older Biharis described situations of extreme social exclusion. The camp is overcrowded, with poor access to drinking water, sewage system and sanitation facilities which are not easily accessible by older persons with disabilities. Systematic discrimination against Biharis within Bangladesh appeared blatant in the stories told by older persons, especially in accessing employment and primary healthcare services. It is of concern to learn that some older inhabitants have been forcibly evicted with their families, in four of the camps. In

light of the precarious living conditions I witnessed, I call on the Government to engage into a housing and land rehabilitation process to ensure older Biharis' right to an adequate standard of living.

- **Older persons deprived of liberty**

During my visit to Dhaka Central Jail, I was pleased to see that older persons have wards of their own on the lower floors to facilitate their accessibility. I was informed that they have access to healthy nutrition and regular health check-ups. However, I was concerned to hear from older prisoners suffering from scabies, diabetics, and allergies, some of these diseases might have been linked to the overcrowding of the prison – twice over its capacity. It is also of concern to know that some of the prisoners in the “Senior citizens” wards had been waiting for their trials for more than five years now. I had the opportunity to meet with several older prisoners, which took place in presence of prison officials and guards. I regret that my requests to meet privately with older prisoners were not accommodated.

Intersectional and multiple forms of discrimination

- **Older women**

While Bangladesh has made impressive progress to close the gender inequality gap over the past decades, older women continue to face gender-based discrimination and inequalities within their families, communities and in the society.

Older women are particularly affected by discriminatory property and inheritance provisions under religious law, impacting severely on their economic and financial insecurity. Such laws also further exacerbate older women's risks to be financial abused by their relatives and to land and property grabbing that may leave them without resources. I strongly call on the Government to repeal all discriminatory laws and provisions against older women hindering their inheritance and property rights.

The Government of Bangladesh put in place several programmes with the aim to economically empower women through micro-credit and entrepreneurship activities. While such programmes are commendable, including the Vulnerable Group Development programme, I was concerned that most of them exclude women aged 50 and above. It is crucial that the newly created Vulnerable Women Benefit programme which works as a saving management scheme, be extended to benefit widowed or single women aged 50 and above. Such programme would contribute to empower thousands of older Bangladeshi women in need of support.

- **Older persons with disabilities**

Older persons with disabilities are among the most vulnerable groups. Age and disability may intersect and aggravate discrimination.

I was pleased to learn that older persons with disabilities are entitled to 850 taka per month. However, several older persons with disabilities informed me that this amount remained insufficient, to cover all their health-related costs. For example, older persons with disabilities cannot afford prosthesis or older persons with visual impairment could not afford surgery that would improve their sight and living conditions.

During my discussions, I was also told that the number of persons living with dementia is increasing and that they are mostly neglected by their families. Indeed, family relatives of older persons with dementia expressed that they felt unprepared and unequipped to provide care and support to them. I was

pleased to learn that the Government has specific programmes on mental health, and I strongly encourage officials to pay further attention to older persons and address the issue of dementia through a human rights-based approach. The establishment of awareness-raising campaigns for countering the fatalism and stigma associated with dementia are crucial.

- **Older LGBTI persons**

During my meetings with LGBTI older persons and civil society representatives, I was informed that older transgender women, also called Hijra, can openly express their identity. However, this does not apply for other sexual and gender minorities. Older LGBTI persons are facing discrimination, social rejection, harassment, assault and hate. The lack of family and community support may lead to depression of older LGBTI persons.

Violence and abuse against older persons

Violence against older persons is rarely acknowledged and remains an unspoken reality in Bangladesh, while cases seem to be increasing as shared by civil society organisations who are monitoring. Older persons may suffer from abuse and neglect, occurring primarily in their families and communities. As most older persons live within their extended family, I was told that they often fear retaliation if they file a case court for neglect or abuse from their relatives. They fear that their children will stop providing them with support and care after reporting the violence. Furthermore, violence against older persons is not reported because of shame. Older persons described that cases of violence and neglect are usually settled within the community, through mediation processes with other older persons. I recommend that the government conduct awareness-raising campaigns for both older persons and their children. The above-mentioned increase of the OAA could contribute to more reporting of violence because the older persons would not depend so much on their children.

While older women might be protected under the *Domestic Violence (Prevention and Protection) Act, 2010*, I am concerned at the legal protection and prevention gaps about violence against older persons. I call upon the government to adopt legal protection measures to address and combat violence against older persons and to ensure the disaggregation of data on violence against women by several age groups.

Financial abuse from children towards their older parents seems also to be widespread. The introduction of digital bank transfer of OAA to the mobile phones of older persons (G2P or bKash) was an improvement to protect older persons from such form of abuse. But not every older person can afford a mobile phone.

I am also concerned to learn about the harassment and intimidation faced by older public figures who are or were engaged in politics or contribute to the social development of the country. Such form of abuse against older persons causes disproportionate physical and psychological harm or distress to an older person. Furthermore, such as any other age groups, older persons should be able to fully enjoy their political and civil rights. Ahead of the upcoming national elections in 2023, I call on the authorities to uphold older persons' free expression and peaceful assembly, without violence and harassment.

Concluding remarks

As I have mentioned at the beginning of my statement, my remarks today are of a preliminary nature and do certainly not cover all issues in a comprehensive manner. I will further analyse the information

received in connection with my visit and elaborate on my findings in my report to the Human Rights Council presented in September 2023.

To conclude, I believe that a general assessment of the human rights situation on older persons, based on the ten priorities of the *2013 National Policy on Older Persons* is much needed and long-awaited to comprehensively identify the existing gaps and address them efficiently. I recommend the Government to conduct such assessment at the earliest, in partnership with relevant UN agencies and civil society organisations. The results of such assessment would allow the Government to further strengthen its international human rights commitments towards the protection of older persons, as well as to the Vienna Declaration on Ageing and the Madrid International Plan of Action on Ageing to increase and provide sustained and adequate financing allocated for the needs and human rights of the old age population. I would also further insist on collecting disaggregated data by age, sex and disability. Data collection is essential to reflect the current situation of older persons and effectively address their issues through all governmental programmes.

I would like to reaffirm my commitment to continue the dialogue with the Government of Bangladesh and that I look forward to working with the relevant authorities in a spirit of cooperation on ensuring that all older persons can fully enjoy their human rights.

Thank you for your attention.