**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 Peru**

Lima, 22 March 2024

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 Peru that took place from 11 to 22 March 2024, 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 Peru 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 12 days, I visited Lima, and the regions of Loreto, Ayacucho, and Lambayeque. I met with the Vice Ministers of the Ministry of Foreign Affairs, the Ministry of Women and Vulnerable Populations and the Ministry of Justice and Human Rights, and with officials from other relevant Government departments. I also met with the Ombudsperson, the UN Country Team, community leaders including representatives of district-level older persons’ associations, civil society organizations, academics, and older persons of diverse backgrounds. I visited residential and daycare facilities for older persons, as well as a correctional institution.

I would particularly like to thank the Ministry of Foreign Affairs and the Ministry of Justice and Human Rights for their considerable efforts in organizing this visit and for facilitating my meetings with national, regional, and local authorities, as well as the Office of the United Nations Resident Coordinator and the Technical Mission of the United Nations Office of the High Commissioner for Human Rights to Peru for their valuable guidance and insights. I would also like to express my great appreciation to the Office of the High Commissioner for Human Rights in Geneva for the substantive support provided to my mandate in organizing this visit, and to the United Nations Development Programme in Peru for facilitating the logistical aspects of my visit. Above all, I am grateful to older persons and their advocates for taking the time to meet with me and share their lived realities, and to civil society organization for their contributions prior to and during my visit.

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 2024.

**Context**

Like most countries, Peru is an ageing society and affected by a demographic transition towards and older society. In 1950, an estimated 5.7 per cent of the population were 60 years or older. This percentage has more than doubled. At present, around 5.3 million Peruvians or 13 per cent of the population are older persons, defined in Peru as persons over the age of 60. By 2050, this population is expected to double, with one quarter of the population that will be of 60 years or older.

**Legal, Policy and Institutional framework**

At the outset, I commend Peru for taking important steps to strengthen the legal framework for protection of older persons. The Political Constitution of Peru guarantees the equality of all persons before the law and prohibits discrimination on the basis of any condition in Article 2 and recognizes the obligation of the State and the community to provide special protection to older persons in situations of abandonment.

The National Plan for Human Rights in force from 2018-2021 identifies older persons as a priority group, and outlines important measures to expand promotion of their rights, as well as increase their access to basic services and economic security. I understand that a successor to this policy, the National Multisectoral Policy for Human Rights to address inequality in the exercise of human rights and structural discrimination through 2030, is currently under development, and I reiterate that older persons should remain a priority group.

I also congratulate Peru on the ratification of the Inter-American Convention on the Protection of the Human Rights of Older Persons on 31 March 2021 through Supreme Decree No. 044-2020-RE. The implementation of the treaty is an additional milestone to strengthen the human rights of older persons. The treaty prohibits age discrimination and guarantees older persons, inter alia, freedom from violence, the right to social security, the right to health and health care services, and the right to housing. Peru should continue to ensure its national legislation aligns with all commitments under Inter-American Convention, in line with article 55 of the Peruvian political constitution.

The Law on Older Persons (*Ley de la persona adulta mayor*, No. 30490) came into force in 2016. In Article 2, it defines older persons as persons aged 60 or above. The law aims to establish a framework to guarantee the rights of older persons. It lays down specific human and basic rights of older persons, for example prohibition of age discrimination, independent living, access to justice and equal opportunities, and establishes a framework services, care and treatment of and for older persons. The National Multisectoral Policy for Older Persons (*Política Nacional Multisectorial para las Personas Adultas Mayores*, PNMPAM) was adopted in 2021. It acknowledges age discrimination as a structural problem in Peru and focuses on older persons’ rights to health, care, social security, participation, and education. It also outlines the specific roles of various Ministries in addressing the needs of older persons.

While Peru’s robust legal and institutional framework to protect older persons is commendable, further action and commitment of resources is necessary in order to fully realize the State’s commitments to its older citizens. Furthermore, ineffective coordination prevents the full and effective implementation of the relevant policy frameworks. While the Ministry of Women and Vulnerable Populations is tasked with overall coordination of the policy between other Government bodies within the framework of the Multisectoral Policy, many stakeholders highlighted the fragmentation and duplication of efforts and implementation of policies varies significantly in different geographies due to divergent priorities and resources at local level. These coordination efforts must be clarified to all stakeholders and significantly strengthened,.

I will now highlight some of the challenges in this regard that I observed during my visit.

**Ageism and age-discrimination**

Although Peru’s laws and policies recognize older persons as rights-holders with the potential to make important contributions to society, in practice ageism, age discrimination, and negative stereotypes about older persons persist in many quarters. Within the family, these stereotypes often gendered. Older men are more frequently represented among older persons in situations of abandonment or those experiencing homelessness; this is reportedly due to their not being seen as contributing members of the household once they are past the age of retirement. While older women may remain with their families, this is often under circumstances wherein they are expected to provide unpaid domestic labour for their families, including cooking, cleaning, and caring for grandchildren.

Older persons report various manifestations of age discrimination when accessing basic services, including healthcare, social services, and financial services. Manifestations age from a lack of reasonable accommodations to outright discrimination due to their age. Digital literacy is an overarching issue, as an increasing amount of information on these services is provided by email or smartphone application, and not all older persons have the digital skills to navigate these processes. Their educational and social background has also a huge impact and aggravates inequalities. The Ministry of Women and Vulnerable Populations informed me that 15 per cent of the older adult population is illiterate, and these rates appear to be higher among certain groups, including older women, Indigenous communities, peasants, and rural populations. Older persons do not systematically receive priority attention when accessing services, and experience long waiting times which may be uncomfortable for those with health conditions or disabilities.

Many older persons informed me that service providers do not always respect their capacity and competence. Some providers requiring they be accompanied by a younger person. When older persons are accompanied, service providers may direct their attention to the accompanying person and treat that person as responsible for major decisions, including healthcare decisions, rather than the older client. In health care settings older persons’ health complaints and requests for certain types of treatment may be dismissed without due consideration. During busy periods, older persons who may move more slowly or require more time to complete paperwork are sometimes told to return at a different time to enable providers to see a greater number of clients.

Most egregiously, I received disturbing reports that during the COVID-19 pandemic, when essential medications and health supplies were in short supply, older persons were explicitly deprioritized by healthcare providers in favor of younger persons on the basis of their projected remaining years of life. Older persons’ lives must be valued equally, and their needs for healthcare and assistance prioritized in line with the legal framework. I recommend sensitivity training for service providers to eradicate discrimination and ensure older persons are systematically prioritized and have comfortable areas to wait when seeking services.

Older persons also encounter discrimination on the labour market. Private employees can legally be fired on the basis of their age once they reach 70 years, while most public employees are required to leave office at this age. This is unfortunate, given that the structural challenges of Peru’s social security system require many people to continue working well past the official age of retirement. Many older persons also report both overt and tacit discrimination in the workplace, including being passed up for promotions and certain type of roles. Older entrepreneurs report challenges in accessing business support services. On a positive note, the Government has implemented some programmes to combat discriminatory perceptions of older persons, such as the *Saberes Productives* programme, which aims to highlight the value of the traditional skills and knowledge many older persons possess. However, I would recommend efforts to more systematically identify and address workplace discrimination.

Ageism also appears to have been instrumentalized in the political sphere in some instances. I was disappointed to hear of recent incidents in which older persons were removed from public office prior to the end of their mandated terms, on the basis of their having aged out of the Constitutionally-prescribed range to apply for such positions. In some instances, the use of age-related arguments to undermine the legitimacy of public office-holders followed the use of attempts to delegitimize the same public officials on other grounds.

If an age limit to apply for public office is meant to apply as an age limit to hold public office, this should be made clear to applicants during the application process. Candidates who will age out during their mandated terms should be informed of their eligibility or lack thereof at the time of application. To effectively address the scourge of ageism, I would advise against expanding the application of age limits to public office and urge that candidates be evaluated on the basis of their individual fitness for office. This would enable the Government to fulfill its obligation to lead by example in the fight against ageism.

**Social protection and safety net scheme**

Peru has a mixed social security system, with both contributory pensions and a non-contributory system for those in extreme poverty. Coverage remains relatively low, as only about one-third of the older adult population has access to some form of pension. Additionally, governance challenges have hamstrung the effectiveness of both public and private contributory pensions, while the amount of assistance provided through the non-contributory system is insufficient to allow most beneficiaries to meet their basic needs.

With regard to contributory pensions, an overarching challenge is the high level of informality that characterizes the Peruvian labour market, as only those with formal employment are able to benefit. Around 16 per cent of the older adult population is enrolled in the public pension system (SNP), while 13 per cent are enrolled in private pensions (SPP). As women are underrepresented in the formal economy, they also have less access to pensions, with nearly twice as many older men as older women enjoying access to a contributory pension plan. According to the information I received, those with access to the public pension receive a minimum of PEN 500 per month, while those with access to the private pension system receive an average of around PEN 1100 per month.

A number of interlocutors reported challenges in terms of actual access to pensions, and the Ombudsman reported that this is one of the most common types of complaints they receive from older persons. Pensioners have trouble accessing accurate information, and often receive amounts that are below what they expected to receive or delayed payments without a clear explanation. There is a long waiting period after enrolment and before benefits start, during which older persons cannot work. Employers may also fail to make their contributions, and the records of individual contributions are sometimes missing or hard to locate. The long-term sustainability of both pension systems is questionable, as the public pension system is subsidized by the state, while early withdrawals for certain purchases are authorized in the private system. I recommend measures to streamline information provided and

The information regarding the pension system and the calculation of the expected payout should be delivered in an easily accessible way to give transparent and reality-based estimations on the expected pension, and plan to ensure the long-term sustainability of these pension systems should be developed.

Older persons aged 65 or above and living in extreme poverty are entitled to the non-contributory social security program “Pension 65”. According to information of the Ministry of Development and Social Inclusion, 800,000 older persons are benefiting from the program, with 650,000 of them being defined as “extreme poor”, and 55 per cent of the beneficiaries are older women. Before the COVID-19 pandemic, the amount of the pension was PEN 250, provided every two months. During the pandemic, this amount was increased to PEN 300, while it is now again back to PEN 250. I was told by older persons that they were not informed about the decrease and its reason. This amount is not adjusted to reflect the divergent costs of living in different parts of Peru, nor to accommodate those with disabilities. I would suggest a more differentiated approach, and the mobilization of sufficient resources to enable the benefit to make a meaningful difference in the lives of beneficiaries.

Older persons in all parts of the country demanded that the Pension 65 must be increased to be sufficient to their needs and costs of daily living. Older persons are not clearly informed regarding the criteria to qualify, and some lose eligibility and benefits without understanding why this has happened. It was also highlighted that verifying their eligibility takes a long time due to administrative delays and understaffing, meaning that many who qualify are still waiting to receive benefits.

The majority of older persons receiving Pension 65, more than 500,000 beneficiaries, must collect it in person. This poses different a number of associated challenges. Many beneficiaries receive payment on the same day and may consequently have to wait for a long time in queues to pick up their money. They also have to travel to the location where they collect their pension which means they have expenses – or as an older woman puts it: “We have to spend money in order to collect money”. For those in isolated communities, including older Indigenous persons and peasants, they may have to spend up to 10 per cent of the benefit on transport alone. Others experience robbery or transport accidents on the way home. Some older persons might not even be able to travel because of health issues or a disability. A good practice to expand accessibility is the use of outreach efforts such as traveling boats that provide municipal services, including payment of Pension 65, to isolated communities along the Amazon river areas. However, these measures do not reach every community, and I was not made aware of any efforts to conduct mobile service delivery to land-based rural communities.

Around 120,000 beneficiaries of Pension 65 receive a debit card to withdraw their pension at ATMs. This may be a good solution for digitally literate older persons who live in proximity to an ATM, as it saves them the longer trip to and queuing at the bank. However, illiterate older persons, a population among whom women, Indigenous persons, and peasants are overrepresented, as well as persons with cognitive disabilities, might face difficulties in using ATMs. Older persons asking other persons such as family members to withdraw their pension are at risk of being financially abused. I therefore recommend considering alternative options to deliver payments to older persons receiving their Pension 65 that are adapted to their specific situation and needs.

**Economic participation**

Given the shortcomings of the pension system, many older persons are required to work well past the age of retirement. Just over half of all older persons continue to work, even past the age of retirement. The majority work independently, largely in subsistence agriculture, as well as in services or petty trade. On average, they earn around PEN 1300 per month, although there is a marked gender gap with women earning around PEN 923 per month and men earning around PEN 1400. These earnings are significantly higher than what is offered through the pension system.

However, older persons’ earning potential is stymied by ageism in the labour market, as well as their limited education, with 40 per cent of older persons having completed only primary education. Over 80 per cent of older persons work in the informal sector where incomes are much lower than the overall average, at only PEN 770 per month, and where they have no possibility of access to more-generous contributory pensions. In contrast, older persons in formal employment earn around PEN 2900 per month. Another issue is that receiving an income may make some older persons ineligible for social programmes on which they depend such as Pension 65, even though they are still living in close to extreme poverty.

Although the Government has implemented some programmes to improve the quality of employment available to older persons, these programmes appear to be based largely on temporary employment or subsumed within larger programmes that target a diverse age group,. I would recommend a more targeted approach focused specifically on combating age discrimination in the work place and expanding decent work opportunities for older persons.

**Access to healthcare services**

Roughly four out of five older persons have chronic health issues and half have a disability. There is an overall lack of specialized care and facilities that cater specifically to older persons, including geriatric specialists as well as mental health professionals. This leads to excessive delays for appointments even when the health issue is urgent. While it is positive that the Ombudsman’s Office is able to intervene in such cases, I recommend a more systematic approach to ensure timely care, including expanded access to preventive health care. Access to healthcare is worse in rural areas, where many Indigenous and peasant communities reside, which I was informed is in part due to a lack of incentives provided to retain qualified medical personnel in hardship posts. A positive practice which I observed in Loreto Region was the use of mobile public service centers on boats, which travel to hard-to-reach areas to provide healthcare, as well as other essential services such as banking and social services. However, not all communities within the area were able to benefit, and there does not seem to be any analogous practice to reach rural communities by land which I would recommend.

I congratulate Peru for ensuring that the majority of the older adult population have health insurance, as approximately 89 per cent of older adults are insured. Around 1/3 of older persons have access to the public EsSalud system, primarily those who are or were formally employed. Roughly half of older adults have access to the *Seguro Integral de Salud* or SIS, which is a non-contributory system for those that cannot afford healthcare. While this is an impressive achievement, older persons nonetheless report that there are high out of pocket costs for many necessary medicines, which oblige many to turn to generic medications such as paracetamol to treat a variety of health conditions. For those with only access to SIS, hearing aids, glasses, and other basic assistive devices are not covered.

Older persons in intersecting situations of vulnerability experience compounded forms of discrimination when seeking health services. Older persons with disabilities report additional barriers in regard to accessing treatment. While nearly 1 in 5 older Venezuelan migrants has a health problem that requires regular treatment, they face challenges in obtaining identification and access to health insurance, including long delays for the requisite paperwork and limited recognition of their documentation, which prevents them from obtaining healthcare. Older LGBTQ+ persons also experience discrimination in healthcare settings. They report being publicly misgendered by health staff which violates their privacy and creates protection risks, as well as facing presumptions that any health conditions they raise are related to HIV/AIDS, even when they are not HIV-positive. While trans women have the right to access hormone therapy, this right only applies within a certain age range, meaning older trans women do not have the same rights.

**Care of older persons**

Although traditionally families have been the main unit responsible for the care of older persons in Peru, this is eroding due to demographic and economic pressures. An increasing number of children are unwilling or unable to balance care for their older parents with caring for themselves and their own children, leaving many older persons to manage on their own. This is exacerbated by economic pressures and urbanization, as many younger persons move to smaller homes in cities in search of work, leaving older persons behind in their areas of origin. Although there are legal channels in place by which older persons can oblige their children to contribute financially to their care, this can be fraught with challenges as it creates an adversarial dynamic.

The Law on Older Persons defines several types of care centers including integrated care centers for older persons (*Centros integrales de atencíon al adulto mayor*, CIAM) which provide information, workshops, counselling and activities for older persons and are funded by local governments as well as general care centers (*Centros de atencíon para personas adultas mayores*, CEAPAM) which may be public or private. CEAPAM include full-time residential facilities as well as centers which only provide day or night care. In principle, care centers have to be accredited and regulated by the Ministry of Women and Vulnerable Populations, and the Ombudsman’s Office can also oversee accredited centers. However, less than half of such facilities are accredited, and I was informed that the quality of care is not sufficiently monitored by the authorities. While there are roughly 400 CEAPAM and around 1400 CIAM in the country, they are not evenly distributed or always affordable. Many interlocutors informed me that their areas lack shelters for older persons in street situations as well as care and recreation centers for older persons, especially outside of Lima. I would strongly recommend investment of resources to ensure that all older persons have access to dedicated care centers, in line with the Law on Older Persons.

Although more residential care homes are necessary for those that require such spaces, they should be one of many options supported by official policy. The priority according to the Convention on the Rights of Persons with Disabilities is community-based support and services to ensure that older persons can live in dignity in their own homes with affordable access to services. Older persons must have the choice whether to live in a residential facility or at home. Residential care homes must ensure that that the will and preferences of older persons are taken into account and that older persons are supported to make their own decisions rather than allowing others to do so on their behalf. Older persons should give their full and informed consent to any treatment or service, and enjoy full freedom of movement, including the ability to leave and manage their own schedules.

Caregivers have to respect the human rights of older persons. I was informed that caregivers are not always well trained, and there is no standard for the quality of care which would be a precondition for education and training. In regard of care, I would recommend setting standards for care centers as well as for caregivers, which can be monitored and would ensure the same quality of care in the whole country.

Persons in intersecting situations of vulnerabilities may face additional challenges related to accessing care. Those in rural areas, particularly peasants and members of Indigenous communities, are frequently left behind as their children migrate to cities in search of economic opportunities, eroding family-based care systems. They are also likely to be more distantly located from care centers. Members of the LGBT+ community are also often unwilling and unable to depend on family-based systems of care, due to the rejection and stigmatization many face in their families of origin. They may face similar stigmatization and discrimination when attempting to access care centers. I recommend priority attention to these groups’ needs, including the establishment of dedicated care centers, in view of their particular vulnerabilities.

**Transitional justice and political violence**

One of the priority groups identified by Peru’s National Plan for Human Rights is persons who were victims of political violence in the internal armed conflict between 1980 and 2000, during which 70,000 people died and from which least 22,000 enforced disappearance remain outstanding. While persons of all ages were directly impacted by the conflict, the decades-long struggle for transitional justice means that the majority of survivors are now older persons. I heard harrowing testimonies from older persons who had been brutally assaulted or lost loved ones to the horrific violence visited on primarily rural, poor, and Indigenous communities. While some had managed to identify the fate of their loved ones or obtain reparations, many were still waiting without answers or remedy decades later, and others have died without ever obtaining justice.

The Government has taken the positive step of establishing a number of bodies to oversee transitional justice and has implemented economic reparations and collective reparations to thousands of individuals. However, the process to obtain judicial reparations remains cumbersome for many. Some reported having to effectively conduct their own forensic investigations, seeking the remains of their loved ones and bringing them to the authorities. Victims and their families face significant challenges in meeting the required burden of proof, as witness testimonies alone are insufficient, and documentation, photos, and videos are often deemed necessary by the courts. Court cases proceed slowly, a particular challenge for older persons who may have limited time to obtain meaningful justice, and investigations to identify victims of enforced disappearances and summary executions are often underfunded. For some victims and their families to obtain reparations, the perpetrator must be identified and charged, which is challenging as many of the perpetrators have fled Peru, changed their identities, or had presumptive death certificates issued in their names making it impossible to hold them accountable.

I am also concerned by the situation of women subjected to mass forced sterilizations by the Government from the period 1995-2001, many of whom are by now older persons. These campaigns targeted thousands of women, primarily from rural, Indigenous, and Quechua-speaking communities. Some died due to the substandard conditions in which the operations were performed, while others developed related health conditions. Survivors were not only deprived of bodily autonomy and reproductive rights but continue to experience a number of health conditions stemming from the process, for which they receive limited additional health coverage from the State despite being victims of State-sponsored human rights violations. Although some progress has been made through the establishment of a Registry of Forced Sterilizations in 2015 and rulings by Peru’s Judicial Power that victims have a constitutional right to reparations, no reparations have been paid to these victims as yet; however, I am encouraged to learn that a plan to do so is under development by the Ministry of Justice and Human Rights. I urge expedited efforts to ensure the investigation, prosecution, and sentencing of those responsible to ensure older victims receive justice within their lifetimes.

In view of the many unresolved issues affecting older persons who survived grave human rights violations from 1980-2000 and as an independent human rights expert, I was very concerned to learn of draft legislation that has been approved by Constitutional Committee of the Congress of Peru and may be submitted for a plenary vote in the coming days or months. This bill would reportedly impose a retroactive statute of limitations on the investigation of crimes against humanity and war crimes committed before the entry into force of the Rome Statute and the creation of the International Criminal Court on 1 July 2022. If legislation to such effect were passed, it would create a situation of effective impunity for human rights violations perpetrated between 1980 and 2000. Given the severity of the crimes in question, including enforced disappearances, arbitrary detention, extrajudicial and summary executions, torture, and forced sterilizations, no statute of limitations can be imposed under international law, and such a law would thus be in conflict with Peru’s obligations under applicable international human rights standards.

I am also concerned about the situation of older persons injured during social protests that have taken place in Peru since 7 December 2022. According to one report from OHCHR, nearly 1 in 5 victims of violence during these protests was an older person. I urge swift efforts to ensure investigation and accountability into these incidents, and provide these victims with the necessary care in a timely manner.

**Older persons in precarious situations**

* **Climate change, emergencies and natural disasters**

Peru is among one of the countries most severely impacted by climate change and natural hazards, including the El Niño phenomenon. During my visit I was told by older persons in Loreto, Ayacucho, and Lambayeque that changing weather patterns have caused rain, floods, landslides, droughts and heatwaves and that weather patterns have overall become more unpredictable. Older persons living in rural areas with land-dependent livelihoods do not manage to grow their crops and fruit or catch sufficient fish and game to meet their needs, as the fish and wildlife stocks have also changed. This has a disproportionate impact on peasant and Indigenous communities with land-based livelihoods. Furthermore, these weather phenomena have a huge impact on their living conditions, as their homes and communities are not designed to withstand extreme climate conditions. their houses disappear in floods and the roofs are not equipped for the massive rain, nor are other infrastructures like streets.

Even though I was informed by the Civil Defence Institute that older persons are one of their priority groups with regard to disaster preparedness and support and evacuation during disasters, many older persons reported that they are often left behind and not duly considered in preparedness. They reported a lack of official support before, during, and after different disasters, including floods and extreme heat waves. I would suggest implementing the existing policies on emergencies which urge consideration of older persons, and include older persons in information campaigns as well as emergency drills. I was pleased to hear that Peru has submitted a written statement to the International Court of Justice on the obligations of states in the context of climate change with reference to vulnerable populations, including older persons, and encourage further efforts in this regard

* **Older persons deprived of liberty**

Approximately 5,851 older persons are deprived of liberty in carceral settings, representing around 5 per cent of the overall prison population. An overall issue impacting the human rights of all persons deprived of liberty is overcrowding. During my visit to theSan Juan de Lurigancho Prison I was informed by prison management that the facility was at three times its capacity, which is reportedly a common situation in other carceral institutions. This results in inadequate living conditions for older persons who live as many as 40 to a room designed for around 12 persons. While I welcome that older persons live together in dedicated rooms, beds are set up on two levels, obliging many older persons to climb in order to reach their beds. This is difficult for those with reduced mobility as well as older persons with disabilities. In some instances, older persons are obliged to sleep on the floor or on old mattresses. They share a single small bathroom with one toilet, meaning that older persons have to wait to use facilities. During meals, in a common courtyard, there is insufficient space to sit down, and older persons must crowd together standing under a small, shaded area to remain safe from the elements. They also do not have enough an adequate amount of water for washing or doing the laundry.

Socially I was pleased to see that older persons can participate in physical exercises and leisure activities like sports, games and music. However, I was very concerned to hear from older persons that they are financially, psychologically, verbally and physically abused by younger inmates. Older persons in pre-trial detention are also housed alongside convicted inmates, which means that innocent persons may be subject to the dangers of incarcerated life without due process. I am agravely concerned that members of the trans community are assigned to single-sex prisons on the basis of their assigned sex at birth, rather than their gender identity. During the visit I observed older trans women were residing in the same pavilion as men primarily charged with crimes related to sexual indecency and assault. This creates significant protection risks.

While I welcome that older persons have the opportunity to work for money within the prison, I am concerned that the working conditions, which are crowded and noisy, may not be suitable for all older persons. Additionally, it is disappointing that workers in prisons earn less than the minimum wage after deductions for room and board. It is also not clear to me how inmates collect and can access their wages. I was informed those with families that visit regularly give their earnings to their family, but this is problematic from the point of view of maintaining their independence, and it is unclear how those without family or loved ones would be able to safely store and access their earnings.

Older persons also expressed concerns special medication needed for older persons is not provided and must be bought outside the prison at high expense. There is a lack of personnel trained in health issues faced by older persons, and limited support for those with mental health conditions. Inmates with dementia who are not judged competent to stand trial are nonetheless imprisoned, due to a lack of residential mental health care facilities in the country. Older trans persons do not receive gender-affirming care. I also learned that older persons with health issues serving long sentences are not eligible for early release, nor is there any system for compassionate release apart from Presidential pardons issued on an occasional basis for holidays.

I strongly recommend not to overcrowd cells and to make sure that cells for older persons are on the ground floor with enough beds on a single level, and adequate sanitary facilities. Cells only for older inmates should be provided, the accessibility of the facilities should be increased. Older inmates should be given priority when it comes to health appointments, meals and bathrooms. I would encourage non-custodial alternatives to detention, or specific facilities which take into account the needs of older persons, with or without disabilities, because deprivation of liberty has a pervasive impact on older persons, who are more likely to suffer serious human rights violations.

* **Extractive industries and toxics**

The logging industry, has a huge impact on the change of the environment, and cutting down the forest has a lot of climate change implications, including higher temperatures which can impact the health of older persons. Erosion and disruption of the whole balance of the natural habitat have a negative impact on health and livelihoods. Furthermore, the mining industry has secondary impacts on the natural environment and health of older persons through pollution due to an increase of the presence of heavy metals in the soil and water, which has negative effects on the health of the older population. Both industries have legal and illegal dimensions. In all the provinces older persons, especially Indigenous communities and peasants depend to some extent on land for their living, and it is essential to preserve the nature in their homeland. Older land rights activists are reportedly threatened by representatives of the industry for their complaints and campaigns.

**Violence and abuse against older persons and access to justice**

During my visit I heard several testimonies of older persons and different police and judicial officials that psychological, physical, economic, sexual, and patrimonial violence, as well as mistreatment including negligence and financial abuse impact older persons. According to a 2017 report from the Ministry of Women and Vulnerable Populations, at least 30 per cent of older adults have experienced at least one instance of sexual or familial violence, with the main types of violence being psychological or oral. Typically, these types of violence occur in the family setting of the older person, frequently by the partner, children, grandchildren, and other relatives. This type of violence particularly affects older persons in vulnerable situations, living in very poor conditions or with a disability and generating a situation of partial or total dependency that makes them more vulnerable to this kind of action. Some officials told me that there are protocols in place, but they do not really have a solution because there are no shelters or alternative living settings available for them. Furthermore, violence against older persons is one of the most underreported crimes. There is also a shortage of safe shelters to accommodate older victims in line with their specific needs.

Abandonment of older persons was one of the major concerns raised in the meetings I had with older persons and representatives of the State. Older persons are being abandoned by their families because they are seen as a burden. This deeply ageist assumption leads to older persons being isolated, lonely, or entering situations of homelessness. I was told that there are not enough shelters to provide shelter for abandoned older persons or older persons in vulnerable situations. I was also informed that the existing shelters are not always accessible.

It is also important to strengthen prevention efforts. This includes awareness-raising campaigns on the rights of older persons delivered to both older persons and their families and relatives, as well as for service providers to recognize signs of abuse.

Violence has a particular impact on those with in intersecting situations of vulnerability. Older LGBT+ persons are subject to heightened threats of violence and may be at greater risk of abandonment by their families due to homophobic or transphobic attitudes. Migrants and refugees may also be targeted by those with xenophobic sentiments.

**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 2024.

To conclude, I believe that older persons will benefit from a coordinated implementation of the existing laws and policies to ensure their right to social security, to health and to live without violence on equal basis as others. I would also suggest that ageism as a root cause to discrimination in many fields must be combated. I would also further insist on collecting disaggregated data by age, sex, migration status, Indigenous identity, sexual orientation and gender identity 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 Peru 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.