

POSITION PAPER SUBMITTED TO THE HIGH-LEVEL POLITICAL FORUM 2020 BY THE STAKEHOLDER GROUP ON AGEING (SGA)

EXECUTIVE SUMMARY

- 1. Accelerated action to achieve the 2030 Agenda for people of all ages requires public policies based on a life-course approach and on the human rights framework. The Global Sustainable Development Report 2019 (GSDR) highlights wellbeing as a key driver of sustainable development, and stresses the need to tackle inequalities and deprivations for all ages.
- 2. Demographic trends have significant implications for legislation, policies, programmes and services. In 2019, people aged 65 years and over accounted for 9% of the global population, with a projected rise to 12% by 2030 and 16% by 2050 (UNDESA 2019). Member States must plan for a world that is ageing.
- 3. The pandemic of COVID-19, which disproportionally affects older persons and those with underlying health conditions, highlights the importance of multifaceted cooperation and a whole-of-society approach to deliver well-resourced health systems that respond to all ages. The launching of the WHO "Decade of Healthy Ageing" will be an opportunity to fully recognize that the world is ageing and to ensure that everyone can live a longer and healthier life. A healthy economy requires healthy people of every age.
- 4. Ageism and age discrimination present in legislation and public policies such as mandatory retirement age or policies stipulating age caps for financial, legal and other services and scarcity of specific data on older persons exacerbate existing deprivations, result in policies that entrap older people in chronic poverty and deny them voice and participation.
- 5. In 2050, women will comprise 54 percent of the global population aged 65 and over and 59 per cent of the total population aged 80 years and over. Women experience greater economic hardship as they age due to a lifetime of gender-based discrimination, particularly in terms of education and employment, ending up with few savings and assets. They are also denied rights due to the intersection of ageism, widowhood, disability, invisibility and negative attitudes about their value and capabilities.
- 6. The SGA supports the GSDR recommendation that "social protection, including pensions and support for older persons and persons with disabilities, should not be limited to those who spent their working years in formal, full-time jobs" but should also include those working in the informal sector. We strongly support non-contributory, tax-financed social pensions and the urgent rollout of Target 1.3 on social protection floors.

- 7. Member States must adopt measures to prepare for an ageing population that will increasingly live in urban environments. Accessibility for all, regardless of age or ability, adhering to the principle of universal design, should be a priority in all infrastructure planning.
- 8. Rights, capacities and needs of older persons remain overlooked in humanitarian relief situations. Gaps in data collection about older persons during crises mask impacts and needs by age, gender and disability. Older persons must be included in humanitarian assessments and planning, disaster preparedness, and response.
- 9. The SGA strongly supports the GSDR recommendation to base policies on 'detailed and disaggregated longitudinal data that track individuals through the life cycle and across generations.' Data must be disaggregated at a minimum of five-year age bands. We urge Member States to engage in the work of the Titchfield City Group on Ageing and make use of its recommendations.
- 10. Chronic poverty, inequality, income insecurity and humanitarian crises will affect all generations across the globe beyond 2030 unless life-course policies are adopted immediately. Age inclusive policies based on the international framework of human rights and intergenerational cohesion, based on intersections of age, gender and disability, among other aspects, will deliver income security, the best possible health, decent housing, food security, safety and enjoyment of rights throughout people's lives.

OVERVIEW

1. The COVID-19 pandemic is shining a spotlight on the unmet needs and violation of rights of millions of older women and men across the globe. The virus is taking the lives of more older men than older women, resulting in the exponential rise of widows, who may be quarantined or locked down with family members or caregivers and often face high risks of discrimination, violence, abuse, and neglect. Without special measures being taken to support their rights and needs, older women and men in crowded and insanitary urban and humanitarian settings are especially vulnerable.

2. The UN Secretary General drew the world's attention to the 'untold fear and suffering for older people' in his May 1st video and policy paper¹, pointing out that 'fatality rates for those over 80 years of age is five times the global average'. He drew attention to his concerns of 'health care denied for conditions unrelated to COVID-19', 'neglect and abuse in institutions and care facilities' and the 'trauma of stigma and discrimination.' He warned of the danger facing already fragile social protection and health systems in the developing world and the urgency to include older people in responses in humanitarian settings. He called for recognition of the contributions of older persons to the crisis response, including as health workers and caregivers, and urged all to 'step up our effort to support older persons' and to preserve their rights and dignity at all times.

3. His call was heard by 146 governments who in a shared statement² have expressed ' deep concern over the escalation of ageism, including age discrimination and stigmatization of older persons, which aggravate their vulnerabilities' and have pledged to ' fully promote and respect the dignity and rights of older people and to mitigate the negative impacts during and after the COVID-19 pandemic on their health, lives, rights and wellbeing.' These governments also committed to 'working with all partners to

¹ <u>https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf</u>

² <u>https://www.un.org/development/desa/ageing/</u>

strengthen global and national targeted responses to address the needs and rights of older persons and foster more inclusive, equitable, resilient and age-friendly societies'.

4. At the end of May 2020, global deaths are over 350,000 and rising. Older people continue to be the most affected. The paragraphs that follow highlight the key policies for 'building back better' from the crisis and delivering the SDGs. To fulfil the promise to 'leave no one behind', it is necessary to protect and promote the rights of older people in all countries and settings and support their agency and contribution to the future.

5. Central to positive change is to put in place the SDG priority pillars of the rights to universal health care and social protection for all across the lifecourse, and to prioritize the visibility, participation and voice of older people in policy making and policy provision, including through expanded data collection on ages 50 and above.

1. ADDRESSING HUMAN WELL-BEING

(a) End multidimensional poverty

6. In highlighting human well-being – including material well-being, health, education, voice, access to a clean and safe environment and resilience - as the core of transformations towards sustainable development, the GDSR has drawn attention to the fact that multiple forms of deprivation tend to overlap. Households and individuals often suffer multiple forms of poverty. The 2018 multidimensional poverty index (MPI) also reported that 1.3 billion people live in households with overlapping deprivations, concentrated among particular regions and amongst women, older people, ethnic and racial minorities and certain religious groups. These overlapping deprivations also accumulate throughout life, having a disproportionate impact on older people's wellbeing. As a result, chronic poverty and income insecurity in old age is widespread, with older women particularly vulnerable due to the accumulated effect of gender inequalities throughout their lives, combined with age discrimination.

(b) Implement social protection floors in all countries and build on them to achieve universal social protection systems

7. In low and middle-income countries, the understanding of income security in older age is usually limited to a single measure: "old age poverty" which divides household income and expenditure by the number of household members. This limited approach is based on flawed assumptions, including that households share resources equally and that different ages have the same consumption needs. As recommended by the GSDR, a more multidimensional approach to measuring income security is needed and it must include measures to assess the individual situation of older people.

8. Universal social protection systems are widely recognized as one of the most effective measures to tackle poverty and inequality, and to invest in human development. With an ageing global population, universal social pensions represent the most effective way to provide income security for all people as they grow older. Transfers to the older generation also have a redistributive effect. The universal pension in Georgia, for example, yielded a 69 per cent reduction in child poverty rate.

9. Despite the significant impact of pensions in reducing poverty, less than 20% of older people receive a pension in low-income countries, with women less likely to receive it than men. Where pension systems exist, coverage is largely inadequate and benefits can be extremely low.

10. The SGA fully supports the recommendation from the GSDR that 'social protection, including pensions and support for older persons and persons with disabilities, should not be limited to those who spent their working years in formal, full-time jobs' [p. 128]. A focus on extending contributory schemes, while important, fails to provide an alternative for workers in the informal sector, a large proportion of which are older women, who often engage in unpaid, unrecognized care and domestic work. Non-contributory, tax-financed social pensions should be prioritized to expand coverage and reduce gender gaps. In addition, social pensions must be of adequate levels and maintained over time through indexation to ensure benefit levels are adjusted in line with inflation.

(c) Life-long learning

11. The right to lifelong learning is acknowledged in international law. Older persons who have been denied education in their youth should be given opportunities to acquire the necessary literacy and numeracy skills to enable them to contribute to and participate in a rapidly digitizing world.

12. Lifelong learning must provide older persons with access to technical and vocational education, allowing them to contribute effectively to their families, benefit from and remain autonomous in all spheres of life, including economically productive activities, for as long as they wish.

13. Lifelong learning, formal and informal, must be encouraged to enable economic and social empowerment, autonomy and independence. Education and learning is not only about skills and jobs - it is about quality of life and dignity of people. Education and training in later life have numerous positive effects - better understanding of health issues, more effective support for the family (educational, financial, social), stronger resilience to man-made and natural disasters, civic engagement. Knowledge and skills throughout the life-course can make a significant difference to ending poverty.

(d) Eliminate discrimination in laws and norms, end age discrimination and combat ageism

14. According to the GSDR, 'The deprivations that people experience are not only due to lack of technical or financial resources, but are often linked to deeply rooted structures of social and political inequality and discriminatory laws and social norms." Ageism and age discrimination are two systemic issues which contribute to poverty in older age.

15. Age discrimination can be present in legislation or public policies, such as mandatory retirement ages or policies that stipulate age caps on access to financial and other services. Discriminatory attitudes and practices can be particularly strong towards widowed, single, and disabled older women.

16. While many forms of discrimination are prohibited by law, age discrimination is often not, including under international human rights law. As the May 2020 statement of 140 Member States recognizes, all must acknowledge and confront ageism and actively reform discriminatory laws, policies and practices on the basis of age. To take forward their commitment to work with all partners to strengthen global and national targeted responses to address the needs and rights of older persons we ask

them to support and join the global discussions to adopt a binding international legal instrument to protect the rights of older persons.

2. SHARING ECONOMIC BENEFITS

a) Reduced inequalities

17. According to UNDESA and others, inequalities within and between countries are increasing. Economic dimensions of inequality do not tell the whole story. Group-based inequality constitutes a large component of overall inequalities within countries and can be more persistent over time than economic inequality. Overlapping identities based on age, class, gender and disabilities amongst other factors have been impacted by and have an impact on economic benefits and wellbeing.

18. Ageism and discrimination have resulted in older persons not being counted or heard and the exclusion of almost 10 percent of the current global population who are 65 and over from essential actions to leaving no one behind. The shocking neglect of older people in care settings and at home during the COVID-19 crisis is a stark reminder of the consequences of invisibility and absence of public policy to protect the rights of older people. Member States must ensure that policy formulation and implementation are based on a life course perspective. This should include meaningful participation of older persons in all planning and decision-making processes, including through information on rights and entitlements.

b) Gender equality

19. Achieving gender equality and understanding its interlinkages across all the goals and targets is at the heart of the global transformation envisaged by Agenda 2030. The GSDR argues that special attention must be given to the interlinkages between gender equality and energy, poverty, access to sanitation and water, health, jobs, education, climate change and biodiversity. Understanding the interlinkages of demographic ageing with gender equality will also be central to the success or failure of Agenda 2030.

20. There are greater numbers of women living into older age. By 2050, women will account for 54 percent of the global population aged 65 and over and 59 percent of the global population aged 80 years and over. Even though women live longer than men by an average of five years, it does not mean they are all living their later lives in good health and with adequate resources. As the effects of the COVID-19 crisis become clearer, many older women will be widowed and may face additional discrimination due to age, gender and absence of husband. For many older women the intersection of gender based discrimination, ageism, disability, widowhood, invisibility and attitudes that fail to recognize the specific requirements that accompany the natural ageing process in effect deny them their rights to health, food security, adequate shelter, decent work, and social protection.

21. Achieving gender equality for all requires recognition of and action on systematic deprivations over the life course. Older women are economically disadvantaged by gaps in pension entitlement because of years out of the formal employment sector due to child care and inadequate pay for so called "women's' work" in the care economy; female care-givers are generally either unpaid and/or so poorly paid that impoverishment in old age is the norm.

22. Member States must uphold universal values shared across continents and cultures and to ensure, in the context of both Agenda 2030 and Beijing +25, the equal rights of all women across the life course, in line with the principles and standards of international human rights treaties. Older women must also be recognized and valued for their contributions to society, family and community and not only be seen as recipients of services.

23. It is also important to challenge and change social norms and laws that limit women's labour participation. In addition to urgently removing wage gaps and discriminatory hiring practices, employment policies should promote the harmonization of work and family responsibilities (caring for young children as well as older family members) and encouraging paternity leave. In the post-COVID world, with the likelihood of changed working practice to more home working, contributions of older people to economy and family must be supported. Likewise, it is essential to increase security in informal work, for example through ratification of the Convention on Decent Work for Domestic Workers.

24. Studies show that violence and abuse are also experienced by older women, ranging from 20-40%, but as yet there is no systematic way to measure as violence prevalence studies on women and girls stop at age 49, making it impossible to understand the actual scale of the problem. This is clearly unacceptable, more so in the light of the abuses perpetrated against older people because of the COVID-19 crisis. Special efforts must be made to collect data on abuse of women from 50 years old and policies put in place to detect and act on this abuse.

3. ENDING HUNGER AND ACHIEVING FOOD SECURITY FOR ALL (SDGs 2, 3, 17)

(a) Food security

25. Food is an important influencer on healthy ageing. Poor food choice or food insecurity affects people's ability to age well. Malnutrition in older populations is under-recognized, under-treated and remains a low priority in clinical care. Target 2.2 specifically commits to ending all forms of malnutrition, including addressing the nutritional needs of older persons. Deaths in care homes due to the COVID-19 have also been attributable to malnutrition and lack of suitable nutrition. However, despite the fact that indicators under this target have recently been reviewed by the IAEG-SDGs, there is still no corresponding indicator to measure the prevalence of malnutrition among older persons. This is unacceptable and action must be taken to fast track agreement to measure malnutrition and nutritional needs of older persons.

26. The recently adopted indicator under Target 2.2 to measure prevalence of anaemia among women of reproductive age (15-49) as an indicator of malnutrition, should be reviewed to include people of all ages in order to meet the target for all. Leaving No One Behind means that all countries should be urged to report on anaemia rates for all ages.

(b) Provide universal access to health care

27. The SGA fully supports the GSDR recommendation to ensure universal access to quality health services. Good health is a fundamental right across the life course. However, as shown by the recent COVID-19 crisis, as people age, their health, care and support needs can become increasingly complex and require integrated responses.

28. Ill health and disability are not inevitable consequences of older age. A life course approach to health supports the identification of critical points for preventive intervention that can influence the onset of health conditions and delay or avoid the onset of disabilities associated with non-communicable diseases (NCDs). NCDs have a disproportionate impact on older people. It was estimated in 2018 that close to 60% of deaths caused by NCDs annually occur in people aged 70 and over. SDG Target 3.4 wording is discriminatory - 'premature mortality' instead of "preventable" mortality. The target excludes persons over 70 from data collection. This exclusion goes against the universal human right to health, and against the health goal of healthy life and wellbeing for all at all ages. NCD strategies must include treatment, management, care, rehabilitation and palliation services for people of all ages affected by NCDs, while continuing to invest in prevention across the life course.

29. Achieving the health goal for older women means all countries must be vigilant to identify, treat and report on include post-menopausal conditions including gynecological ailments, osteoporosis, as well as cancer, dementia, arthritis, diabetes, cognitive decline and other chronic conditions that affect older women particularly.

30. Universal Health Coverage (UHC), as recognised by SDG 3, is essential for ensuring that all people, everywhere, can access quality health and care services without the risk of financial hardship. Accelerating action to achieve healthy lives and wellbeing for all at all ages post COVID-19 will require Member States to invest in the building blocks of age-inclusive UHC, long-term care and support, including health workforces that have the skills and attitudes to respond to the needs of ageing populations and health information systems that are inclusive of all ages and are not age- capped. The right to health for older persons must be included in national laws, with age discrimination prohibited and with ageing and older people's health and care needs explicitly included in national health policies.

31. According to WHO, abuse and neglect of older adults remains a largely hidden problem. The WHO estimates that 1 in 6 persons aged over 60 suffers from abuse – physical, financial, psychological, social, sexual, etc.) and can take place within families, in the workplace, care institutions, public spaces, in cyberspace, etc. and can be perpetrated by a wide range of actors (family members, caregivers, legal guardians, health professionals, government workers, financial representatives).

32. The UN Secretary General has urged all governments to recognize that elder abuse and neglect is a public health and social services issue. The response of Member States has been to commit to interventions to prevent elder abuse and neglect. Such provisions should include identification of the neglect and abuse, provision of legal, financial and housing support, public education and awareness campaigns and appropriate and accessible treatment of survivors.

33. The 2020 of "Decade of Healthy Ageing" of the World Health Organisation is an opportunity to fully recognize that the world is ageing and, as we build back better after COVID-19, all people should be able to live a longer and healthier life. WHO is calling for attitude change on ageing as the key to all age inclusive health provision. The goal (WHO, EB146/23) is to improve the lives of older persons, their families and their communities by:

- a. Changing how we think, feel and act towards age and ageing;
- b. Developing communities in ways that foster the abilities of older people;
- c. Delivering person-centred integrated care and primary health services responsive to older people; and
- d. Providing older people who need it with access to long-term care.

4. BOLSTERING LOCAL ACTION TO ACCELERATE IMPLEMENTATION

Age-friendly cities

34. With over 70% of the world population living in urban environments by 2050, there is no time to waste to design, renovate and improve the environments to be age-friendly, eco-friendly places to live and work. The World Health Organization has excellent resources for assessing and making Age-Friendly Cities and Communities (AFCC) more universally available. WHO will also be addressing rural environments in the Decade of Healthy Ageing 2020-2030. The Age-Friendly Innovation Exchange (AFIX) project which is led by the International Federation on Ageing, an affiliate of the WHO Global Network for Age-Friendly Cities and Communities, serves to build capacity among those working to enable cities and communities to become more supportive and safer environments for older people.

35. Consensus was reached at the United Cities and Local Authorities (UCLG) World Summit of Local and Regional Leaders in Durban in November 2019 that multi-stakeholder partnerships are the key to sustainable urban development. Even though the shared aim is for environmentally responsible land use, equitable provision of services, and shared economic prosperity, context matters with action tailored to the policies adopted by individual cities aligned with that city's needs, resources and objectives. Making sure that older persons are integrally involved in urban planning e discussions is critical to leaving no one behind.

36. Finland and Costa Rica are leading responses to homelessness which show the importance of adopting a multidimensional and all age inclusive approach. People of all ages become homeless as a result of many situations which inevitably vary from person to person, and if those situations are not addressed, any respite from homelessness is likely to be temporary. Social protection – the provision of a basic income – together with health care and supporting services, which are a part of the social protection package, are key policies to prevent and respond to poverty and homelessness.

37. In order to accelerate action to 2030, Member States must adopt measures to prepare for an ageing population that will increasingly live in urban environments. Accessibility for all, regardless of age or ability, adhering to the principle of universal design, should be a priority in all infrastructure planning.

5. PROTECTING THE PLANET AND BUILDING RESILIENCE

Increase resilience to natural and man-made disasters

38. The impact of climate change on older persons is already severe, affecting livelihoods, shelter and resources, leading to displacement or insecurity. Older persons are among those worst affected by disasters.

39. Older persons face particular challenges during humanitarian crises. They are disproportionately affected because they are overlooked and their rights and needs are not recognized. Older persons who are displaced can face high levels of social and economic hardship, especially if they are primary carers for children. They can lose access to existing social protection entitlements and can be separated from their families. The COVID-19 crisis has highlighted the extreme vulnerability of older persons who may be caregivers but need also protection from the virus. Social protection systems are vital to better respond to

shocks and emergencies; basic income delivery mechanisms and health support must be in place that enable access at all times.

40. The gaps in data collection about older persons affected by crises must be filled. Age, gender and disability markers can and should be used in all crises. It is unacceptable that people affected by humanitarian crises are seen as a homogenous, undifferentiated mass, which masks the different impact and needs within the affected population. Older persons voice and contributions should be included in disaster preparedness, humanitarian planning and response.

6. INVESTING IN DATA AND STATISTICS FOR THE SDGS

41. The Stakeholder Group on Ageing fully supports the GSDR recommendation for policies to be based on detailed and disaggregated longitudinal data that track individuals through the life cycle and across generations.' Data must be disaggregated at a minimum of five-year age bands, as well as gender, disability and location.

42. The collection and utilization of better data is key to the success of the SDGs and to deliver on the promise to 'Leave no one behind'. Without this, older women and men will continue to be invisible, ignored, uncounted in data collection, which compounds their invisibility in policy responses. It was noted at the recent *Counted and Visible: Global conference on the measurement of gender and intersecting inequalities*, held in February 2020, that 69% of data on women are lacking in SDG Indicators. UN Women has launched the "Women Count" campaign to raise awareness of such data inadequacies.

43. Member States must encourage greater engagement from their National Statistics Offices in the work of the Titchfield City Group on Ageing. Discussions and recommendations of the Titchfield City Group on Ageing must be proactively supported, disseminated and used.

7. CONCLUDING COMMENTS

44. Together with the priority actions laid out in the above paragraphs, the SGA strongly endorses and welcomes Member States message to the global community 'to strengthen the international and intergenerational solidarity to promote responses that foster healthy ageing and the human rights and dignity of older people during COVID-19 crisis and the recovery process'.

45. We urge attention by all stakeholders to the priority actions laid out in the UN policy brief on older persons and COVID-19 to ensure the best possible health, care and wellbeing for people of all ages now and in the future. These actions include steps to build more inclusive and well-resourced universal health and social protection systems, fully integrate a focus on older persons into the socio-economic and humanitarian responses to COVID-19, expand participation by older persons, share good practices and harness knowledge and data.

27 May 2020