



HelpAge

International

Unequal treatment

*What older people say about their rights
during the COVID-19 pandemic*

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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What older people say about their rights during the COVID-19 pandemic

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Introduction

Older people's health and lives have been at particular risk from COVID-19. Their rights have also been denied. Many governments have introduced restrictions on movement based specifically on older age, denying older people their rights to equal access to livelihoods, care and support, pensions and treatment for other health conditions. Age has been used to deny older people equal access to scarce medical resources, such as ventilators, to treat COVID-19. The rights of older people in care homes have been treated with disregard, resulting in catastrophic numbers of deaths.

Unequal treatment collates responses from a consultation with older people in ten countries – Argentina, Canada, Dominican Republic, Jordan, Kenya, Kyrgyzstan, Pakistan, Philippines, Rwanda and Spain – on their experience of their rights during the COVID-19 pandemic. These countries represent a cross-section of low- to high-income countries. The consultation was carried out in October 2020 by HelpAge International, HelpAge Global Network members and other partner organisations with 101 older people (63 women and 38 men) between the ages of 50 and 96 years, using individual interviews.

This report explores the themes emerging from their responses. It presents the individual voices of the older people interviewed – voices that, despite the disproportionate impact of COVID-19 on older people, have rarely been heard in discussions on the pandemic. It does not represent the views or experiences of all older people, or draw conclusions on the impact of public health responses on older people based on gender, disability or other identities, for which further research is required.

What the responses show is that older people's rights have been negatively impacted by both age-based public health responses that discriminate against them and by population-wide public health measures. They reveal the different experiences of the older people interviewed. Knowing the right people or having access to certain resources has allowed some older people to enjoy their rights more than others, while some have suffered serious harm to their wellbeing from the isolation imposed on them. The responses also challenge ageist assumptions about older people's inability to adapt, their lack of resilience and resistance to new ways of doing things.

The rights of older people will be discussed at the UN Open-ended Working Group on Ageing, the next session of which is in March–April 2021. This report aims to inform the discussions at this and future sessions.

The report has five main sections:

1. Responses discriminating on the basis of age,
2. Services failing to reach everyone,
3. Gaps in understanding rights,
4. Changes older people would like to see, and
5. What a convention would do.

The first four sections present the responses of older people to a set of questions about human rights. The fifth section draws on their experiences and existing human rights law to suggest the difference a UN convention on the rights of older people would make.

Annex 1 lists questions asked of older people, Annex 2 covers countries participants came from and the methodology, and Annex 3 describes the UN Open-ended Working Group on Ageing.

Ten country summaries are available at www.helpage.org/Unequal_Treatment_report

Key findings

1. Age-based public health responses to the coronavirus pandemic have discriminated against older people.

Although a small number of older people in this consultation said that restrictions on their movement had enabled them to spend more time at home or on leisure activities, the majority said the more severe restrictions they had been subjected to compared with younger people had had a harmful impact on their wellbeing and enjoyment of their rights.

Even in countries that had not introduced age-based responses, older people said they had been refused access to services or told to stay at home because people thought COVID-19 was an older person's disease.

A UN convention on the rights of older people would help ensure that all older people everywhere are treated in a fairer and more just way, including in public health responses to any future pandemics.

2. Services have failed to reach older people on an equal basis with others during the pandemic.

A small number of participants said they could still access healthcare, social security and emergency relief services, some of which had improved. However, others said they could only access services because of someone they knew or had been put in touch with, or because of the job they did, or because they had family members who could support them.

Many participants said that the impact of public health measures meant that health, social, financial, and care and support services were no longer affordable or available to them. They were denied access to services or excluded from emergency relief programmes. The pandemic exposed the inadequacy and inappropriateness of services for older people before and during the pandemic.

A UN convention on the rights of older people would help ensure that governments, the private sector and others design and deliver services that respect older people's rights, including in future pandemics.





3. Older people have significant gaps in their understanding of their rights.

Some participants thought their rights were the preferential treatment they got because they were older, such as priority seats on public transport, or were limited to meeting their basic needs. Others confused their rights with regulations imposed during the pandemic.

Many participants said their government was not aware of their rights. Most of those who thought their government was aware of their rights said it did little to respect them.

Some participants said they had made successful complaints when their rights had been denied. Others said they knew how to make a complaint, but many of them said it would make no difference. Some said they did not know how to make a complaint.

A UN convention on the rights of older people would be the go-to place for older people, governments, service providers and others to get guidance on what older people's rights are and how to respect them.

4. Older people want better protection of their rights in the law and practice.

Participants said they wanted to see a number of changes in the response to the pandemic. They said that public health measures should not isolate older people or use their age to deny them healthcare. Authorities should better coordinate and collaborate with each other.

All older people, not just those who were easy to reach or in positions of privilege, should be consulted on responses and provided with information. Existing laws should be implemented, services provided equally for all and service provision improved. Guaranteeing older people's rights in law would improve services and change attitudes.

A UN convention on the rights of older people would set in motion a chain of events that would improve older people's lives.

1. Responses discriminating on the basis of age

Government responses to the pandemic have not treated all older people fairly or equally with others. Many older people have been denied rights available to others, including the right to make decisions, participate fully in society, access healthcare and continue working.

All ten countries in this consultation introduced national, regional or local lockdowns to stop the spread of the virus. These significantly curtailed the rights of the whole population. In addition, governments in seven countries – Argentina, Canada, Dominican Republic, Jordan, Pakistan, Philippines, Rwanda and Spain – introduced measures specifically to restrict the movement of older people at some point during the pandemic (see Table 1 below).

Table 1: Government public health measures to stop the spread of COVID-19 in addition to national, regional or local lockdowns

Country	Specific restrictions based on older age
Argentina	Special permits for people over 70 to leave their homes in Buenos Aires introduced then cancelled ¹
Canada	Restrictions on the movement of people in care homes ²
Dominican Republic	Public employees over 60 and with particular health conditions not allowed to leave their homes ³ Restrictions on when older people can shop ⁴ Restrictions on visitors to care homes ⁵
Jordan	People over 60 not allowed to leave their homes ⁶
Kenya	None
Kyrgyzstan	None
Pakistan	Older people not allowed to go to the mosque during Ramadan ⁷
Philippines	People over 60 not allowed to leave their homes ⁸ People over 60 not allowed on public transport ⁹ Later in the pandemic, people over 65 required to stay at home except for essential activities ¹⁰
Rwanda	None
Spain	People over 70 allowed outside to exercise for a shorter time than other age groups ¹¹ Restrictions on visitors to care homes ¹²

Avoiding discrimination in a public emergency

In a time of public emergency, international human rights law allows governments to introduce public health measures that may, to some extent, restrict people's rights. Such measures must be based on scientific and medical evidence, be temporary, and be regularly reviewed, so that they are used only when strictly necessary and in accordance with national law. They should be proportionate and cause the least possible harm to people's wellbeing. They are not allowed to discriminate.¹³

Many people's rights have been restricted by public health measures affecting the whole population, which governments have introduced to stop the spread of COVID-19. In addition, many governments have introduced age-based public health measures that further restrict the rights of older people.

The aim has been to protect older people. However, these measures, based on age alone, have restricted older people's rights more than those of people in other age groups. Because of this, they discriminate against older people on the basis of their age. As such, they are not allowed under international human rights law.

Alternative public health measures should be introduced that minimise the risk of infection for everyone, including older people. They should be informed by gerontological knowledge and lessons learned from the current pandemic on wellbeing and mental health. They should also recognise older people's own judgement when provided with information and advice.

Some of the older people interviewed said that restrictions on their movement meant they could spend more time on leisure activities and with their families. Others had welcomed the opportunity to work from home or do more volunteering.

"For me, [the lockdown] has had a positive impact. I'm involved in some charities that help older people, in particular. I've met many people who have needed support, and I've been the first to offer assistance. It's kept me busy."

60-year-old woman living alone in an urban area, Jordan

Others said that their experience of the pandemic had been made better by the people they knew or the resources they had access to.

"I have my own transportation to get to hospital, go shopping etc, but people who do not have their own transportation suffered a lot in the absence of public transport during the lockdown."

67-year-old man, estate agent living with his children in an urban area, Pakistan

However, many said that restrictions on their movement, particularly those based specifically on older age, had left them feeling isolated, and had had a harmful impact on their wellbeing. A number said they had become more anxious and afraid.

"It has been a tremendously long quarantine. We're all very tired. We older people have suffered a lot. What has not been taken into account is the psychological damage this pandemic has caused and the problems we're going to have in the future."

64-year-old woman living with her spouse in a rural area, Argentina





The fear that family members and others have had for older people has also restricted their movement.

“I know of an older woman who lives with her daughter. She has not left the house. She’s in good health but her daughter is so afraid that her mother will catch the virus that she will not let her go out. In the end, she’s going to die of sadness.”

73-year-old woman living with her spouse in an urban area, Spain

Many participants had been unable to enjoy their right to participate in society. In particular, many said that being unable to see their families or take part in social or physical activities, had had a harmful impact, particularly on their mental health.

“The measures the government has taken with regard to older persons have done more harm than good. It doesn’t make sense for me, as an older person, to be quarantined alone in my house without being allowed to see my children and grandchildren. The psychological harm has been much greater than that caused by coronavirus.”

66-year-old woman living with her spouse in an urban area, Jordan

Some participants said they had been unable to attend the funerals of their loved ones or see them before they died.

“Our neighbour and his child went back to their province before the lockdown. His wife died around April. He tried to come back to the city to be with his wife but he wasn’t allowed to because he’s a senior citizen. His child was able to come back, though. It was difficult for the husband. He’s not frail but he wasn’t allowed to travel to be with his wife for the last time.”

76-year-old man, volunteer living with his spouse, child and grandchild in an urban area, Philippines

A number of participants regretted the loss of opportunities to mix with younger generations.

“COVID-19 has had a huge effect on programmes where elders and youth would gather. We cannot do this anymore.”

Man in his eighties, board member of a community services organisation living with his children in an indigenous community, Canada

Others were concerned about the harm caused by restrictions on visitors to care homes.

“I’m very concerned about people in nursing homes. I know of people who have been isolated from their families. A camera is not the same as a presence. They are two totally different situations.”

73-year-old man, retired doctor living with his spouse and son in an urban area, Argentina

Some participants had been denied their right to make their own decisions. They said that, because of restrictive public health measures, they had to depend on others.

“Some of my fellow older persons opted to walk [to the shops] but the ‘frontliners’ [community members monitoring the neighbourhood] asked them why they were outside the house. The frontliners tell us to ask someone else to buy what we need, but many older persons are not happy with this. They want to go into town in person because they still have other things to buy.”

66-year-old woman, retired teacher living with her grandchildren, Philippines

Others said they could not make their own decisions because their friends and family told them what to do.

“I’m not happy sitting here in my house, eating whatever appears, not going out. Even my daughters don’t want me to move. My granddaughter argues with me. I tell her I have to go out and walk around.”

76-year-old man, retired labourer living with his granddaughter and great-grandchildren in an urban area, Dominican Republic



Fernand Mugisha/HelpAge International

Older people’s right to health had also been affected. A number of participants said their health had deteriorated because they could not access the health services they needed.

“My health has deteriorated. My children can’t easily travel home to take me to the hospital when I fall sick. It also takes a long time to get medication as movement between the village and urban centres is restricted.”

73-year-old woman living with her grandchildren in a rural area, Kenya

Others said they were too afraid to visit health facilities if they needed treatment.

“I’m afraid to go to hospital because I might get infected with the virus. So I’ve just stayed at home. At first, I had my back checked by a quack doctor who visited me here in our community. Every time the pain attacks, I use herbal medicine. It’s really painful, but that’s all I can do. And my grandchildren massage my back. It helps.”

66-year-old woman, retired teacher living with her grandchildren, Philippines

Lockdown measures had also had an impact on participants’ income and their right to work.

“There’s no business. My source of income has been affected. I’m feeling stressed and irritated by the uncertain situation.”

67-year-old man, estate agent living with his children in an urban area, Pakistan

Some said they had fallen into debt.

“I can’t pay my rent anymore. We have three months’ rent arrears.”

70-year-old man working in the informal sector, living alone in an urban area, Kenya

Some were feeling the knock-on effect of others losing their jobs and no longer providing services or care and support to them.

“The fall in the economy has made the people who were helping us lose their jobs.”

68-year-old woman, retired farmer living with her children in a rural area, Rwanda



2. Services failing to reach everyone

The pandemic has exposed the inadequacy of many services, as well as the inequality of access to services among older people and the discrimination they can be subjected to.

Some participants said they had had access to emergency support during the pandemic.

“We had a food delivery every two weeks. We got [fresh] vegetables earlier on and frozen vegetables later. A support worker called me every day from our local clinic. It was all arranged.”

74-year-old woman, retired social worker living alone in a rural area, Canada

However, others said that some older people had been unfairly excluded from emergency assistance programmes.

“We’ve received some assistance but we don’t qualify for SAP [Social Amelioration Program]. Some older people have received it, but others have not. It isn’t fair. My pension is only small, yet people with a higher pension have received assistance. If an older person is not known in their community, they will not be included in the programme.”

76-year-old man, volunteer living with his spouse, child and grandchild in an urban area, Philippines

Some participants said that services had become unaffordable because they had lost their income during lockdown.

“I have no finances to access basic services any longer.”

70-year-old man working in the informal sector, living alone in an urban area, Kenya

For others, it was because prices had gone up, including prices of utilities and medication.

“Medicines have become very expensive. Even aspirin, which cost 6 soms [US\$0.07] before the pandemic, now costs 60 soms [US\$0.7].”

61-year-old woman, retired vendor living with her spouse in a rural area, Kyrgyzstan

As digital access to services had become more important, some participants said they had had help from family members to connect to services online. Others said they had learnt to do this themselves.

“My mindset has changed. I no longer believe that tech is a reserve for the young as we have learnt to use it easily.”

58-year-old woman living alone in a rural area, Kenya

However, some participants found that, even though they had the skills, they could not connect online because of interruptions to their internet connection.

“We’ve had difficulties at home with the internet. We’ve been cut off many times and practically unable to communicate.”

58-year-old woman working for a newspaper and living in an urban area, Argentina

Others said they had no access to a phone or computer, or the skills to access services online.

“Service providers did not want to help us avoid getting coronavirus. They were telling us to do everything online. We have no clue how to do that.”

63-year-old woman, retired government worker living with her children in an urban area, Rwanda

Some participants said that health services were already inadequate and not prepared for the pandemic. They talked about long distances to the nearest health clinic, and health workers with little or no training in older people’s healthcare. Some said that the availability of health services had declined during the pandemic. They had had to wait a long time for an appointment or could not get the medication they needed.

“As for my medication, I struggled a lot to get it, due to the drug shortage in the hospitals. We also had difficulty booking appointments. It took too long to get one. How could they give someone who has suffered a stroke a check-up appointment after three months?”

66-year-old woman living with her spouse in an urban area, Jordan

Others said there were not enough health service providers because they had lost their jobs. Some said that health services for non-COVID-19 related illnesses were no longer available.

“It was difficult to see any specialists, such as a neurologist or eye specialist, because they were mostly doing visits, working with coronavirus patients in hospital or were sick themselves. Services [for other conditions] were reduced because they might be a burden on the health system.”

65-year-old woman, retired director of an organisation for persons with disabilities, living with her spouse and son in an urban area, Kyrgyzstan

Referring to the large numbers of older people dying in care homes, some participants said the pandemic had exposed the inadequacy or inappropriateness of existing care and support services.

“This pandemic shows that the system we have no longer works. We have to reinvent it, perhaps as something much more personalised.”

68-year-old man living with his spouse in an urban area, Spain

Others said that older people did not have enough choice about the care and support services they would receive.

“There are more people than ever going into assisted living. There’s no other choice, with people living as long as they are and needing support if they can’t take care of themselves.”

90-year-old woman, former community volunteer living alone in an urban area, Canada



Some said that service providers discriminated against older people because of their age, or because the service providers were afraid of getting COVID-19 from them.

“They only cater for the youth. There are few workers and they don’t interact with many people because they’re afraid of coronavirus. They only like working with younger people. They’re neglecting older people.”

60-year-old man, retired hotel worker living with his spouse in an urban area, Rwanda



HelpAge Canada

On the other hand, some participants said they had not tried to access health services because they themselves were afraid of getting COVID-19.

“I have heart problems. My last check-up was in January. The specialist, who put in the pacemaker, saw me in December. I didn’t have any tests until June as I was afraid of going to the clinic.”

72-year-old woman, retired podiatrist living in an urban area with her spouse, Argentina

A number of participants spoke about unequal access to health services. Some said their access was based on who they were (for example, if they were an essential worker), who they knew, or what resources they had access to (for example, if they had a car, or could afford to pay for private healthcare). Some said their access depended on help from family members or other contacts.

“Well, thankfully there’s a girl who’s helping me. She’s a cardiologist, the wife of a cousin of mine. She took me to the place where she works, did the echo test, all the heart studies and analysis. She sent me to the place where a friend of hers works for a stress test. If it weren’t for that girl...”

67-year-old woman living with her grandchildren in an urban area, Dominican Republic

Some felt that guaranteeing their rights in law would lead to better services.

“The law does not guarantee even 40 per cent of our rights. If the government guaranteed our rights, our conditions would improve, and so would all services by 100 per cent. Not out of pity, but because it would be the duty of our country.”

71-year-old woman living alone in an urban area, Jordan



3. Gaps in understanding rights

Older people understand their rights in different ways. They have varying levels of knowledge of their rights, with some having significant gaps.

Some participants said they were aware of their rights. They mentioned their rights to a pension, education, information, work, an adequate standard of living, culture, transport, food, care and support, and health. One participant, who had been made to stay at home for long periods of time, said that being socially connected with other people was a right. However, some participants thought their rights were limited to meeting their basic needs.

“Our basic right during the pandemic was to humanitarian assistance because everything was closed and nobody had access to basic things.”

62-year-old man living with his children in an urban area, Pakistan

Some understood their rights as the entitlements or preferential treatment they got because they were older.

“We get a 20 per cent discount from restaurants and for medicines and other essentials [but] some transport services do not honour the 20 per cent discount. Buses also have a priority seat for older persons, but sometimes drivers and conductors do not give older persons priority unless they demand their rights.”

74-year-old man, former teacher and overseas worker living with his spouse, child and grandchild in an urban area, Philippines

Others seemed to confuse rights with regulations relating to the pandemic.

“I believe that I have the right to stay in my house, to be at a distance from people who could infect me. I think these are my rights.”

63-year-old woman, vendor living with her husband and foster grandchild in a rural area, Dominican Republic

Some participants were not aware of their rights.

“I hear people talking about my rights but I don’t know what they’re referring to.”

65-year-old man living alone in an urban area, Kenya

Some felt that their government was unaware of their rights because they were doing nothing to respect them, or did not know what their rights were.

“I’m not certain that the authorities know what our rights are. They probably know that we have to get our pension on time, and that’s why it’s paid on time, but they don’t know how our other rights are being violated because they’re not interested. If the authorities understood our rights better, there would be fewer patients and people would not be dying.”

65-year-old woman, retired director of an organisation for persons with disabilities living with her spouse and son in an urban area, Kyrgyzstan

Others thought that their government was aware of their rights but was not doing enough to protect them.

“It’s as if we were dead. We have no rights, we’re not recognised, our opinions are not respected, and we’re not being heard. We’re not entitled to any pension, either for medical care, food, or other expenses, even though the government is well aware of our rights and needs.”

69-year-old man living with his spouse in an urban area, Jordan

Some said that respect for a person’s rights and how they were treated depended on where they lived.

“Older people are treated well here in [this area] of Newfoundland. You wouldn’t find the same problems here as you would in Ontario and Quebec.”

90-year-old woman, former homemaker and community volunteer living alone in an urban area, Canada

Some participants said they knew how to make a complaint if they felt they were not getting the services they were entitled to. Some said they had made complaints and were satisfied with the response from the authorities. Others said they did not know how to make a complaint or seek justice if their rights were denied. Some said they felt that there was no point in making a complaint as nothing would be done. Others were more optimistic.

“If there was one person you could complain to, maybe things would get better.”

78-year-old woman, former public health volunteer living with her spouse in an urban area, Dominican Republic





4. Changes older people would like to see

Older people identified a number of changes they would like to see to the response to the pandemic that would better protect their rights and improve their lives.

Some participants said that older people should observe the regulations, take care of themselves, and work with others to stop the spread of the virus.

“Older people should work together with the rest [of society] to fight this virus.”

54-year-old man, farmer living with his spouse in a rural area, Rwanda

Others talked about the role of the state. They wanted to see better coordination between different authorities, and policies protecting the rights older people.

“Protocols permit respect. Those in charge [particularly in the health sector] need to ensure updated protocols. If someone in care does not have family to advocate for them, they will suffer the most.”

84-year-old woman, retired accountant living with her spouse in an urban area, Canada

A number of participants said they wanted the authorities to provide more information to older people, including giving them advance warning of any new measures. Some wanted to know where they could go to raise complaints. Others wanted the authorities to consult older people, including those who were not easy to reach, middle-class or in a privileged position.

“[It would be good to] have an older persons’ representative to talk to decision makers about how older people can get direct help. The government should reach out to older people at the grassroots and not just to the more privileged members of society. Our elected leaders should be accessible to everyone during a pandemic.”

64-year-old man living alone in an urban area, Kenya

Some participants wanted public health responses that allowed older people and organisations supporting them to continue working. They suggested that social spaces should be set up for older people to meet, and that older people should not be made to stay at home.

“Government protocols should be [introduced] on a case-by-case basis, unlike what is being implemented now, with people aged 60 and above being restricted from going out.”

71-year-old woman, volunteer and retired government worker living with her sibling in an urban area, Philippines

A number of participants called for older people to be treated equally. They said that services should be available for all older people, not only those who could afford to go privately. Others said that older people should not be excluded from emergency services and assistance, including financial, health, shelter and other forms of support.

“Access to pandemic aid, responses and interventions should reach all people, including older persons.”

71-year-old man living with his children in an urban area, Kenya

Others talked about the ways in which service delivery needed to change. They wanted better distribution of pensions, including in rural areas, better access to digital technology, and better training of health workers in older people’s health issues. They felt that care and support workers should be better respected, better trained and better paid as a way to improve standards. Some said the whole system of care and support, particularly care homes, needed to change.

“Nobody is questioning that this outdated care model should disappear or be changed from top to bottom. This topic only seems to be being discussed very lightly at the moment. We need an open debate about it.”

68-year-old woman living with her spouse in an urban area, Spain

“These nursing homes are certainly not a good place for older people. Older people should live with their children and relatives.”

65-year-old woman, retired director of an organisation for persons with disabilities living with her spouse and son in an urban area, Kyrgyzstan



Feda a Qatshisab/HelpAge International Jordan

One participant wanted to see more ‘hopeful’ responses as older people still had lives to live ahead of them.

“Responses should be a little more hopeful for everyone and especially for older people. Older people have already lived a good deal of their lifetime but we still have quite a lot of life ahead of us and we don’t know how it will be. I believe a little bit of hope for older people and for the whole world is needed.”

73-year-old woman living with her spouse in an urban area, Spain

Others wanted existing laws to be implemented.

“Implementation of the law is a basic thing that needs to be changed. If the law was implemented, everyone would feel secure. The tragedy of our country is that the people who make the laws do not act upon them. That’s why people are suffering.”

67-year-old man, estate agent living with his children in an urban area, Pakistan

When asked what difference guaranteeing their rights in law would make, some said it would change attitudes towards older people.

“I’m not sure whether our rights are guaranteed in law. If older people are guaranteed their rights, it will surely change the attitudes and behaviour of society and authorities towards them.”

62-year-old woman, dental worker living with her children in an urban area, Pakistan

Others said it would make them feel calmer, healthier and more valued, and improve their sense of self-worth.

“It would feel good to have equal rights with the rest of the people.”

67-year-old man, retired private sector worker living with his spouse in a rural area, Rwanda.

5. What a convention would do

A UN convention on the rights of older people would provide the foundation on which governments could pass laws protecting the rights of older people and prohibiting the introduction of age-discriminatory responses to a pandemic such as those highlighted by older people in this consultation. A convention would provide a solid base for a fairer society, result in better services, provide clear guidance on older people's rights and be a driver for change.

A solid base for a fairer society

A convention would help ensure that all older people everywhere are treated in a fairer and more just way, including in public health responses to any future pandemics. How well we fare in a pandemic would not have to depend on who we know or what contacts we have. A convention would:

- recognise that we should all be treated equally regardless of our age
- recognise ageism and treat it as a violation of human rights like racism, sexism and ableism
- provide the foundation on which fair and just national laws and practice can be built, including laws that treat age discrimination as seriously as other forms of discrimination
- ensure that public health measures in any future pandemic do not discriminate on the basis of age.

A way to better services

A convention would help ensure that governments, the private sector and others design and deliver services that respect older people's rights and are fit for purpose in a world where we are living longer. It would:

- result in health services that respond to older people's health needs and do not deny them access to healthcare based on their age or where they live
- result in comprehensive social protection systems for all older persons that provide an adequate standard of living
- result in a greater respect for older people's autonomy and choices in service delivery, including end-of-life care
- outline concrete ways to recognise and support older people's decision-making
- result in care and support systems that promote independence and enable us to live independently in the community when we are older
- generate specialist prevention and support systems around forms of violence, abuse and neglect experienced by older people
- ensure that care and support, health, social protection, violence, abuse and neglect services and other services can be expanded or adapted in any future pandemics or other times of crisis.

A clear guide

A convention would be the go-to place to get guidance on what older people's rights are and how to respect them. It would:

- outline for older people what their rights are and how to claim them
- guide and support governments to respect older people's rights in their laws, policies and programmes
- guide service providers to design and deliver services that respect older people's rights and uphold their dignity.

A driver for change

A convention would set in motion a chain of events that would improve older people's lives. It would:

- prompt governments to adapt their laws or introduce new ones to protect older people's rights
- change the way service providers deliver services so they uphold older people's dignity
- shift attitudes and behaviour towards older people so they are more respectful
- trigger the establishment of ways through which older people can hold the authorities to account when their rights are denied and laws and policies are not implemented
- stop the discriminatory use of age-based public health measures in any future pandemics.



Oscar Franklin/Age International

Annexes

Annex 1: Consultation questions

The aim of the consultation was to understand older people's experience of their rights during the COVID-19 pandemic. The consultation questions were broad to allow respondents to talk about what was important to them. Questions focused on changes in their lives due to the pandemic, experience of service delivery, knowledge of their rights, rights guaranteed in law and things they would like the government to do differently.

1. Impact of COVID-19

Ask the interviewee about the one thing that's changed in their life because of the pandemic.

2. Use of services

Ask the interviewee about their use of services, for example, transport, shops, community centres and activities, healthcare, social security (e.g. pensions), care and support, during the pandemic.

Prompt questions:

- What services do you need to have access to?
- Have you been able to access the services you need during the pandemic? Which ones? Why / why not?
- How has the quality of these services changed during the pandemic?
- If the services are inadequate or lacking in any way, why do you think this is?
- Do you know how to complain if you needed to?
- Have you been able to complain about a service if you wanted to? Why / why not? Was your complaint dealt with?
- How could the services be improved?

3. Knowledge of rights

Ask the interviewee about their and the authorities' knowledge of their rights during the pandemic.

Prompt questions:

- What rights and entitlements do you have in relation to accessing these services during the pandemic?
- Do you think the authorities know what your rights are? Why / why not?
- What difference would it make if you better understood what your rights are? What could you do?
- Do you think the authorities know what your rights are? Why / why not?
- What difference would it make if the authorities better understood what your rights are? What could they do?

4. Rights within the law

Ask the interviewee how their rights and entitlements are guaranteed within the law.

Prompt questions:

- How confident are you that your rights are guaranteed in the law? Why / why not?
- What difference would it make if your rights were guaranteed in the law?
 - To society's attitude and behaviour towards older people?
 - To services?
 - To the way the authorities treat older people's issues?

5. Changes to pandemic responses

Ask the interviewee about the changes they would like to see specifically for older persons in responses during this pandemic and any future pandemics.

Prompt questions:

- What changes would you like to see in the response to the pandemic?
- What needs to be done differently?
- Who needs to do things differently?
- What would help make these changes happen?



Feda'a Qatatsisah/HelpAge International Jordan

Annex 2: List of countries and methodology

Argentina	Kyrgyzstan
Canada	Pakistan
Dominican Republic	Philippines
Jordan	Rwanda
Kenya	Spain

A total of 101 older people aged 50-96 from a mix of rural and urban areas took part (63 women and 38 men). Due to varying COVID-19 public health restrictions, individual interviews were done by phone, video-call or in person. Participants were selected using non-probability sampling based on convenience and who was accessible to those carrying out the consultation. Responses were reviewed to identify themes within each broad category of interview questions.

The findings are intended to capture the views of the older people interviewed and are not intended to be representative of the population of older people as a whole.

Annex 3: The Open-ended Working Group on Ageing

The Open-ended Working Group on Ageing was set up by the UN General Assembly in 2010 to identify possible gaps in the existing international human rights framework in relation to older people and how best to address them, including the possibility of new human rights instruments.

Unequal treatment is the fifth in a series of reports on rights discussed at the UN Open-ended Working Group. It follows *Entitled to the same rights*, on what older women say about their rights to non-discrimination and equality, and to freedom from violence, abuse and neglect, discussed at the eighth session, *Freedom to decide for ourselves*, on what older people say about their rights to autonomy and independence, long-term care and palliative care, discussed at the ninth session, *Living, not just surviving*, on what older people say about their rights to social protection and social security (including social protection floors), and to education, training, lifelong learning and capacity building, discussed at the tenth session, and *Keeping our dignity*, on what older people say about their rights to access to justice, and to work and access to the labour market, to be discussed at the postponed eleventh session.

<https://social.un.org/ageing-working-group>



Coalition of Services of the Elderly

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Endnotes

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