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**Matters related to the implementation of the Convention:
round-table discussions**

Addressing the rights and needs of older persons with disabilities: ageing and demographic trends

Note by the Secretariat

The present note was prepared by the Secretariat in consultation with United Nations entities, representatives of civil society and other relevant stakeholders to facilitate the round-table discussion on the theme “Addressing the rights and needs of older persons with disabilities: ageing and demographic trends”. The Secretariat hereby transmits the note, as approved by the Bureau of the Conference, to the Conference of States Parties to the Convention on the Rights of Persons with Disabilities at its thirteenth session.

* The dates are still to be confirmed by the Committee on Conferences owing to the ongoing situation relating to the coronavirus disease (COVID-19) pandemic.

** [CRPD/CSP/2020/1](#).



I. Introduction

1. With currently more than 901 million people aged 60 and older in the world, the rights and needs of older persons are a critical, yet overlooked issue affecting 12 per cent of the global population.¹ Ageing and disability are intimately related. Worldwide, almost half of those aged 60 years and older have some form of disability.

2. Despite the high prevalence of disability in older populations, the needs and risks faced by older persons with disabilities and the challenges they face in accessing the assistance they require, are poorly understood and often left unaddressed. Existing programmes targeted at disability, for example, tend to be focused on children or younger adults, while mainstream development programmes, including those involving older persons, often do not include a disability perspective.

3. Biases and preconceptions about older persons can lead to a failure to recognize their disabilities. Functional impairments are wrongly perceived as a natural consequence of ageing and societal norms normalize disability in older age. Consequently, older persons themselves may not self-identify as having a disability, despite often facing significant difficulties that hinder the conduct of their everyday life. The age at which a disability is first experienced often affects an individual's sense of identity. Persons who acquired a disability before reaching old age and persons who acquire impairments in old age face a broad set of common challenges, alongside distinct ones.

4. In the present note, both categories are examined as one group of older persons with disabilities, mentioning – when relevant – specific challenges that persons belonging to each subsection may face in certain circumstances.

II. Relevant international frameworks

5. Despite the almost universal ratification of the Convention on the Rights of Persons with Disabilities and the steps the States parties have taken to implement it, many older persons with disabilities continue to experience barriers to the full enjoyment of their rights.

6. The international framework pertaining to ageing and disability continues to evolve as the perspective on ageing in the global agenda and its significant importance is increasingly recognized by the international community.

7. There is no international human rights instrument that specifically addresses the rights and set of challenges faced by older persons. The existing international human rights conventions apply equally to all, including to older persons. In 1991, in its resolution 46/91, the General Assembly adopted the United Nations Principles for Older Persons, in which it highlighted the principles of independence, participation, care, self-fulfilment and dignity as crucial for the living conditions and social policies for older persons. The Convention is one of the rare instruments that references age and older persons. The only other instrument that references age is the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. While older persons with disabilities have no stand-alone article devoted to them (unlike women and children with disabilities), the Convention underlines the issue of age as a cross-cutting concern.

8. In her 2019 report (A/74/186), the Special Rapporteur on the rights of persons with disabilities drew attention to that aspect of the Convention. She underlined how

¹ United Nations, Department of Economic and Social Affairs, Population Division, *World Population Ageing 2015* (New York, 2015).

multiple and intersecting forms of discrimination faced by persons with disabilities, including on the basis of age, were highlighted in the preamble; the obligation to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on age, is set out in article 8 (Awareness-raising); the provision of age-appropriate accommodations is referred to in article 13 (Access to justice); the importance of age-sensitive assistance and age-sensitive protection services is recognized in article 16 (Freedom from exploitation, violence and abuse); older persons are referred to explicitly in relation to health-care services to minimize and prevent further impairments in article 25 (Health); and States are called upon to ensure access by older persons with disabilities to social protection programmes and poverty reduction programmes in article 28 (Adequate standard of living and social protection).

9. The Political Declaration and Madrid International Plan of Action on Ageing ([A/CONF.197/9](#), chap I, resolution 1), adopted in 2002, is the main international policy document concerning older persons. None of the 19 articles of the Political Declaration make reference to older persons with disabilities. Despite this, the Madrid International Plan of Action on Ageing offers an agenda for addressing policies related to ageing, provides a series of recommendations and acts as a resource for policymaking, as it specifically mentions older persons with disabilities.² The Plan of Action is structured around three priority directions:

(a) Priority direction I (Older persons and development) stipulates that older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution. It underlines the importance of policies to extend employability, such as flexible retirement new work arrangements, adaptive work environments and vocational rehabilitation for older persons with disabilities. It also highlights the importance of income security and social protection/social security measures, including disability insurance;

(b) Priority direction II (Advancing health and well-being into old age) contains a call for the design of early interventions to prevent or delay the onset of disease and disability. It underlines that, worldwide, mental health problems are a leading cause of disability and sets out a series of measures supporting the development of comprehensive mental health-care services. The Action Plan contains a call for national policy and programming to focus on issues concerning older persons with disabilities, and to develop a series of measures to ensure accessible health-care and rehabilitation services, accessible housing, public spaces, commercial premises and services, and assistive technologies, among other things;

(c) Priority direction III (Ensuring enabling and supportive environments) contains a call for improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities. It highlights the need for the improved availability of accessible and affordable transportation, including the design of safer roadways and the development of new kinds of vehicles that cater to the needs of older persons and persons with disabilities. It contains a call for strategies for meeting the special needs of ageing caregivers for persons with cognitive disabilities. It also contains a call for measures to encourage the mass media to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older women and men, including older persons with disabilities.

² The Plan of Action deviates from the Convention as its principles refer to living in the community “for as long as possible”.

10. The 2030 Agenda for Sustainable Development is another document that requires the upholding of the rights of older persons with disabilities.³ By adopting the 2030 Agenda, Member States pledged to ensure that no one would be left behind in the implementation of the Sustainable Development Goals, including all persons with disabilities, irrespective of their age. Disability is referenced multiple times in the Goals, specifically those related to ending poverty (under Goal 1), education and life-long learning opportunities (under Goal 4), growth and employment (under Goal 8), reducing inequalities, including by empowering all and promoting social, economic and political inclusion (under Goal 10), accessibility of human settlements, including safe and accessible transport systems and public spaces (under Goal 11), as well as enhancing capacity-building support for the collection of data disaggregated by disability and the monitoring of the Goals (under Goal 17). All Goals are relevant to the inclusion and development of all persons with disabilities.

11. Within the United Nations system, the World Health Assembly, in its resolution 69.3 of 29 May 2016 entitled “Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life”, established a framework for achieving healthy ageing for all, including for older persons with disabilities. In August 2020, the World Health Organization (WHO) launched the Decade of Healthy Ageing 2020–2030, which includes a commitment to develop age-friendly urban and rural physical and social environments through policies, systems, services, products and technologies.

III. Ageing and disability: issues and challenges

12. The scale and speed of demographic change compel increased attention to ageing populations, with the percentage of people aged 60 and above expected to reach 21 per cent of the global population by 2050. The majority of those ageing populations are living in low- and middle-income countries. In absolute numbers, globally, the number of older persons is projected to double from 2015 to 2050, reaching nearly 2.1 billion in 2050. The number of persons aged 80 or over is growing faster still and the expectation is that it will more than triple from 2015 to 2050.⁴

13. Disability is most common among older persons. Worldwide, almost half (46 per cent) of persons aged 60 years and above experience some form of disability.⁵ The prevalence of disability increases with age and the number of persons with disabilities will rise as populations age and chronic conditions that lead to impairment and disability become more prevalent. Among those aged 80 and above, disability rates are especially high.

14. The global coronavirus disease (COVID-19) pandemic further places older persons and those with underlying medical conditions, many of whom have disabilities, at higher risk of severe illness and mortality. In May 2020, the Secretary-General issued two policy briefs, one on the impact of COVID-19 on older persons⁶ and one on a disability-inclusive response to COVID-19,⁷ in which he highlighted a range of risks and challenges facing older persons and persons with disabilities in particular and called for a stronger disability-inclusive and age-sensitive response to the pandemic. A total of 146 Member States strongly supported the appeal to promote

³ General Assembly resolution 70/1.

⁴ *Promoting Inclusion through Social Protection: Report on the World Social Situation 2018* (United Nations publication, Sales No E.17.IV.2), pp. 47 and 48.

⁵ United Nations Population Fund (UNFPA) and HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge* (New York, 2012), p. 61.

⁶ United Nations, “The impact of COVID-19 on older persons”, policy brief, May 2020.

⁷ United Nations, “A disability-inclusive response to COVID-19”, policy brief, May 2020.

responses to the pandemic that respected the rights and dignity of older persons and persons with disabilities in order to build a stronger and more inclusive, accessible and sustainable society for all.

15. Emerging evidence reveals the disproportionate impact of the pandemic on older persons: the fatality rates among those aged 80 and above is five times the global average.⁸ For instance, 95 per cent of the lethal cases in Europe have occurred among persons older than 60 years,⁹ 80 per cent of the lethal cases in the United States of America have occurred among those aged 65 and over¹⁰ and mortality rates among persons aged 60 and over in the Asia-Pacific region have ranged from 20 to 40 times that of the rest of population.¹¹ While the long-term consequences of the infection are still unknown, there is a probable increased risk of people becoming newly disabled owing to underlying chronic health conditions or lack of health care. Prolonged periods of isolation can have a serious effect on mental health and well-being, particularly when coupled with lack of adequate access to care. In fact, emerging evidence of the effects of lockdown on people with dementia during the pandemic indicates a worsening of functional independence and cognitive symptoms, more agitation, apathy, depression and a deterioration of their health.¹²

16. Notably higher rates of disability exist among older women than older men. In 59 countries, in the period 2002–2004, the differences between disability rates among those aged 65 years and above were 10 percentage points higher for women than for men.¹³ Gender barriers to access to health-care, political participation and justice for older women with disabilities lead to isolation and exclusion. Older women with disabilities are at a higher risk of institutionalization, violence, abuse and neglect, many incidents of which go unreported.¹⁴ At the heart of these human rights violations are discrimination, stigma and stereotyping about older women with disabilities.¹⁵

17. Such challenges have been exacerbated during the COVID-19 pandemic. For instance, there have been reports during the crisis of heightened risk of abuse and violence for women, including older women with disabilities, particularly those living in institutions and long-term care.¹⁶ Social isolation resulting from physical distancing measures that affect older persons with disabilities in general have a stronger impact on older women with disabilities as a result of inequalities experienced in other areas. In the Arab region, for example, there are twice as many illiterate older women (68 per cent) than men (36 per cent) and this places women at a great disadvantage in accessing information about preventative measures or making use of technologies to connect with their loved ones.¹⁷

⁸ World Health Organization (WHO), “COVID-19 strategy update”, 14 April 2020.

⁹ Hans Henri P. Kluge, “Statement: older people are at highest risk from COVID-19, but all must act to prevent community spread”, WHO, 2 April 2020.

¹⁰ Centers for Disease Control and Prevention, “Your health: older adults”. Available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

¹¹ Economic and Social Commission for Asia and the Pacific, “The impact and policy responses for COVID-19 in Asia and the Pacific”, 26 March 2020.

¹² Aida Suárez-González, “Detrimental effects of confinement and isolation on the cognitive and psychological health of people living with dementia during COVID-19: emerging evidence”, London School of Economics and Political Science, International Long-term Care Policy Network, 1 July 2020.

¹³ World Health Organization and World Bank, *World Report on Disability* (Geneva, 2011), p. 35.

¹⁴ Western University, Centre for Research and Education on Violence Against Women and Children, “Violence against women who are older”, in *Learning Network*, vol. 18 (London, Canada, 2016).

¹⁵ See CEDAW/C/GC/27, para. 13.

¹⁶ World Health Organization, “Addressing violence against children, women and older people during the COVID-19 pandemic: key actions”, 17 June 2020.

¹⁷ See E/ESCWA/2020/POLICY BRIEF.12.

18. Key causes of disability in old age include visual impairment, hearing loss and osteoarthritis.¹⁸ Dementia, the prevalence of which increases with age, is the greatest cause underlying disability-adjusted life years in developed countries and the second-greatest worldwide. Women are disproportionately affected by dementia. Dementia is listed by WHO as the fifth-largest cause of death for women across the world and is a major cause of death and disability in older persons. In 2010, the estimated number of people with dementia stood at 35.6 million. It is projected to almost double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050. Worldwide, there are almost 7.7 million new cases of dementia, equivalent to one new case every four seconds.¹⁹

19. Older persons with disabilities face a specific set of challenges to the enjoyment of their rights; several of which are outlined below.

A. Multiple and intersecting forms of discrimination

20. Older persons with disabilities can face multiple and intersecting forms of discrimination, on the basis of characteristics such as age, sex or disability. This should be taken into account in efforts to ensure the full enjoyment of all their rights. For instance, the well-documented prejudice against persons with disabilities is compounded by age-related discrimination, also referred to as ageism. Ageism is based on negative stereotypes of people who are older, such as that they are reaching the end of their life, are dependent and unproductive, are the objects of charity rather than the subjects of their own lives, or are privileged and therefore undeserving.²⁰ The COVID-19 crisis has revealed prevailing ageist attitudes, with reports of discriminatory remarks and hate speech targeting older persons occurring in public discourse.²¹ Governments must devote efforts to discrediting negative stereotypes to eliminate ageism in the context of the pandemic and promote a positive narrative that brings to the valuable contributions to the fore that older persons have made during the pandemic, such as the many retired physicians, nurses, scientists and researchers who heeded calls from Governments to return to work.

21. National laws, policies and practices rarely provide adequate protection against multiple and intersecting forms of discrimination. For instance, in some countries, persons with disabilities may lose certain rights when they reach a certain age. Disability programmes and disability-related grants – such as grants for the purchase of an adapted vehicle – are often capped at the age of 70 years. Similarly, those who acquire a disability for the first time in older age may never have a right to access disability benefits or services, such as personal assistance and a mobility allowance. Across an individual's life course, such discrimination can be cumulative. For example, a person with disabilities who is unable to work owing to discrimination may be at a higher risk of poverty later in life and may also be unable to access livelihood support or financial services because of age limits. Such multiple and intersecting forms of discrimination, which contravene article 5 of the Convention (Equality and non-discrimination), lead, in turn, to further human rights violations, such as a lack of services and support that enable the enjoyment of their right to live

¹⁸ UNFPA and HelpAge International, *Ageing in the Twenty-First Century*, p. 61.

¹⁹ UNFPA and HelpAge International, *Ageing in the Twenty-First Century*, p. 63. See also World Health Organization and Alzheimer's Disease International, *Dementia: A Public Health Priority* (Geneva, 2012).

²⁰ Thomas Nicolaj Iversen, Lars Larsen and Per Erik Solem, "A conceptual analysis of ageism", in *Nordic Psychology*, vol. 61, No. 3 (2009), pp. 4–22; Frédéric Mégret, "The human rights of older persons: a growing challenge", in *Human Rights Law Review*, vol. 11, No. 1 (March 2011), pp. 37–66.

²¹ United Nations, "The impact of COVID-19 on older persons".

independently and be included in the community (under article 19 of the Convention) and denial of the right to legal capacity and participation, among other rights. More attention is needed to older people who acquire disabilities later in life and may face unique barriers to the full and equal enjoyment of their human rights, for example, when they cannot access disability services and support or are subject to guardianship.

B. Legal capacity and independent living: increased risk of violence, abuse and neglect

22. Older persons with disabilities are more likely to be subject to guardianship, institutionalization, home confinement and involuntary treatment than those without disabilities.²² This violates their right to personal autonomy as well as the principle of universal legal capacity as set out in article 12 of the Convention, which stipulates equality before the law for all persons with disabilities, regardless of age. Several factors contribute to older persons with disabilities being denied their autonomy and legal capacity, including ageist and ableist assumptions and prejudices (such as being considered frail or senile, or possessing little or no agency), loss of income, and family abandonment. In practice, this denial of autonomy and legal capacity can affect almost every aspect of the life of an older person with a disability whose rights are being violated, for example, through medical treatment and social care without informed consent, decisions on transitions to other support services, access to and the spending of money, the choice where and with whom to live, or the right to marry, make a will or inherit.

23. The spread of COVID-19 in care homes and institutions has taken a devastating toll on many older persons with disabilities. Early evidence suggests that, although the infection rate in long-term care facilities such as nursing homes and rehabilitative centres varied widely between and within countries, in some preliminary studies, the number of deaths among this group ranged from 42 per cent to 57 per cent of all deaths attributed to COVID-19.²³ Evidence shows that once COVID-19 has spread within a facility, it is difficult to control, as personal care requires close proximity. In that context, older persons with disabilities also are at greater risk of neglect, abuse and violence. Their autonomy is further compromised when the continuity of services such as personal assistants, mediators and sign language interpreters is jeopardized. The pandemic has prompted a critical look at some long-standing problems in long-term care systems such as underfunding, an undervalued workforce and poor policy coordination between health-care and long-term care services.²⁴ Strengthening community-based support and services may be a key factor in promoting dignified and respectful ageing for older persons with disabilities.

24. However, older persons with disabilities are often denied the right to live independently and being included in the community as established by article 19 of the Convention. Central to this problem is the lack of quality support services within the community and the fact that long-term care is usually not covered under social protection schemes.²⁵ Certain countries impose age limits to rehabilitation. Moreover, older persons face ageist societal attitudes that result in a more ready acceptance of

²² See [A/74/186](#), para. 29.

²³ Adelina Comas-Herrera, Joseba Zalakain and others, “Mortality associated with COVID-19 outbreaks in care homes: early international evidence”, London School of Economics and Political Science, International Long-term Care Policy Network (12 April 2020), p. 5.

²⁴ World Health Organization, “Preventing and managing COVID-19 across long-term care services”, policy brief, 24 July 2020.

²⁵ Xenia Scheil-Adlung, “Long-term care protection for older persons: a review of coverage deficits in 46 countries”, International Labour Organization, *Extension of Social Security*, working paper No. 50 (Geneva, 2015).

their institutionalization, irrespective of their personal choice. As a consequence, in many countries, older persons with disabilities continue to be placed in long-term care facilities such as nursing homes and care homes where they are more likely to be isolated from their communities, have little control over their daily living arrangements (including what to eat and wear, and when to eat and go to bed), and can suffer from deprivation of liberty and breaches of privacy. Similarly, this lack of support services within the community also leads to an overreliance on informal types of support principally provided by families and personal networks. Ensuring access to support services for older persons with disabilities as part of social protection is central to ensuring the enjoyment of their right to the highest attainable standard of health while ensuring participation and inclusion in society, as established in articles 25 and 26 of the Convention.

25. Older persons with disabilities face significant risks of violence, abuse and neglect. Under article 16 of the Convention, States parties are required to take all appropriate measures to protect persons with disabilities of all ages from all forms of exploitation, violence and abuse, including their gender-based aspects. Despite this, studies show that disability is a strong risk factor for abuse among older persons.²⁶ These types of violence and abuse take various forms, including physical, psychological, financial and sexual and gender-based violence. In institutional settings, older persons with disabilities are at risk of violence and abuse from professional caretakers. In settings such as hospitals, nursing facilities and assisted living facilities, rights violations are underestimated because of weak reporting and detection mechanisms.²⁷ Abuse is also underreported in community settings, especially when the abuser is a family member.²⁸ Persons with dementia may face a higher risk due to their higher support needs and the difficulties others have in interpreting their communication. One study found that older persons with Alzheimer's disease or other forms of dementia were 4.8 times more likely to experience abuse than older persons without.²⁹ The treatment of older persons with dementia within long-term care facilities is particularly worrisome. It has been documented that some nursing homes routinely give older persons dementia drugs to control their behaviour without their consent, forcing them to sleep, causing them to lose weight, muscle mass and continence, and increasing their risk of falls and even death.³⁰

26. Similarly, women with disabilities are at higher risk owing to intersecting forms of gender- and disability-based violence, exploitation and abuse; this places them at a disproportionately higher risk of forced medical and psychiatric interventions as well as of violence and abuse, most often perpetrated by those closest to them. It is estimated that women with disabilities are 1.5 to 10 times more likely to be physically or sexually abused by a family member or caregiver than women without disabilities.³¹ A disability-inclusive response to and recovery from COVID-19 should accord a higher priority to the protection of women with disabilities, including older

²⁶ World Health Organization, "Risk factors for elder abuse", Violence Info. Available at <http://apps.who.int/violence-info/studies/?area=elder-abuse&aspect=risk-factors&risk-factorlevel=Individual&risk-factor-sub-levels=Victim>.

²⁷ Elizabeth M. Bloemen and others, "Trends in reporting of abuse and neglect to long-term care ombudsmen: data from the National Ombudsman Reporting System from 2006 to 2013" in *Geriatric Nursing*, vol. 36, No. 4 (2015), pp. 281–283.

²⁸ Dinesh Selhi and others (eds.), *European Report on Preventing Elder Maltreatment*, World Health Organization, Regional Office for Europe (Copenhagen, 2011).

²⁹ Xin Qi Dong, "Elder abuse: systematic review and implications for practice", *Journal of the American Geriatrics Society*, vol. 63, No. 6 (June 2015), pp. 1214–1238.

³⁰ See, for instance, Hannah Flamm, "Why are nursing homes drugging dementia patients without their consent?", *Washington Post*, 10 August 2018.

³¹ Human Rights Watch, "Human rights for women and children with disabilities" (2012), p. 5.

women with disabilities, by providing inclusive and accessible victim assistance services during the pandemic and thereafter.³²

C. Information and communication technologies, including assistive devices

27. Article 9 of the Convention requires States parties to take appropriate measures to ensure that persons with disabilities have access, on an equal basis with others, to information and communications technologies and systems. Rapid developments in digitization, robotics, automation, artificial intelligence and other technologies create opportunities for greater independence. Likewise, the availability, knowledge and use of assistive devices and technologies as they relate to habilitation and rehabilitation, as set out in article 26 of the Convention, are equally important for empowering older persons with disabilities. In practice, however, older persons with disabilities may face challenges in accessing these technologies. For instance, access may be blocked because of ageism, unavailability, high costs, restrictive eligibility criteria, lack of integration into existing support systems, lack of physical accessibility of design features, inadequate information about services and lack of skills necessary to benefit from technological solutions. Moreover, particular segments of the disabled population are at a disproportionate disadvantage in accessing and using information and communications technology and assistive devices based on factors including lower educational attainment, racial or ethnic minority status, lower household income, later disability onset and disability related to mental as opposed to physical or sensory functioning.³³

28. The digital divide faced by older persons with disabilities, often compounded by the gender dimension, has been exacerbated during the COVID-19 pandemic. This is particularly visible in low-income and developing countries. Even in higher-income countries, telemedicine solutions might not be available or accessible for older persons with disabilities. While half of the world's population has Internet access, older persons remain disproportionately offline, unable to use services such as online shopping and banking and telemedicine.³⁴ Many are unable to access real-time public health announcements as websites and other digital electronic information are often inaccessible or not conformable to use with their assistive devices.

D. Health-care services and the impact of the coronavirus disease

29. Access to the full range of high-quality health-care services is still a challenge for older persons with disabilities owing to numerous barriers to its availability, accessibility and affordability and to limitations on health insurance. They also face legal, institutional and attitudinal barriers and stigmas concerning persons with disabilities and older persons within the health-care system. Moreover, older persons with disabilities are more likely to be found in various kinds of formal and informal institutional settings in which they have poor access to general health care provided on the basis of free and informed choice.

30. Gaps in access to health-care services are due to physical, financial, attitudinal, informational and communication barriers faced by older persons with disabilities. Physical barriers often cited as problems include inaccessible buildings and lack of access to medical diagnostic and treatment equipment. Moreover, in the broader

³² United Nations, "The impact of COVID-19 on older persons".

³³ H. Stephen Kaye, Patricia Yeager and Myisha Reed, "Disparities in usage of assistive technology among people with disabilities", in *Assistive Technology*, vol. 20, No. 4 (2008), pp. 194–203.

³⁴ UNFPA and HelpAge International, *Ageing in the Twenty-First Century*.

environment, issues of inaccessible or unaffordable means of transportation, poorly paved roads and a lack of rural health-care facilities create obvious obstacles for persons with sensory, mobility and cognitive impairments.³⁵ If sign language communication is not available, communication barriers arise between patients with hearing impairments and physicians. Those have also been shown to have a negative impact on the quality of the health care received, as well as on the use of preventive services.³⁶ Most low- and middle-income countries do not have the alternative augmentative communication or other digital and informational accessibility solutions that are needed to access general, specialist or emergency care. In some countries, more than 30 per cent of persons with disabilities indicate that health-care facilities are not accessible for them.³⁷

31. Similarly, multiple and intersecting forms of discrimination, including those based on age and sex, form a crucial obstacle. Health-care systems or individual health-care providers may ration care, denying older persons with disabilities equal access. Persons with disabilities are found to be four times as likely to be treated poorly while receiving medical services (14 per cent versus 4 per cent) and three times as likely to be completely denied service (26 per cent versus 3 per cent).³⁸

32. In many countries, health-care costs are a major challenge. Accessibility of health care is an element of the right to health, but 39 per cent of older persons with disabilities report being unable to afford a health-care visit.³⁹ The cost of health care prevents older persons with disabilities from accessing the services they need. This is compounded by the fact that many persons with disabilities have lower incomes and smaller assets than persons without disabilities and the fact that, globally, households with persons with disabilities tend to have higher medical expenditures compared with other households,

33. Accessing palliative care presents its own challenges for older persons with disabilities. Persons with disabilities are underrepresented in palliative and hospice care because end-of-life care services have insufficient capacity to meet the specific needs of persons with disabilities. Moreover, the choices of persons with disabilities are often not respected in decision-making at the end of life. In particular, the capacity of persons with intellectual disabilities to express their wishes and preferences is often underestimated. There is further evidence that people over 85 years of age are less likely to access palliative care than younger individuals and that older persons living with dementia are particularly at risk of lacking access to palliative care.⁴⁰

34. Older persons with disabilities are at a higher risk of contracting COVID-19. Preventative hygiene measures, including personal hygiene and frequent cleaning of surfaces, can be challenging for older persons with disabilities owing to physical impairments, interrupted services or environmental barriers. Some depend on tactile

³⁵ Jean-François Trani and others, “Assessment of progress towards universal health coverage for people with disabilities in Afghanistan: a multilevel analysis of repeated cross-sectional surveys”, *Lancet Global Health*, vol. 5, No. 8 (August 2017).

³⁶ Neuma Chaveiro, Celmo Celso Porto and Maria Alves Barbosa, “The relation between deaf patients and the doctor”, *Brazilian Journal of Otorhinolaryngology*, vol. 75, No. 1 (January–February 2009); Michael M. McKee and others, “Impact of communication on preventive services among deaf American sign language users”, *American Journal of Preventive Medicine*, vol. 41, No. 1 (July 2011); Rachel E. Hommes and others, “American sign language interpreters’ perceptions of barriers to healthcare communication in deaf and hard of hearing patients”, *Journal of Community Health*, vol. 43, No. 5 (October 2018).

³⁷ United Nations, Department of Economic and Social Affairs, *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities 2018* (New York, 2019).

³⁸ WHO and World Bank, *World Report on Disability*, p. 64.

³⁹ Ibid.

⁴⁰ WHO, *Better Palliative Care for Older People* (Copenhagen, 2004).

surfaces, such as those using wheelchairs or reading Braille, and therefore are more susceptible to touching non-sanitized surfaces, while others depend on carers, which makes self-isolation impossible. Moreover, some older persons with an intellectual disability or a psychosocial or mental illness are not able to remain confined to their home for a long time.

35. Older persons with disabilities are also facing age-based discrimination due to the high pressure placed on the health-care system and the limited availability of resources. In some countries, triage protocols and guidelines have been designed using discriminatory or non-medical characteristics such as chronological age or discriminatory assumptions about the quality or value of life based on disability or frailty.⁴¹ Promisingly, however, good practices are emerging for health-care professionals in various areas, such as treating people with dementia. Those can be scaled up and adapted to other settings.⁴² What is often overlooked and set aside in the midst of a health emergency is the need for awareness training for health-care professionals in various settings, including emergency services, to protect the rights of older persons with disabilities.

E. Participation in political and public life

36. Older persons with disabilities are often excluded from political, public and community life, although their right to participate has been established in article 29 of the Convention. Older persons with disabilities may experience barriers to attending political events such as rallies or voter education activities, or to getting to a polling station on election day, marking and casting a ballot independently, or being selected as poll workers. As a result, they may be less likely to vote alongside their peers. As a result of discrimination and stereotypes, older persons with disabilities may be discouraged from running for elected office or denied reasonable accommodation to carry out their duties in elected positions, which could result in being asked to leave the position. Older persons with disabilities who have dementia are at risk of having their right to vote removed, contrary to articles 12 and 29 of the Convention. In addition, many countries develop and implement disability policies and laws that affect older persons with varying abilities without systematically consulting the organizations that represent them.

F. Living in poverty in the absence of adequate social protection measures

37. Older persons living with disabilities are at a greater risk of living in poverty than their non-disabled peers.⁴³ Evidence shows that persons with disabilities face higher rates of poverty than their non-disabled counterparts. Older women with disabilities are at particular risk of living in poverty owing to gender roles that place them at a higher risk of poverty and economic dependency. Throughout their lifetime, women worldwide are paid less than men and are more likely to engage in part-time employment so that they can also perform unpaid care work. Consequently, older women, who have a higher proportion of disability than older men, generally accrue

⁴¹ Samuel R. Bagenstos (2020), “May hospitals withhold ventilators from COVID-19 patients with pre-existing disabilities? Notes on the law and ethics of disability-based medical rationing”, Public Law and Legal Theory Research Paper Series, paper No. 670 (University of Michigan, March 2020).

⁴² Hannah Kuper and others, “Disability-inclusive COVID-19 response: what it is, why it is important and what we can learn from the United Kingdom’s response”, in *Wellcome Open Research*, vol. 5, No. 79 (2020).

⁴³ United Nations, *Disability and Development Report*.

less wealth by older age than older men. Moreover, they need to spread any wealth that they may have accumulated over a longer period, since, on average, they have a greater life expectancy than men. In the case of contributory social protection systems, older women with disabilities are more likely to receive less owing to the factors identified above⁴⁴ and they face increased barriers to inheriting housing, land and property as a result of discriminatory laws and practices.

38. This inequity in the face of poverty is due to a confluence of factors. Older persons with disabilities are less likely to be employed than their non-disabled peers. Persons over the age of 60 with a disability are less than half as likely to participate in employment as their non-disabled counterparts (10.4 per cent and 26.8 per cent, respectively).⁴⁵ Moreover, older persons with disabilities incur a range of out-of-pocket costs because of their disability for, among other things, health care, transportation, personal assistance, assistive products and modified residences.⁴⁶ Data from seven countries show that having a moderate disability increases a person's cost of living by about a third of the average income, and that having a severe disability increases the cost of living by more than 40 per cent of the average income.⁴⁷

39. The economic downturn due to COVID-19 is disproportionately affecting older women with disabilities, who often have limited job opportunities and inadequate pensions and social protection to cover the extra costs associated with their disabilities. The opportunity to level out that inequality during the COVID-19 crisis lies with countries that have more comprehensive and inclusive social protection systems, including those with a comprehensive disability registry, and those countries that have been able to provide the urgent support required.⁴⁸ Targeted social protection measures that are gender-, age- and disability-responsive are necessary to enable older persons with disabilities to continue receiving care during the state of emergency. For example, direct compensation can be provided to older women with disabilities working in the informal economy or to older women who care for relatives with disabilities by making cash transfers and giving them priority access to food, housing and other types of support.⁴⁹

40. Even though the right to social protection of persons with disabilities without discrimination is recognized in article 28 of the Convention, older persons with disabilities often fail to receive disability services or benefits on the assumption that retirement pensions constitute an adequate form of income replacement. Yet, throughout their lifetime, because of their higher unemployment and inactivity rates, many persons with disabilities do not have the opportunity to contribute to pension schemes long enough to be eligible to receive a pension. More generally, there are significant regional disparities in pension coverage: in some regions of the world more than 95 per cent of people above retirement age receive a pension, while in others, that number is 23 per cent.⁵⁰ Many countries have established non-contributory pension schemes to ensure that older persons have a basic income, yet such schemes often

⁴⁴ Women Enabled International, "Submission to the Special Rapporteur on the rights of persons with disabilities on older women with disabilities" (Washington, D.C., 15 April 2019), p. 5.

⁴⁵ WHO and World Bank, *World Report on Disability* (2011), p. 238.

⁴⁶ Sophie Mitra and others, "Extra costs of living with a disability: a review and agenda for research", in *Disability and Health Journal*, vol. 10, No. 4 (2017).

⁴⁷ United Nations, *Disability and Development Report*.

⁴⁸ United Nations Partnership to Promote the Rights of Persons with Disabilities and Center for Inclusive Policy, "Initial overview of social protection measures for persons with disabilities in response to COVID-19 crisis", advance unedited draft (May 2020).

⁴⁹ United Nations, Department of Economic and Social Affairs, "Leaving no one behind: the COVID-19 crisis through the disability and gender lens", policy brief No. 69, May 2020.

⁵⁰ United Nations, Department of Economic and Social Affairs, *Promoting Inclusion through Social Protection: Report on the World Social Situation 2018* (United Nations publication, Sales No. E.17.IV.2), p. 47.

provide lower financial benefits than contributory schemes, and may not cover the cost of living of older persons with disabilities. This is exacerbated by the fact that, generally, social protection systems do not cover adequate long-term care.

G. Situations of risk and humanitarian emergencies

41. All persons with disabilities, including older persons with disabilities, have the right to the promotion and protection of their rights in situations of risk, including situations of armed conflict, humanitarian emergencies and natural disasters, as set out in article 11 of the Convention. However, research suggests that older persons with disabilities fare worse than those without disabilities and face a number of barriers that make it more difficult for them to escape from danger and exercise their right to humanitarian assistance. Estimates indicate that up to 14 million older persons with disabilities are affected by humanitarian disasters.⁵¹ Nonetheless, little is known about their experiences, and their rights and needs are widely overlooked in humanitarian responses. Older persons with disabilities fare worse than their non-disabled peers owing to physical and institutional barriers that make it difficult for them to exercise their right to humanitarian assistance and participation. Physical barriers typically comprise inaccessible health-care facilities and other buildings, inaccessible means of transport and long distances that need to be travelled to distribution points. Older persons with disabilities who live in refugee camps, informal settlements and prisons face additional barriers in accessing health-care services, water and sanitation facilities, and humanitarian support, which reduces their personal space and thereby increases their risk of contracting COVID-19.

H. Data disaggregated data by sex, age and disability

42. Finally, there is the exclusion of older persons with disabilities from national and international social policies, which is brought about by a lack of sufficient age-disaggregated data on disability. A key challenge is that many older persons may not self-identify as having disabilities despite experiencing significant difficulties in functioning and participating. Similarly, in surveys and research on disability, the indicators that tend to be used are those relevant to people of working age, so that issues that arise later in life are left out. Likewise, many national surveys do not cover older persons with disabilities living in institutions. Furthermore, surveys may have age limits that exclude older persons altogether.⁵² The model disability survey developed by WHO and the Washington Group on Disability Statistics is a general household survey that countries can use to identify the interventions that are necessary to improve the lives of persons with disabilities. The survey is disaggregated by various socio-demographic characteristics other than disability such as age. There is a need for better age-disaggregated data that reflect intersectionality, together with more research and new types of collaboration and innovation.

43. The COVID-19 crisis has brought to light the lack of systematic data disaggregated by sex, age and disability. Where available, data on older persons have been collected as if they were a homogenous group aged 60 years and above, which masks the different risks faced by different subgroups.⁵³ Disaggregated data are crucial to understand the differentiated impact of COVID-19 on older persons with disabilities and respond with evidence-based policies and practices, including in the

⁵¹ Phillip Sheppard and Sarah Polack, *Missing Millions: How Older People with Disabilities Are Excluded from Humanitarian Response* (London, HelpAge International, 2018).

⁵² See [A/HRC/45/14](#).

⁵³ United Nations, “The impact of COVID-19 on older persons”.

allocation of recovery resources. Compiling reliable, timely and comparable data on a systematic and regular basis at the national, regional and global levels will make it possible to address inequities faced by older persons with disabilities. Inherent to an age-sensitive and disability-inclusive response to and recovery from COVID-19 are meaningful consultations with and active participation of older persons with disabilities and their representative organizations at all stages. Only then, a crisis can be turned into opportunities: to “build forward better” a more accessible, sustainable and resilient society, including for older persons with disabilities.

IV. The way forward: overcoming challenges and building on opportunities

44. In order to advance the rights of older persons with disabilities, the following points may be considered for action:

(a) Strengthening national legislation and policies in line with the Convention and implementing a human rights-based approach. This entails involving all relevant stakeholders – including organizations of persons with disabilities and organizations of older persons – in the drafting and implementation of relevant laws and policies; repealing legislation under which older persons with disabilities can be denied legal capacity, deprived of their liberty, institutionalized or subjected to involuntary treatment on the basis of their disability and/or age; mainstreaming the rights of older persons with disabilities into all policies and programmes;

(b) Prohibiting all discrimination and combating and eliminating prejudice and stigma on the grounds of disability and age. This includes, for example, protecting the right to equal recognition before the law and the right to live independently and be included in the community, It also includes repealing provisions that are discriminatory to older persons with disabilities who need access to relevant services and benefits, and changing triage protocols devised for health crises;

(c) Ensuring access to a wide range of accessible and affordable community-based support services and arrangements. Those include personal assistance, community-based rehabilitation, assistive living arrangements, mobility aids, assistive devices and technology, palliative care and community services, and ensuring the continuity of those services at all times, including during a pandemic;

(d) Ensuring that different parts of the health-care and social systems are aligned to meet the needs of older persons with disabilities. Older persons with disabilities require non-discriminatory access to high-quality essential health-care services that include preventing disease and promoting health, as well as curative, rehabilitative, palliative, end-of-life and long-term care for those who need it;

(e) Ensuring the accessibility of the physical environment, transportation, information and communication technologies, and other facilities and services in order to build inclusive societies in which older persons with disabilities can live independently and fully participate in society;

(f) Ensuring effective access to justice and taking all appropriate measures to combat all forms of violence and abuse against older persons with disabilities. Facilitating access to legal proceedings entails eliminating barriers, such as denial of legal standing and accessibility barriers. Eliminating all forms of exploitation, violence and abuse entails taking action to prevent and investigate all such acts, including through regular monitoring of residential facilities, facilitating reporting mechanisms and investigating claims;

(g) Putting in place measures and programmes to promote positive perceptions of older persons with disabilities and raise awareness of their rights throughout society. This entails removing any negative stereotypes of older persons, including narratives that portray older persons with disabilities as victims, raising their awareness of their rights, and raising awareness of those rights among their family members, caregivers, and professional staff working with them. For instance, WHO recently launched an interactive digital application known as “Integrated care for older people” (ICOPE) aimed at accelerating the training of health-care and social workers on person-centred care plans. The application gives practical step-by-step guidance on addressing priority conditions such as mobility limitations, malnutrition, vision and hearing loss, cognitive decline, depressive symptoms and social care and support. Finally, the action point entails raising awareness of the Convention among older persons advocates with a view to increasing the self-advocacy of older persons’ advocates and their participation in monitoring the implementation of the Convention;

(h) Promoting the participation of older persons with disabilities and their representative organizations in all decision-making processes related to the implementation of their rights, including by promoting and implementing an age-sensitive and disability-inclusive response to and recovery from COVID-19, promoting peer support and connecting persons with disabilities across the age spectrum;

(i) Ensuring that older persons with disabilities have access to adequate and sustainable social protection systems, which may include social (non-contributory) universal pensions for older persons, and expanding mainstreamed and targeted social protection to provide support and relief to older persons with disabilities and their families in times of crisis and in emergencies;

(j) Ensuring that rehabilitation is integrated into health-care systems. This entails strengthening and expanding access to rehabilitation services for all persons with disabilities in alignment with the WHO recommendations on rehabilitation in health-care systems; considering the position of rehabilitation services across the continuum of care at all stages of life and for a range of health conditions; expanding and decentralizing service delivery, in particular in remote and rural areas; and considering a two-pronged approach that makes it possible to offer essential rehabilitation services through primary health care as well as through adequately supported community-based rehabilitation programmes;

(k) Improving the collection of comparable disability- and age-disaggregated data to identify and better address the obstacles faced by older persons with disabilities in the exercise of their rights, and including older persons with disabilities and their representative organizations in all stages of data collection, analysis and use.

V. Questions for consideration

45. The following questions are presented for consideration at the round-table discussion:

(a) What legal, policy and practical measures can be taken to eliminate the multiple and intersecting forms of discrimination against older persons with disabilities? What measures can be introduced or strengthened to reverse the narratives that stigmatize older persons with disabilities?

(b) How can Governments realize the right of older persons with disabilities to live independently and be included in the community on an equal basis with others? What innovative ways can Governments, civil society and other stakeholders take to redesign the future of long-term care systems for older persons with disabilities?

(c) How can Governments, civil society and other stakeholders ensure that older persons with disabilities participate fully in public life and are engaged, consulted, represented and listened to with a view to shaping decision-making at all levels?

(d) What can Governments, civil society and other stakeholders do to ensure that older persons with disabilities have access to assistive technology devices, and ensure the new development thereof, so that they can live independent, autonomous and dignified lives and fully participate in society on an equal basis with others?

(e) What are some of the emerging best practices of targeted and mainstreamed social protection measures that have been or are being implemented to protect older persons with disabilities in the mitigation of, response to and recovery from the COVID-19 pandemic? What efforts can Governments step up to ensure that the high mortality rates faced by older persons with disabilities observed during the pandemic is not repeated?

(f) What legal, policy and practical measures are necessary to address the challenges older persons with disabilities face in humanitarian situations? How can the accountability of all actors involved in the response to humanitarian crises and pandemics be strengthened to guarantee the rights of older persons with disabilities, including in the response and recovery measures related to COVID-19?

(g) How can Governments realize their obligation to ensure the accessibility for older persons with disabilities of the physical environment, transportation, and information and communications technology?

(h) What kind of pedagogical approaches need to be developed in order to better prepare human beings and society as a whole for ageing and for the adaptation of their environment to enable their independent living?
