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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development****Report of the Independent Expert on the enjoyment of all human rights
by older persons, Claudia Mahler****Summary*

The present report is submitted to the Human Rights Council pursuant to resolution 42/12 on the human rights of older persons.

In the report, the Independent Expert examines and raises awareness of the prevalence of ageism and age discrimination, analyses their possible causes and manifestations and reviews the way the existing legal and policy frameworks at the international and regional levels protect against ageism and age discrimination. The analysis is followed by the Independent Expert's conclusions and recommendations, which are aimed at assisting States in designing and implementing frameworks to address and prevent ageism and age discrimination and to ensure the promotion and protection of the rights of older persons. The report also contains an overview of the activities of the Independent Expert during the reporting period.

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I. Introduction

1. The present report is submitted to the Human Rights Council pursuant to Council resolution 42/12 on the human rights of older persons. In the report, the Independent Expert on the enjoyment of all human rights by older persons examines the prevalence of ageism and age discrimination, sharply brought to light as a result of the coronavirus disease (COVID-19) pandemic. In particular, the Independent Expert seeks to examine and raise awareness of the prevalence of ageism and age discrimination; analyse their possible causes and manifestations; review how existing international, regional and national legal frameworks are used to protect against ageism and age-discrimination; and provide recommendations. The report also contains an overview of the activities of the Independent Expert during the reporting period.

II. Activities of the Independent Expert

2. Throughout the reporting period, the Independent Expert engaged in multiple activities and discussions focusing on the COVID-19 pandemic, the related impacts on the human rights of older persons and the need to include older persons in recovery action. In this respect, she has engaged with States, international organizations, civil society, national human rights institutions and other stakeholders. Some of the activities undertaken over the past year are described below.

3. Pursuant to Council resolution 42/12 and General Assembly resolution 74/125, the Independent Expert addressed and engaged in an interactive dialogue with the Third Committee to address the mandate's first thematic report to the Assembly, on the impact of COVID-19 on the enjoyment of all human rights by older persons.¹ In her presentation,² the Independent Expert welcomed the policy brief of the Secretary-General on the impact of COVID-19 on older persons. She highlighted that existing legal instruments did not extensively cover older persons with regard to legal capacity, quality of care, long-term care, palliative care, assistance to victims of violence and abuse, available remedies, independence and autonomy, and their right to an adequate standard of living, in particular with regard to housing.

4. In her statement marking the International Day of Older Persons,³ on 1 October 2020, the Independent Expert highlighted the chronic invisibility of older persons and called for systematic data collection for informed and successful policymaking. Calling attention to the devastating social and economic impact of the COVID-19 pandemic, the Independent Expert stressed the need to ensure income security of older persons, in particular older women. She also stressed that universal old-age pensions and adequate entitlement levels were necessary for inclusive long-term recovery, and that socioeconomic relief measures and social safety nets needed to be adopted for older persons affected by economic hardship.

5. On the same occasion, the Independent Expert spoke at a virtual inter-agency event, held as a side event of the forty-fifth session of the Human Rights Council, to highlight the participation of older persons in society and to raise awareness of the opportunities and challenges of ageing, in particular in the context of a pandemic. She addressed the data gap conundrum and the disproportionate adverse impact of COVID-19 on the human rights of older persons. The event brought together the United Nations High Commissioner for Human Rights, the Director-General of the World Health Organization (WHO), the Executive Director of the United Nations Population Fund, the Executive Chairman of the World Economic Forum, Member States and the NGO Committee on Ageing.

6. On 2 November 2020, the Independent Expert addressed the opening session of the European Week of Active and Healthy Ageing, dedicated to the opportunities and challenges

¹ A/75/205.

² Statement available at: <https://www.ohchr.org/Documents/Issues/OlderPersons/FinalStatement-IE-GA75.docx>.

³ Independent expert on the enjoyment of all human rights by older persons, "Older persons remain chronically invisible despite pandemic spotlight, says UN expert", 1 October 2020.

related to demographic change and healthy ageing in the new decade, together with the Vice President of the European Commission and Commissioner for Democracy and Demography, Dubravka Šuica. The discussion drew on the European outlook on ageing presented in the European Commission report on the impact of demographic change.⁴

7. Following the publication of the green paper on ageing by the European Commission,⁵ the Independent Expert took part in the related public consultation and submitted a joint contribution together with the Special Rapporteur on the rights of persons with disabilities and the Special Rapporteur on the right to health in April 2021.⁶ The mandate holders stressed the importance of adopting a human rights-based approach to ageing that was grounded in the principles of equality, non-discrimination, participation, autonomy and independence. In addition, they recommended the elaboration of a white paper with concrete policy options in this respect.

8. In November 2020, the mandate holder provided a submission to the Inter-American Court of Human Rights on the basis of its call for inputs issued to feed into the preparation of an advisory opinion on differentiated approaches to persons deprived of liberty.⁷ The submission outlined general obligations of States to ensure adequate detention conditions for older persons, including the right to accessibility and personal mobility, medical and psychological care, palliative care and full social reinsertion. On 19 April 2021, the Independent Expert took part in a related virtual public hearing held by the Inter-American Court of Human Rights to highlight the specific situation of and challenges faced by older persons deprived of liberty.

9. On 1 December 2020, the Independent Expert engaged in a virtual side event to the thirteenth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, which was organized by the International Network on the Prevention of Elder Abuse, Human Rights Watch and the Department of Economic and Social Affairs together with the Special Rapporteur on the rights of persons with disabilities and with civil society to reflect on overlaps and distinctions in the protection of the rights of older persons and the rights of persons with disabilities. She also participated in a virtual side event to the fifty-ninth session of the Commission for Social Development, namely a briefing on digital technologies and older persons, organized by the American Association of Retired Persons and the Department of Economic and Social Affairs and held on 8 February 2021. In addition, she participated in a virtual side event to the sixty-fifth session of the Commission on the Status of Women, through a discussion on violence against older women and widows, organized by the International Network on the Prevention of Elder Abuse and held on 18 March 2021.

10. From 22 to 24 February 2021, the mandate holder participated in the twentieth informal seminar on human rights of the Asia-Europe Meeting, which focused on the human rights of older persons. In her keynote opening address, she stressed the need for a human rights-based approach to older persons in the context of the COVID-19 pandemic in order to ensure that older persons were able to lead autonomous and independent lives and to be included in society at all levels.

11. On 25 February 2021, the Independent Expert spoke at a side event to the seventh Africa Forum on Sustainable Development. The event was organized by the Stakeholder Group on Ageing Africa and was focused on policy and systems reforms to build back better and help deliver on the decade of action for the Sustainable Development Goals in favour of the inclusion and rights of older persons. The discussion was aimed at identifying ways to

⁴ European Commission, “Report on the impact of demographic change”, 17 June 2020.

⁵ European Commission, “Green paper on ageing: fostering solidarity and responsibility between generations”, 27 January 2021.

⁶ Independent Expert on the enjoyment of all human rights by older persons, Special Rapporteur on the rights of persons with disabilities and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, “Contribution to the public consultation on the EU Green Paper on Ageing – Fostering solidarity and responsibility between generations”, 21 April 2021.

⁷ See https://www.corteidh.or.cr/sitios/observaciones/OC-29/14_Exp_Indepen.pdf.

strengthen the integration of ageing and the rights of older persons in legal and policy reforms.

12. In line with her mandate, the Independent Expert participated in the eleventh session of the Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons, held virtually from 29 March to 1 April 2021. She delivered remarks on the high-level panel on COVID-19, a context that highlighted the urgent need for stronger protection of the human rights of older persons, including by combating ageism and age discrimination. At the substantive session on the right to work, the Independent Expert noted that age discrimination was overwhelmingly identified as a key challenge faced by older persons at all stages of the employment process, with very concrete impacts on their right to an adequate standard of living, social inclusion and independence.⁸

13. In April 2021, the Independent Expert contributed to a newsletter for the Ibero-American Programme for Cooperation on the Situation of Older Persons, with a focus on older persons and lifelong learning.⁹ Lifelong learning programmes should include digital literacy programmes and timely support services to provide older persons with access to information and services and to the infrastructure necessary to access the Internet. In line with Sustainable Development Goal 4, which is aimed at ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all, inclusion and support must be made explicit to ensure that older persons are not left behind.

14. On World Elder Abuse Awareness Day, on 15 June 2021, the Independent Expert stated that little attention had been paid to the barriers experienced by older persons in seeking effective redress and remedies, despite reports of care homes worldwide showing neglect, isolation and lack of adequate services, and notwithstanding reports of increases in gender-based violence and higher risks of violence, abuse and neglect of older persons who were confined with family members and caregivers as a result of lockdown measures. She highlighted that entrenched ageist attitudes hinder older persons from claiming their rights and undermine their autonomy and called as a matter of urgency for access to justice by older persons.¹⁰ In celebration of World Elder Abuse Awareness Day, she participated in a virtual event that was also focused on access to justice.¹¹

15. On 30 June 2021, the Independent Expert joined the panel discussion on the human rights of older persons in the context of climate change, which was held during the forty-seventh session of the Human Rights Council.¹² During the discussion, she stated that the disproportionate impact of climate change on the rights of older persons had been observed during country visits in different regions. In addition, she urged States to pay attention to intersectional factors and to ensure that older persons were systematically included in related assessments and policies.

16. Owing to the COVID-19 pandemic and related travel restrictions, it was not possible to undertake country visits during the reporting period. The Independent Expert intends to resume country visits as soon as the global public health situation allows. She thanks those States that have responded positively to requests for visits and encourages others to do so.

III. Background and conceptual framing of ageism

17. The COVID-19 pandemic brought to light entrenched ageism and age discrimination in many areas, with older persons being blamed as the reason for lockdowns and other measures that restricted personal freedoms. Given the disproportionate impact on older persons, the pandemic shone a spotlight on the gaps in human rights protection of this

⁸ Statements available at <https://social.un.org/ageing-working-group/eleventhsession.shtml>.

⁹ Newsletter in Spanish available at <https://oiss.org/boletin-no-23-programa-iberoamericano-de-cooperacion-sobre-la-situacion-de-las-personas-adultas-mayores/>.

¹⁰ Independent Expert on the enjoyment of all human rights by older persons, “COVID-19: violence and neglect increases for older persons during lockdown, says UN expert”, 14 June 2021.

¹¹ Video recording available at www.youtube.com/watch?v=MPA3GafPosA&t=177s.

¹² See www.ohchr.org/EN/Issues/HRAndClimateChange/Pages/RightsOlderPersons.aspx.

chronically invisible segment of the population and magnified existing violations of their rights.

18. In this context, the first report presented by the Independent Expert to the General Assembly in 2020 contained an initial assessment of the effect of the COVID-19 pandemic on the human rights of older persons. In the report, it was concluded that, in many instances, response plans had failed to include the specific needs of older persons, and that policies put in place to address the pandemic had reiterated discriminatory approaches, which had not been as visible or apparent before the pandemic.

19. In his policy brief on the impact of COVID-19 on older persons, the Secretary-General also recognized that COVID-19 was escalating ageism and the stigmatization of older persons, including hate speech in public discourse and on social media. He called for avoiding the labelling of older adults as inevitably frail and vulnerable. Importantly, 146 States signed a statement in support of the policy brief and echoed concerns over the escalation of ageism.¹³

20. In addition to drawing on previous work undertaken by the Independent Expert, the present report relies on desk research and submissions received in response to a call for contributions that was issued in January 2021.¹⁴ The Independent Expert is grateful to all those who contributed to the preparation of her thematic report. Where possible, the report highlights experiences from different regions, while recognizing challenges in collecting recent, accurate and comparable data and information. While the Independent Expert is fully aware that ageism and age discrimination affect people from across the life course, the focus of the present report is on older persons.

A. Conceptualizing ageism

21. The Independent Expert defines ageism as stereotypes, prejudice and/or discriminatory actions or practices against older persons that are based on their chronological age or on a perception that the person is “old” (or “elderly”).¹⁵ The Independent Expert notes that the term “elderly” is often used to describe an older person, or older persons in general. However, the use of the term perpetuates ageist stereotypes about older persons, suggesting that they are frail and vulnerable and lack capacity. For this reason, the General Assembly decided in 1995 that the term “older persons” was the appropriate term to use for the purposes of the United Nations.¹⁶

22. Older persons experience ageism individually and as a social group. It can be implicit or explicit and can be expressed at different levels.¹⁷ At the individual level, ageism is based on internalized stereotypes and prejudice and can manifest itself towards others and towards oneself, for example, by abstaining from personal communication and certain activities, showing a paternalistic attitude and talking condescendingly to older persons. At the community and family levels, attitudes, perceptions and expectations of behaviour and roles of older persons are often framed by social and cultural norms. At the larger societal level, ageism can consciously or unconsciously shape the way the rights and equal treatment of older persons are integrated in policies and laws, thus often further perpetuating and institutionalizing stereotypes and assumptions.

23. Ageism is based on the assumption that older persons are somehow lacking as a result of their age. The term ageism was coined by Robert N. Butler, who described the

¹³ United Nations, “Policy brief: the impact of COVID-19 on older persons”, May 2020.

¹⁴ Submissions can be consulted at: www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/AgeismAgeDiscrimination.aspx.

¹⁵ See, for example, Fredrik Snellman, “Whose ageism? The reinvigoration and definitions of an elusive concept”, *Nordic Psychology*, vol. 68, No. 3 (2016), pp. 148–159; Thomas Nicolaj Iversen, Lars Larsen and Per Erik Solem, “A conceptual analysis of ageism”, *Nordic Psychology*, vol. 61, No. 3 (2009), pp. 4–22. See also Office of the United Nations High Commissioner for Human Rights, “Update to the 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons”, March 2021, paras. 33–41.

¹⁶ General Assembly resolution 50/141.

¹⁷ Referred to as the micro, meso and macro levels (Thomas Nicolaj Iversen, Lars Larsen and Per Erik Solem, “A conceptual analysis of ageism”).

phenomenon as the systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin colour and gender. Old people are categorized as senile, rigid in thought and manner, and old fashioned in morality and skills. He noted that ageism allows the younger generation to see older people as different from themselves and that they therefore subtly cease to identify with their elders as human beings. He further noted that prejudice against age is a prejudice against everyone since as longevity increases, we strive to become its ultimate victims.¹⁸

24. Whereas older persons represent the most heterogeneous and diverse segment of the global population, ageism results in their being perceived in a generalized way built on assumptions and stereotypes. As a result, ageism leads to age discrimination and hinders older persons from the full enjoyment of their human rights. Ageism has negative impacts on all generations and contributes to an intergenerational divide.

25. Ageism is to a large extent unconscious, socially accepted and pervasive in different aspects of society. Ageism embedded in legal, medical, educational, political and other societal systems, and it shapes the assumptions, feelings and actions of individuals. Widespread interpersonal ageism perpetuates and legitimizes structural discrimination.

26. Ageism is adopted and internalized in childhood, and prejudices are reinforced over time with negative or myopic representations of older age in society. As older persons internalize negative and prejudiced attitudes due to pervasive stigma associated with old age, they may develop distorted perceptions of self-worth or respect, or they may avoid self-identifying as old. Such emotions can make older persons accept behaviour and practices that they would not accept for others, such as isolation, neglect, abuse, abandonment, or lack of choice and control over their lives.

27. Internalized ageism leads to structural ageism, which informs legislation, policies and practices, using age to structure society. Ageism, which can be the root of and subsequently lead to age discrimination, has serious social, health and economic impacts for individuals and society at large.¹⁹ Despite increased policy attention on ageing and older persons and growing recognition of older persons as rights holders, deeply rooted negative perceptions continue to underpin policy and practice, which create distinct barriers in the equal enjoyment of human rights by older persons. Ageism has been exacerbated during the COVID-19 pandemic.

28. The Independent Expert welcomes the *Global Report on Ageism*, published by WHO. The report is aimed at increasing global consensus and awareness of ageism, defining it as stereotypes, prejudice and discrimination against people on the basis of their age.²⁰ According to the report, age discrimination is a manifestation of ageist prejudice in the form of behaviour or treatment.

29. Data from the *Global Report on Ageism* show that half of the world's population is ageist against older persons, with the highest prevalence found in low- and lower middle-income countries. Younger men who are less educated are more likely to perpetrate ageism against older persons. Older persons who are care-dependent, working in the high-tech or hospitality sectors, or living in a country with lower life expectancy are more likely to be a target of ageism. Having poor mental and physical health is also a risk factor for self-directed ageism in older age. The study also found that intergenerational contact was a key factor in reducing the likelihood of perpetrating ageism and the likelihood of self-directed ageism.²¹

30. The United Nations Population Fund also analysed data from the World Values Survey to determine the prevalence of ageism in the more than 50 countries the Survey covers. Respondents reported that they saw less value in older than in younger persons. While responses from high-income countries scored worse, in lower income countries with a lower

¹⁸ Robert N. Butler and Myrna I. Lewis, *Aging and Mental Health: Positive Psychosocial Approaches* (St. Louis, Mosby, 1973).

¹⁹ Ibid.

²⁰ WHO, *Global Report on Ageism* (Geneva, 2020).

²¹ Submission of WHO.

ratio of older persons, greater respect for older persons was observed, contrary to the findings of the *Global Report on Ageism*.²²

B. Complexities of defining older age

31. Age is widely used to structure society and our own lives. Chronological age is often used to define older persons in domestic, regional and international policies and legislation, contributing to widespread ageism. However, the difficulty of defining the target group or victims of ageism adds an additional layer of complexity to studying and combating ageism, given the lack of a clear boundary for the classification of older persons. It is necessary to challenge the common perception that a typical life trajectory comprises three distinct phases: early years associated with learning, adulthood with work and old age with retirement.

32. With an increased life expectancy and evolving life choices and opportunities, age is not synonymous with decline and inactivity. Despite increased focus on “healthy ageing”, policies and institutional practices often continue to reproduce the stereotypical three-stage life course. For instance, welfare systems continue to rely on age cut-offs for social policy entitlements, and mandatory retirement ages that exclude older persons from the labour market on the basis of their age continue to be widely applied.

33. Policies and social assumptions around ageing are also connected to the concept of biological age, which is used to estimate the state of older persons, both in terms of the functioning of their bodies and their remaining abilities, when setting policies for them. In the biomedical field, ageing is constructed primarily as a medical problem warranting medical intervention. The medical model continues to permeate policy thinking on ageing and sees mental and physical decline as experiences inherent in older age that compromise the ability of older persons to look after their interests. Illness, frailty, weakened abilities, lack of adaptability and dependency – qualities often attributed to older persons – are however not intrinsic to old age.

34. Age is a social construct whereby social, economic and political contexts determine whether an individual is considered old.²³ Financial and food insecurity, social isolation, harsh living conditions, exposure to life stressors and environmental barriers, among others, create greater risks of poor health, morbidity and mortality than age does.²⁴ On the other hand, addressing disease prevention, tackling stereotypes and age discrimination, addressing socioeconomic disparities, promoting participation, designing safe living and working environments, and ensuring appropriate care and support all contribute to flattening the curve of functional decline in old age. Certain groups, such as indigenous people, refugees and internally displaced persons, persons deprived of their liberty or patients living with HIV, may face biological signs of ageing earlier than others, owing to adverse life conditions.

35. As noted by the previous mandate holder, persons who have endured conditions of war, conflict and natural disasters cannot be regarded with the healthy ageing metrics of affluent societies.²⁵ Perceptions of old age can also depend on cultural and other factors, such as the demographic characteristics of a community. In tribal and indigenous communities, for example, “elders” may enjoy higher status and power and be valued for their wisdom. In countries with lower life expectancies, older age starts earlier than in those with higher life expectancies.

36. In a previous report, the Independent Expert stressed that the inclusion of older persons in public data, disaggregated by age, sex and relevant socioeconomic characteristics, was essential to effective public policymaking that is inclusive of all older persons.²⁶

²² Submission of the United Nations Population Fund.

²³ Carroll L. Estes, Simon Biggs and Chris Phillipson, *Social Theory, Social Policy and Ageing: A Critical Introduction* (Open University Press, 2003); and Chris Phillipson, *Reconstructing Old Age: New Agendas in Social Theory and Practice* (London, Sage Publications, 1998). See also WHO, “10 facts on ageing and health”, 1 May 2017.

²⁴ See www.who.int/healthinfo/18_SocialDeterminantsAgeing_Steptoe.pdf?ua=1.

²⁵ A/HRC/42/43.

²⁶ A/HRC/45/14.

Important steps need to be taken to adopt a more specific perspective of population ageing, with implications for assessing the living conditions and arrangements for older persons, together with their contributions to society and their enjoyment of all their human rights.

37. Age as a social construct guides human rights discourse on ageing by underlining the agency, autonomy and independence of older persons instead of viewing them as unquestionably vulnerable and in need of protection. Societal barriers, rather than old age or intrinsic individual weaknesses, pose obstacles to the enjoyment of human rights by older persons.²⁷

IV. Legal and policy framework

A. Ageism and age discrimination in international law

38. Under international human rights law, discrimination is defined as any distinction, exclusion or restriction that has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in any field.²⁸ Age discrimination applies to limits imposed to internationally agreed human rights on the basis of the age of the individual or group of individuals.

39. International human rights law lacks a clear and comprehensive prohibition of age discrimination, but the prohibition of age discrimination on the grounds of “other status” has been interpreted as applying to age. Among United Nations treaties, only two Conventions contain explicit references to age. In article 7, related to non-discrimination, of the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, States parties agreed to undertake to ensure the rights provided in the Convention without any distinctions, including age. In article 8, related to awareness-raising, of the Convention on the Rights of Persons with Disabilities, States parties agreed to undertake the adoption of measures to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on age.

40. The lack of a clear prohibition of age discrimination may in part explain why, in international law or national law, differential treatment based on age can be considered as permissible discrimination. This is in stark contrast to existing treaties that obligate States parties to take steps to eliminate racism, sexism and ableism. The term “ageism” itself is rarely used by United Nations human rights treaty bodies, although there have been references to stereotypes based on age, or on age in combination with characteristics, such as sex.²⁹

41. In 2009, the Committee on Economic, Social and Cultural Rights concluded that age is a prohibited ground of discrimination under the International Covenant on Economic, Social and Cultural Rights in several contexts.³⁰ This provides that protection against differential treatment based on age can be permissible in international law, unless such treatment is shown to be “objective or reasonable”. The concern is that many existing justifications for differential age-based treatment themselves represent ageist or stereotyped attitudes and assumptions that are accepted as “reasonable” in the community because of widespread ageism. In particular, the Committee highlighted the need to address: discrimination against unemployed older persons searching for paid work, access to professional training or retraining and older persons living in poverty with unequal access to old-age pensions owing to their place of residence.

²⁷ Frédéric Mégret, “The human rights of older persons: a growing challenge”, *Human Rights Law Review*, vol. 11, No. 1 (March 2011).

²⁸ A/HRC/33/44, para. 62.

²⁹ Committee on Economic Social and Cultural Rights, general comment No. 6 (1995), para. 41; and Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para. 36.

³⁰ Committee on Economic Social and Cultural Rights, general comment No. 20 (2009), para. 29.

42. Previously, the Committee had recommended that States parties expedite the elimination of age barriers to the greatest extent possible in the few areas in which discrimination continued to be tolerated, including with regard to mandatory retirement ages or access to tertiary education.³¹ The Covenant does not explicitly prohibit discrimination on the basis of age and in practice this appears to set a higher threshold for demonstrating that different treatment based on age is inconsistent with the guarantees of equality and non-discrimination in the Covenant than is the case for explicitly named prohibited grounds of discrimination.

43. Language found in earlier international guidance, including in the United Nations Principles for Older Persons and general comment No. 6 of the Committee on Economic, Social and Cultural Rights can also mirror ageist assumptions, including in references to the “problem of demographic ageing” and to the “detrimental effects of ageing”. They also refer to older persons as passive recipients of care, through the use of the terms “elderly” and “frail”, which are associated with loss of capacities and declining health.³²

44. In contrast to human rights discourse on persons with disabilities that does not place caveats on the universality of human rights norms, the condition that certain rights should be enjoyed as far or as long as possible illustrates the biased application of universal norms³³ in the context of older age.³⁴ The Convention on the Rights of Persons with Disabilities utilizes the phrase “on an equal basis with others”, which moves away from differential treatment of persons with disabilities, as opposed to the medical model applied to older persons.

45. Despite their non-binding nature, a number of internationally endorsed policies on older persons provide guidance to States on protecting the rights of older persons within the context of the rights proclaimed in the international covenants on human rights and other United Nations human rights treaties. While neither the Madrid International Plan of Action on Ageing nor the earlier Vienna International Plan of Action on Ageing address age discrimination generally, the Madrid Plan of Action refers to age discrimination in the context of work-related discrimination.

B. Ageism and age discrimination in regional instruments

46. While age is not explicitly listed as a prohibited ground in article 1 of the American Convention on Human Rights, the Inter-American Court of Human Rights has held that age is covered by the non-discrimination guarantees contained in that treaty.³⁵ Comprehensive protection of older persons’ rights is also provided under article 5 of the Inter-American Convention on Protecting the Human Rights of Older Persons. That Convention defines older persons as people aged 60 or older, except where legislation determines a lower or higher minimum age, provided it is not over 65. Since age discrimination is based on perceptions of being old and depending on the context, and old age can begin earlier than 60, this limits the application of the instrument for cases of age discrimination for such persons. A provision in the Inter-American Convention on Protecting the Human Rights of Older Persons that supports addressing structural ageism can be found in article 32, in which States agreed to take awareness-raising measures to foster positive attitudes to old age and to avoid stereotypical images in relation to older persons.

47. Article 18 of the African Charter on Human and Peoples’ Rights provides for special protection measures for older persons’ physical and moral needs. Article 3 of the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons in Africa,

³¹ Committee on Economic Social and Cultural Rights, general comment No. 6, para. 12.

³² See Committee on Economic Social and Cultural Rights, general comment No. 6; and United Nations Principles of Older Persons.

³³ Athina-Eleni Georgantzi, “Developing a new framework for human rights in older age: exploration, interpretation and application” PhD dissertation, National University of Ireland Galway, 2020.

³⁴ See Madrid International Plan of Action on Ageing; and Committee on Economic Social and Cultural Rights, general comment No. 6.

³⁵ Inter-American Court of Human Rights, *Poblete Vilches and others v. Chile (Merits, Reparations and Costs)*, Judgment of 8 March 2018, paras. 125–143 (discrimination on the basis of age in the delivery of health services).

which has yet to enter into force, prohibits all forms of discrimination against older persons, encourages States to eliminate social and cultural stereotypes that marginalize older persons and calls for corrective measures where age discrimination and stigmatization in law and practice exist.

48. Although age is not explicitly listed as a ground for discrimination in article 14 of the Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights) or in the non-discrimination clause (art. E) of the revised European Social Charter, the European Court of Human Rights has held that age falls within the category of other status under those provisions.³⁶ Furthermore, article 23 of the European Social Charter, which refers to the rights of older persons to social protection, requests that States combat age discrimination in all areas of life and adopt adequate legal frameworks to that end. In its non-binding recommendation on the promotion of the human rights of older persons,³⁷ the Council of Europe recognized the gap in the protection of age discrimination and recommended that member States make explicit reference to age in their national anti-discrimination legislation.

49. Age is listed as a prohibited ground for discrimination in the Charter of Fundamental Rights of the European Union (art. 21) and in the Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community (art. 19), with several exceptions applied in practice. In the chapter on equality, the Charter includes a specific article on the rights of the elderly to live a life of dignity and independence and to participate in society (art. 25).

50. Overall, existing regional instruments have a limited ability to address ageism and age discrimination because of their insufficient ratification and limited regional coverage. Furthermore, the regional treaties only partially address multiple and intersectional discrimination, and they lack specific obligations for States. The development of specific norms can facilitate the cross-fertilization of general human rights provisions and address intersectional challenges more efficiently and comprehensively. The limited number of cases in international law on age discrimination is another indication of the inadequate legal framework related to ageism and age discrimination.

V. Ageism and other forms of isms

51. Ageism compounds other forms of inequalities based on gender, disability and health status, ethnic origin, indigenous identity or migrant status, gender identity and sexual orientation, socioeconomic status and other grounds. Realizing the potential of longer lives involves addressing the way old age intersects with other forms of inequality and how barriers affect opportunities to participate actively in society.

A. Ageism and ableism

52. Ableism, a value system that considers certain characteristics of body and mind as essential to live a life of value, is often conflated with ageism.³⁸ Older persons with disabilities may have access to fewer or different services, experience age cut-offs for disability benefits and personal assistance, and face an increased likelihood of institutionalization compared with their younger peers with disabilities. While the biological process of ageing includes an increased likelihood of disability, when ill health is seen as a symptom of older age instead of as a medical condition that merits treatment, older persons risk being excluded, inter alia, from preventive screening, surgical treatment, rehabilitation services and organ transplantation.

³⁶ European Court of Human Rights, “Elderly people and the European Convention on Human Rights”, fact sheet, February 2019.

³⁷ Council of Europe, Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons, paras. 6–8.

³⁸ See A/74/186.

B. Ageism and sexism

53. Older women are also disproportionately affected by some health conditions, including depression,³⁹ and they suffer from lack of health information.⁴⁰ Their sexual and reproductive health may be disregarded just because they are no longer able to have children.⁴¹ Gender inequalities in older age can manifest in multiple aspects, including legal status, access and control of property and land, access to credit, and inheritance rights. Violence and abuse frequently occur at the intersection of age and gender, but also of disability.⁴² Harmful practices can also have a devastating effect on older women's lives, for example, in relation to accusations of witchcraft.⁴³

54. At the intersection of ageism and sexism, patriarchal norms and a preoccupation with youth result in a faster deterioration of older women's status compared with that of men, thereby creating specific and aggravated disadvantages for older women. For instance, older women are often expected to continue carrying out caregiving roles while neglecting their own well-being, physical and mental health, and economic independence. The perception that sexuality and sexual violence disappear with age leads to older women being frequently overlooked in studies and policies on violence against women and on sexual and reproductive health. Myths, prejudices and misconceptions, rooted in religious and traditional customs and beliefs, often cause older women who show an interest in sex to be judged as behaving inappropriately.⁴⁴ For a more comprehensive discussion on this intersection, see the report of the Independent Expert examining the linkages between ageing and gender and its impact on the rights of older women.⁴⁵

C. Ageism and racism

55. Age and race combined create aggravating forms of discrimination and can cause an increased risk of dehumanization of older persons with minority ethnic background.⁴⁶ These systemic disparities at the intersection of ageism and racism are rarely addressed in policy and practice. During the COVID-19 pandemic, ethnic minorities have been targets to physical and online verbal abuse and have been denied health care and information regarding the pandemic,⁴⁷ which has compounded the effects of ageism and age discrimination targeted at older persons for those older persons belonging to ethnic minorities.

56. Racial and ethnic minority groups are more likely to enter old age in poorer health and at greater risk of vulnerability owing to chronic inequalities and widespread racial discrimination and exclusion.⁴⁸ They experience barriers to accessing certain health-care services owing to an absence of services in their communities, cultural differences influencing their health beliefs and behaviours, language barriers and unfamiliarity with the system.⁴⁹ High insurance costs create further disadvantages in access to health-care systems for minority groups.

57. Older members of ethnic minorities are more likely to live in poorer quality, unsafe and overcrowded accommodation in severely deprived areas that have poor access to

³⁹ Chinsung Chung, "The necessity of a human rights approach and effective United Nations mechanism for the human rights of the older person", 2009.

⁴⁰ See E/2010/4-E/CN.6/2010/2.

⁴¹ European Court of Human Rights, *Carvalho Pinto de Sousa Morais v. Portugal* (Application No. 17484/15).

⁴² WHO, "Elder abuse", fact sheet, 15 June 2021.

⁴³ Human Rights Council resolution 47/8.

⁴⁴ Submission of WHO.

⁴⁵ A/76/157.

⁴⁶ See Sue Thompson, *Age Discrimination* (Russell House Publishing, 2005).

⁴⁷ Special Rapporteur on minority issues, "COVID-19 fears should not be exploited to attack and exclude minorities – UN expert", 30 March 2020.

⁴⁸ Maria Evandrou and others, "Ethnic inequalities in limiting health and self-reported health in later life revisited", *Journal of Epidemiology and Community Health*, vol. 70, No. 7 (2016), pp. 653–662.

⁴⁹ Ala Szczepura, "Access to health care for ethnic minority populations", *Postgraduate Medical Journal*, vol. 81, No. 953 (2005), pp. 141–147.

facilities, thereby maximizing loneliness and social exclusion.⁵⁰ Racism also exists in care settings, ranging from deprecatory humour and micro-aggressions to clear racist acts and institutional racism.⁵¹ Worse conditions in employment, such as lower wages, longer hours, unsafe environments and higher risk of unemployment, create additional risks for health and poverty.

D. Ageism and discrimination against older lesbian, gay, bisexual, transgender and intersex persons

58. Older lesbian, gay, bisexual, transgender and intersex persons are one of the most vulnerable to social isolation, financial insecurity, homelessness and poor health outcomes. They are also one of the most invisible groups, largely ignored by national laws and policies and by society at large. While old age impacts the lives of older lesbian, gay, bisexual, transgender and intersex persons in similar ways as other older persons, the double discrimination they experience is compounded owing to the stigma linked to their sexual orientation, gender identity and sex characteristics. Experiences of discrimination and stigma also mean that older lesbian, gay, bisexual, transgender and intersex persons might mistrust public institutions, for example, discouraging them from seeking access to justice.⁵²

VI. Manifestations of ageism and age discrimination in the lived realities of older persons

A. Health and long-term care

59. Older persons are overwhelmingly excluded from clinical studies that sometimes limit the age of the participant to 65 or 75 years of age, despite being more likely to be the end users of medicines and treatment.⁵³ Deep-rooted age discrimination within the health sector can include the denial of medication, rebukes, slapping, isolation, abandonment, neglect and negative attitudes toward older patients.⁵⁴ Ageism leads to a higher incidence of earlier death, poorer physical and mental health, and slower recovery from disability in older age. In addition to the negative effects on older persons' health and well-being, ageism also has a very high economic cost.⁵⁵

60. Other manifestations of ageism in health-care institutions included health-care professionals referring unnecessarily to the age of older patients and using dismissive and patronizing language when speaking with them. Such behavior can be attributed to a lack of expertise in geriatrics, absence of specific curricula on aging in medical universities and inadequate gerontological culture overall, including from the medical profession, as well as to a lack of knowledge on the part of older persons of their own rights.⁵⁶ As a result of the COVID-19 pandemic, many reports have surfaced about care homes that lack the necessary protective equipment for staff and residents, that have isolated residents, and have that provided insufficient medical interventions and palliative care, all of which contributed to residents dying alone.⁵⁷

61. Studies have also reported ageist behaviour by health-care professionals and carers in everyday routines as well as at the institutional level in health-care settings, including

⁵⁰ Maria Evandrou and others, "Ethnic inequalities in limiting health and self-reported health in later life revisited".

⁵¹ Saloua Berdai Chaouni, "Elderly care must pay more attention to exclusion mechanisms", 11 June 2021.

⁵² Submission of OutRight Action International and Eastern European Coalition for LGBT+ Equality.

⁵³ Submission of the Austrian Ombudsperson for Equal Treatment, the Styrian Anti-discrimination Office and Stefan Hopf.

⁵⁴ Submission of the University of Pretoria.

⁵⁵ Submission of WHO.

⁵⁶ Submission of Dobroe.

⁵⁷ Submission of Amnesty International, Spain.

complete disregard for the opinion of patients regarding their treatment, improper medical care, inaccurate medical diagnosis and objectification of older patients.⁵⁸ According to some reports, ageist attitudes can shorten lives by an average of seven years compared with those who have a positive outlook on ageing. Ageist biases erroneously equate diseases such as dementia to a normal expression of ageing.⁵⁹

B. Violence and abuse

62. Ageism may drive violence, abuse and neglect of older persons, for example, when they are perceived as a burden to society. Violence, abuse and neglect can take many forms, including physical, financial, psychological, social and sexual. They can take place in different settings, including within families and in homes, the workplace, care institutions, public spaces, the media, cyberspace and emergency settings. In addition, they can be perpetrated by a wide range of actors, including family members, caregivers, legal guardians, health professionals, government workers and financial representatives. Understaffing, lack of adequate training, and poor working conditions in long-term care facilities are used to explain the high estimates of violence and abuse in care homes. More research is needed relating to both institutions and community settings. Some of the discourse during the COVID-19 pandemic has shown that older persons are viewed as unimportant and disposable, while shocking reports of abuse and neglect have surfaced in care homes.

63. Experiences of violence, abuse and neglect can be aggravated on the basis of age, since older persons are less likely to be taken seriously by law enforcement bodies. There is also evidence that social workers are less likely to label a case as abuse and offer help if the victim is older.⁶⁰ As a result, a great majority of violations and abuses involving older persons are tolerated or suppressed. The lack of awareness of age as a factor that might incite violence, abuse and discrimination contributes to this invisibility and lack of protection of older victims.

64. Relevant policies and measures might not be adapted and accessible to older persons as regards domestic violence. Awareness-raising campaigns may disregard older persons, while reporting and protection mechanisms might not be easily accessible to or appropriate for older persons with specific care and support needs. Older victims are less likely to know their rights or how to file a complaint, or they may fear that the crime will not be considered to be a serious matter. It is estimated that only 1 in 24 cases of elder abuse are actually reported.⁶¹ Fear of shame, loss of affection, retaliation, and more abuse and other consequences may lead to under-reporting or failure to seek help, especially when the perpetrator is the caregiver or someone close to the victim. Lack of legislation and the lack of awareness that violence, abuse and discrimination still occur in later life, owing to uneven power relations, contribute to the invisibility and lack of protection of older victims. As a result, a great majority of violations and abuses suffered by older persons are tolerated or ignored.

C. Employment and retirement

65. Older persons face ageism and age discrimination in access to work.⁶² Ageist barriers to employment include mandatory retirement ages, age limits in recruitment, negative stereotypes about the ability of older persons to work, and societal norms, which all hinder the right of older persons to work.⁶³ A large number of complaints filed to equality bodies in relation to age discrimination tend to come from the employment sector, largely from applicants aged 50 or above who feel they are unable to compete with younger applicants on

⁵⁸ Submission of ILC Israel.

⁵⁹ Submission of Panama.

⁶⁰ Rachely Yechezkel and Liat Ayalon, "Social workers' attitudes towards intimate partner abuse in younger vs. older women", *Journal of Family Violence*, No. 28 (2013), pp. 381–391.

⁶¹ WHO, "Elder abuse", fact sheet, 15 June 2021.

⁶² Submission of HelpAge International.

⁶³ Submission of ILC Canada.

an equal basis because employers hold their age against them and make ageist assumptions about their ability and potential.⁶⁴ Ageism was also noted as a factor limiting the ability of older workers to enjoy equal access to opportunities for training and career advancement, as well as a factor in older persons being subjected to salary reductions and forced early retirement. Some countries that have enacted anti-discrimination legislation based on age continue to have mandatory retirement ages in place.⁶⁵

D. Social exclusion

66. As the previous mandate holder noted, one of the barriers to ensuring the social inclusion of older persons is the lack of understanding of their contributions and untapped potential, and that lack of understanding is deeply rooted in ageist stereotypes and prejudices. Unlike, for example, sexism, racism and other forms of discrimination, ageism is socially accepted, usually unchallenged and pervasive in policy owing to its implicit and subconscious nature.⁶⁶

67. Older persons are at a greater risk of social exclusion once they leave the paid labour force.⁶⁷ In many regions, older persons are at a higher risk of poverty, especially in the oldest age categories. Ageism also contributes to the reduced integration of older persons in neighbourhood activities, driving them into further social isolation.⁶⁸ In some regions, older persons are reportedly at a risk of being abandoned in hospitals when their families are unable to pay the medical costs associated with their care.⁶⁹

E. Financial services

68. Information shared with the Independent Expert shows that many cases related to age discrimination are found in the areas of the provision of goods and services.⁷⁰ The main barriers impacting the access of older persons to financial tools and services can be broadly summarized into three categories: age limits, digitalization, and poverty or low income. The intersectional vulnerabilities faced by individuals – for example, as older women or immigrants – within their local contexts are vital to consider in constructing equitable solutions. The green and digital transitions as well as the responses to the COVID-19 pandemic will exacerbate these barriers even further if awareness of the barriers is not raised⁷¹ and action taken to remove them.

F. Media and hate speech

69. Harassment and vilification of older persons can take various forms. Older persons have been referred to as “bed blockers” on social media, and some journalists have even said that the coronavirus “cull” of older persons could benefit the economy.⁷² Such comments justify structural discrimination, fuel intergenerational tension and can incite hate crime and discrimination. During the COVID-19 pandemic, cases of assault of older persons have been reported.⁷³

⁶⁴ Submissions of Czechia and the national human rights institution of the Philippines.

⁶⁵ Submissions of Alliance of Age and ILC Israel.

⁶⁶ A/HRC/39/50, para. 25.

⁶⁷ Submission of Albania.

⁶⁸ Submission of ILC Israel.

⁶⁹ Submission of University of Pretoria.

⁷⁰ Submissions of Unia, Germany, the national human rights institution of Georgia, and Michaela Honelova.

⁷¹ Submission of Finance Watch.

⁷² Joe Roberts, “Telegraph journalist says coronavirus ‘cull’ of elderly could benefit economy”, *Metro*, 11 March 2020.

⁷³ Josh Halliday, “Teenagers held for allegedly coughing at and assaulting elderly couple”, *The Guardian*, 23 March 2020.

70. Studies of online surveys to measure stereotypes of older persons revealed an overall bias, the use of discriminatory hate speech and negative attitudes aimed at them, particularly on issues related to politics and the economy. “Generational conflict” was the primary justification for the emergence of hate speech.⁷⁴

G. Emergency contexts

71. Emergency policies and plans that are poorly designed or that are not age-sensitive can result in discrimination against older persons. Similarly, relief workers acting under prejudicial assumptions may lead to discrimination against older persons in emergency situations, which may result in older persons receiving inadequate services and relief, with potentially serious consequences for their lives and health. The inclusion of older persons in preparedness and planning policies for emergency situations, including in relation to climate change, is critical. Older persons and the civil society groups that represent them should be invited to participate, and disaggregated data on older persons must be included.⁷⁵

72. Climate change will continue to have a disproportionate impact on older persons worldwide. This impact is aggravated by ageism, which can lead to stereotyping of the older population as passive, incapable and withdrawn. Moreover, it can lead to older persons being neglected, ignored and marginalized in law and policy. Ageism also renders the positive contributions made by older persons invisible. Compounding these problems, older persons, who do not have a dedicated and comprehensive global human rights instrument, are also often overlooked in international environmental agreements.

VII. Conclusions and recommendations

73. **Ageism and age discrimination are human rights violations and purveyors of other human rights violations. The pervasiveness and omnipresence of ageism globally is such that discrimination, marginalization and exclusion of older persons are anticipated as the norm. These harmful approaches damage social and personal identities and contribute to discrimination based on age. Stereotypes are deeply embedded within individuals, organizations and practices, and they inform domestic, regional and international laws and policies.**

74. **The tremendous diversity and contributions of older persons must be taken into account in all efforts to address ageism and age-discrimination. Raising the profile of ageism and age discrimination can help illustrate the extent to which age intertwines with other forms of isms, including sexism, racism and ableism, and grounds of discrimination. An intersectional approach can help redress ageism and complex forms of discrimination in the context of older age.**

75. **Strategies designed to counter ageism must form a central part of “healthy ageing”, “active ageing” or “ageing well” initiatives. If such ageing programmes are merely concerned with individual behaviour and ignore the environment, including culture and social structures in which diverse individuals construct their lives, they will not meet their objectives. In this respect, the Independent Expert recognizes and welcomes the increased attention and analysis generated through the *Global Report on Ageism* and the acknowledgement of combating ageism as one of the four areas of action under the United Nations Decade on Healthy Ageing.⁷⁶ This represents an encouraging framework to foster more understanding, research and action to address ageism and age discrimination and creates opportunities for further inter-agency collaboration within the United Nations system to combat ageism and age discrimination.**

⁷⁴ Submission of the ASEM Global Ageing Centre.

⁷⁵ A/HRC/42/43, paras. 44–48.

⁷⁶ General Assembly resolution 75/131.

Human rights-based approach

76. The Independent Expert reiterates that a human rights-based approach is the most appropriate and effective framework to challenge ageism and requests as a matter of priority that approaches based on human rights be better integrated in laws, policies and institutional practices related to ageing and older persons. The human rights-based approach should be rooted in the paradigm shift from a welfare model to a rights bearers' model and should guarantee dignity, equality, autonomy and participation during the entire life course.

77. A human rights-based approach to ageing recognizes that age is socially constructed. It encompasses diversity, strives for inclusion, and values and supports the genuine participation of older persons as equal partners. Furthermore, it recognizes that the exercise of choice is possible only when opportunities are expanded, and when individuals have adequate support to make decisions and exercise their rights. States must embed the human rights-based approach to ageing in all their policies, including those relating to pension and social security systems. Moreover, States must develop and carry out knowledge- and capacity-building programmes, including training within public authorities, the private sector and the informal economy to ensure equality for persons of all ages.

Anti-discrimination legislation and policies

78. States must ensure that protection from discrimination on the basis of age receives the same standard of scrutiny as other forms of discrimination. Anti-discrimination laws can only be effective if they contain a wide definition of discrimination that includes direct, indirect and structural discrimination, and denial of reasonable accommodation. Moreover, they should also cover multiple, cumulative and intersectional discrimination. Anti-discrimination legislation must avoid exceptions, exemptions or justifications that mask ageist biases that limit the autonomy of older persons and their ability to participate in society on an equal basis with others. Anti-discrimination laws must include effective legal remedies and redress.

79. States must also establish effective redress mechanisms and ensure access to justice, on an equal basis with others, for victims of discrimination based on age. This obligation also involves legal aid and support as well as accessible and age-sensitive legal proceedings. States must take measures to raise awareness in society, including among public officials, the private sector and older persons themselves, about the meaning and consequences of age equality and non-discrimination in old age and about the existing legal provisions and judicial remedies.

80. The full realization of the right to equality and non-discrimination requires systemic transformational changes, with a life-course approach underpinning anti-discrimination policies and measures.

81. In particular, Governments should review, amend or abolish existing laws, regulations, customs and practices that promote and constitute age discrimination, including mandatory retirement ages, and age-segregated laws and policies that deny older persons access to training and education, health or other services, which constitute derogations to the rule of age equality that are underpinned by ageist assumptions.

82. The Independent Expert urges States to embed the human rights-based approach to ageing in their policies and to develop and carry out knowledge- and capacity-building programmes, including training within public authorities, the private sector and the informal economy, to ensure equality for persons of all ages.

83. In relation to the right to health, States should ensure equal access to health care, long-term care and support and palliative care by including older persons in the policy- and law-making process. They should further assess how age discrimination hinders older persons from the full enjoyment of their right to the highest attainable standard of health, including the aggravating and compounding effects of intersectional factors.

84. States must accelerate the development of policies, laws and practical measures to combat all forms of ageism and age discrimination, including those that can lead to violence, abuse, neglect and exploitation of older persons. They should ensure that specific programmes raise awareness and combat ageist assumptions, biases and stereotypes, which lead to non-reporting.

85. States should identify and integrate the specific needs and contributions of older persons in their preparation and planning for emergency responses and recovery, including in the current pandemic and in their climate change and disaster risk reduction measures. Moreover, States should ensure that reviews of emergency plans and responses to the COVID-19 pandemic eliminate internalized stereotypes and biases, which lead to negative impacts on older persons.

Data collection

86. Equality data are crucial for monitoring trends in the effective implementation of non-discrimination laws and for identifying needs for future action. As explained by the Independent Expert in her report on data, older persons are still largely invisible in terms of data and statistics and the lack of disaggregated data. Based on international human rights law, States have the obligation to collect and analyse disaggregated data and information in order to identify and render visible inequalities and patterns of discrimination, including structural aspects of discrimination, and to analyse the effectiveness of measures promoting equality.

87. Data collected should include information on all forms of discrimination, including multiple and intersectional discrimination. Disaggregated data on older persons should also inform and be included as indicators of the Sustainable Development Goals to ensure the comprehensive and meaningful measurement of sustainable development for all at the international and national levels.

Cultural transformation

88. Given the cultural and societal challenges posed by ageism, anti-discrimination laws alone will not suffice. States must target the root causes of ageism and work towards a cultural transformation of the way society sees ageing and older persons. Efforts must be made to restructure systems that merely try to accommodate those who do not fit the norm of youth.

89. The voices of older persons must guide this process of transformation. States must consult closely with older persons through organizations, which represent the vast diversity of the older population in society. In collaboration with civil society, national human rights institutions and other stakeholders, States must develop age-equality policies and strategies. States must identify and consult with subgroups of older persons who are at risk of multiple discrimination and adopt appropriate special measures for their inclusion and equal participation in society.

90. Awareness-raising efforts should be coupled with strategies that are aimed at empowering older persons, building their skills and capacities, and reducing internalized and self-directed ageism. States should take measures to encourage the media to avoid stereotypical portrayals of older persons, such as those that present older persons as frail and dependent objects of care or as burdens to society.

91. Educational interventions and training can promote a culture of tolerance, empathy, diversity and intergenerational solidarity, which are essential for anti-discrimination measures to be effective. They can transmit knowledge about the value, capabilities and roles of older persons in society and the negative consequences of ageism.

92. Intergenerational contact interventions should be included in any comprehensive effort to tackle ageism, since they are among the most effective interventions for reducing ageism against older persons. Spaces and services must be designed in such a way as to allow generations to meet, interact and learn from each other. Policies and measures that segregate older persons must be abolished.

Inclusion of ageism and age discrimination in human rights monitoring

93. **The Independent Expert recommends that age discrimination and lived realities in later life be included in State reports to human rights monitoring bodies and in the universal periodic review and other relevant review mechanisms.**

94. **National human rights institutions and non-governmental organizations should focus on the inclusion of examples of the lived realities of older persons and increase their efforts to make older persons a priority in their work plans, including in their human rights monitoring work.**

Legally binding instrument

95. **The current legal framework does not have the means and capacity to systematically close existing gaps in the protection of the human rights of older persons. The existing international and regional frameworks lack specific and comprehensive obligations in relation to the right to equality and non-discrimination in old age, including age as a prohibited ground of discrimination. Ageism is largely invisible in treaty provisions and interpretations by monitoring treaty bodies. To address this gap in international and regional human rights law, age as a ground of discrimination must be explicitly recognized, including in a comprehensive binding legal instrument on the human rights of older persons.**
