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Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development

Written statement* submitted by Associazione Comunita Papa Giovanni XXIII, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is
circulated in accordance with Economic and Social Council resolution 1996/31.

[04 June 2020]

* Issued as received, in the language(s) of submission only.

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COVID-19, older persons and right to health

The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Mr Dainius Puras, in his report submitted to the 44th regular session of the Human Rights Council writing about excessive medicalization in the care facilities for the aged, concludes: “most importantly, however, is the need to promote the conditions and social resources that foster healthy ageing and to develop policies and allocate resources that allow older persons to remain integrated into their communities.”¹

Recalling the definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,² it is important to analyse how society and health systems denied the right to health to many of our elderly well before the COVID 19 pandemic. The pandemic has shown how the system of the care homes has failed the elderly population not only in different States but also under different perspectives.

On 2nd April 2020, Dr Hans Henri P. Kluge, the WHO Regional Director for Europe stated: “Older adults are at a significantly increased risk of severe disease following infection from COVID-19. (...). More than 50% of all deaths were people aged 80 years or older.”

Dr Kluge was then “reminding governments and authorities that all communities must be supported to deliver interventions to ensure older people have what they need. This support includes safe access to nutritious food, basic supplies, money and medicine to support physical health and access to social and mental health support and information to maintaining emotional well-being. All older people should be treated with respect and dignity during these times. Remember, we leave no one behind.”³ And yet in too many cases, older persons have been left behind.

On 23rd April he further stated: “According to estimates from countries in the European Region, up to half of those who have died from COVID-19 were residents in long-term care facilities. This is an unimaginable human tragedy.”⁴

As of 26 April, the virus itself had already taken the lives of some 193,710 people, and fatality rates for those over 80 years of age were five times the global average.⁵

The United Nations (UN) Secretary-General António Guterres remarked at humanity’s response to the virus includes respect for the rights and dignity of older people and stated that “the pandemic is putting older people at greater risk of poverty, discrimination and isolation, with a particularly devastating impact on older people in developing countries”.⁶

The impact of the COVID-19 pandemic on the elderly population - both living in care homes or alone in their own houses and, due to the pandemic, in self-isolation - has been devastating not only from a physical health point of view, but also from the perspective of mental health and social well-being, especially for those without access to digital technology and therefore in peril of being isolated from help and support.

In many cases, older persons have seen their access to medical treatment and care reduced, their possibility of seeing and holding hands with loved ones annulled, even to the extent of dying alone without the comfort of family and friends. The same structures and measures that were supposed to protect them, have failed inexorably.

¹ A/HRC/44/48.

² Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June – 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948.

³ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>.

⁴ <http://www.euro.who.int/en/about-us/regional-director/statements/statement-invest-in-the-overlooked-and-unsung-build-sustainable-people-centred-long-term-care-in-the-wake-of-covid-19>

⁵ Policy Brief: The Impact of COVID-19 on older persons. UN MAY2020.

⁶ <https://www.vaticannews.va/en/world/news/2020-05/un-guterres-elderly-rights-dignity-covid-19.html>

Given that older people have the same right to health then everyone else, in many cases this right was denied at times through discussions about life-saving decisions that didn't respect the human rights and the dignity of every person.

The OHCHR, in its COVID-19 guidance web page,⁷ has clearly stated that older persons have the same rights as any other age group and they should be protected equally during the pandemic as well as to “ensure that medical decisions are based on individualized clinical assessments, medical need, ethical criteria and on the best available scientific evidence and not on age or disability. Moreover, “treatment should be available to everyone without discrimination, including the most vulnerable and marginalized.

Rightly, a group of UN human rights experts stated in a press released in March 2020 that⁸ “Everyone, without exception, has the right to life-saving interventions and this responsibility lies with the government. The scarcity of resources or the use of public or private insurance schemes should never be a justification to discriminate against certain groups of patients.”

Older people have the same rights to life and health as everyone else: COVID 19 pandemic seems to have proven the contrary, as older people were treated as dischargeable and not useful in many cases, as in other, ignored and forgotten. In different settings and for different reasons elderly persons have paid a higher price.

The death of the elderly cannot be easily archived; doing so would be giving effect to the “culture of waste”. Their disappearance is a loss of wisdom, of memory, of paths that can still say a lot, of a dialogue that is interrupted with young people.⁹

If it is true that every crisis represents also an opportunity, this might be the time to rethink in which way our elderly are considered; we can revise how to better support and protect the vulnerable from within the society instead of isolating or discharging them when they are not productive anymore according to mere economic views. This is the chance to reconsider how health can be pursued avoiding or confining institutionalization as a last resource. Maybe a different answer is possible and needed.

We strongly support the idea that the family might be one of the places of protection and healing as well as the safeguard of the enjoyment of the right to health. The possibility given to older persons to spend their life at home and with their family - promoting home care and economic support and in case this is not possible by developing family fostering to make the elderly persons become grandparents, recovering a role and the possibility of loving and feeling loved - is part and parcel of their right to life and health.

A fully human society should take care of the weak, the sick, the suffering and channel resources towards those families who care for sick, elderly and sometimes even terminally ill people.

Moreover, our experience thought us that suffering is often not created by old age, disability or even terminal illness, but by the loneliness that derives from these conditions. The lack of relationship is unbearable.

While advocating for equality and not discrimination in the enjoyment of the right to health, we support the idea that the family, if properly sustained, is also the place where to defend this right. During these last few months, many families and family-like communities have protected their elderly and weak ones while the system and the institutions have failed to do so. Obviously, in a family, because of its very nature, no one is left behind.

The elderly are our roots, the keepers of memory and history, the connecting link of the life cycle;¹⁰ they deserve better than what they have received during this pandemic.

⁷ <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

⁸ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>

⁹ <https://www.vaticannews.va/it/chiesa/news/2020-03/coronavirus-anziani-morte-solitudine-papa-francesco.html>

¹⁰ <http://www.laityfamilylife.va/content/laityfamilylife/it/eventi/2020/la-ricchezza-degli-anni/gli-anziani--una-sfida-e-un-opportunita-per-la-famiglia.html>

We advocate for States to recommit themselves to protect, respect and fulfil the rights to health and life of older persons by listening to their needs and demands, favouring their autonomy and developing people-centred policies, including, inter alia, appropriate policies that support families and communities in which older people live and are integrated.
