

## A timely call to establish an international convention on the rights of older people



Global pandemics inevitably reveal many vulnerabilities in national and global health systems, as well as society more broadly.<sup>1</sup> The COVID-19 pandemic has amplified the importance of public health, the value of therapeutic medicine, and the power of vaccines. The pandemic has also made apparent stark inequities in access to testing, treatment, and vaccines.<sup>2</sup>

The fact that COVID-19 mortality mirrors all-cause mortality has emphasised the vulnerability of older people across the world, from low-income to high-income countries.<sup>3</sup> COVID-19 is the first pandemic to occur in a world in which the population aged 65 years and older outnumbers that aged younger than 5 years, highlighting three points. First, there are more older people worldwide than there have ever been. According to the UN,<sup>4</sup> in 1950, only 129 million people were older than 65 years; however, by 2020, there were 728 million. Second, a healthy economy requires a healthy population, particularly when that population is ageing. Finally, the pandemic has shown that with an older population, the key to maintaining health is prevention, not treatment.

Although the world was unprepared for COVID-19, it must prepare for the rising number of older people expected to be alive in the decades ahead. Initiatives, such as the UN's Decade of Healthy Ageing,<sup>5</sup> are welcomed but must represent only the beginning of a major initiative. Globally, the proportion of the population aged 65 years and older will increase from 9% in 2020 to 16% by 2050.<sup>4</sup> This rise is not restricted to high-income countries. The proportion will rise from 12% to 26% in China, from 7% to 14% in India, and from 6% to 11% in South Africa. Around a quarter of those aged 65 years and older (208 million people) live in low-income or low-middle-income countries. By 2050, that number is predicted to reach more than half a billion people (or a third of those aged  $\geq 65$  years).<sup>4</sup>

Given these trends, the world must prepare for a considerable increase in age-related diseases. For example, the incidence of Alzheimer's disease and related dementias is increasing, inflicting pain, social and economic damage in the form of costs for

treatment and long-term care, and productivity losses for individuals and, even more so, familial caretakers.

With so many people now living longer, an emergent global health priority is to age well. In response to COVID-19, the mantra was to flatten the curve and slow the rate of SARS-CoV-2 infection transmission to avoid overwhelming hospitals. Flattening the curve of age-related mortality (appendix) requires healthy ageing and slowing the rate at which disease and frailty accumulate with age. Such action requires substantial investments in preventive health care and a focus on the social determinants of health inequalities.

A common misconception is to assume that an ageing society revolves solely around the needs of older people. Instead, achieving healthy ageing requires intervening across the lifecourse, spanning from conception to death, with important segments comprising gestation, childhood, adolescence, early and late adulthood, and end of life.<sup>7</sup> Given the growing life expectancy globally, a lifecourse approach makes healthy ageing important for all countries, regardless of their current age distribution. The global necessity to make the current young and middle-aged populations the healthiest ever old-age cohort in the future is urgent.

Investments in health improve economic outcomes,<sup>8</sup> and healthy ageing should be no exception. A sixth of the global workforce is aged 55 years and older, a ratio set to rise further. Ensuring that this future generation of older workers is as healthy and productive as possible will boost welfare and gross domestic product, and bolster public finances.

Historically, international conventions have arisen for diverse reasons, including a crisis or global movement triggering a need (eg, refugees and migrants, or post-war reconstruction), a gap in any dimension (eg, the UN Population Fund addressing sexual and reproductive health), and an issue of global importance with fragmented initiatives that require coherence and coordination (eg, UNDP and UN Women).

For older people, the COVID-19 pandemic has starkly revealed a considerable gap in the current global institutional architecture. At an international level, no single body is responsible for advocating for

See Online for appendix

For more on the UN Population Fund see <https://www.unfpa.org>

this fastest growing age group in the world (figure). As such, no organisation articulates the needs of a group experiencing the most rapidly growing disease burden, and no institution ensures that the economic, social, emotional, and security needs of older people are voiced and protected. This situation is made more urgent because this demographic event is so historically unprecedented that this is an age group for whom current domestic policies and institutions are also unprepared.

By contrast, the UN Population Fund aims to deliver a “world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled”.<sup>9</sup> UNICEF and the UN Educational, Scientific and Cultural Organization focus on the needs and rights of children and adolescents. UN Women focuses on achieving gender equality and women’s empowerment. The International Labour Organization covers the labour rights of working-age adults, including equality of opportunity. Other agencies, such as the UN High Commissioner for Refugees and the International Organization for Migration, focus on specific groups of all ages.

That there is no agency for older people has obvious antecedents. The UN was established in 1945 and WHO in 1948. In 1950, there were around seven children younger than 15 years for every one person older 65 years. However, these antecedents are no longer valid. By 2050, the ratio will be closing in on 1:1 with more than 1.5 billion people aged 65 years and older globally, which is many more than the 870 million children alive when the UN and WHO were established.

To witness the need for this extension, the shifts in the age distribution of deaths need to be considered. In 1990,

just over 13 million deaths of children younger than 15 years occurred; in 2017, this had fallen to 5.7 million deaths. By contrast, the number of deaths of adults aged 70 years and older increased from 15.6 million in 1990 to 28.4 million.<sup>3,10</sup> The fact that WHO refers to deaths before age 70 years as premature indicates the sheer impact of this void in international organisations. A global institution focused on the needs of older people would undoubtedly argue that many deaths over 70 years of age are also premature. Such an institution would also surely declare that the Universal Declaration of Human Rights should explicitly consider age as a characteristic requiring protection from discrimination.

Promoting social progress, improved living standards, and human rights are among the aims of the UN. Creating an agency focused on a stage of life increasingly experienced by a majority, rather than a minority, is a natural next step in achieving the UN’s aims.

Therefore, we recommend the following actions. First, a UN Convention on The Rights of Older People should be established to provide a framework for tackling current social and economic inequities, insecurities, and vulnerabilities; championing beneficial opportunities for older people; and articulating aspirations and plans for the decades ahead. Second, we propose the establishment of an international agency, such as a UN Program for Older People (figure). The mission of this programme would be to lead and coordinate UN activities related to specifying and codifying the rights of older people; to advance norms and aspirations related to the physical, mental, social, political, and economic wellbeing of older people; and to support national governments and civil society in their efforts

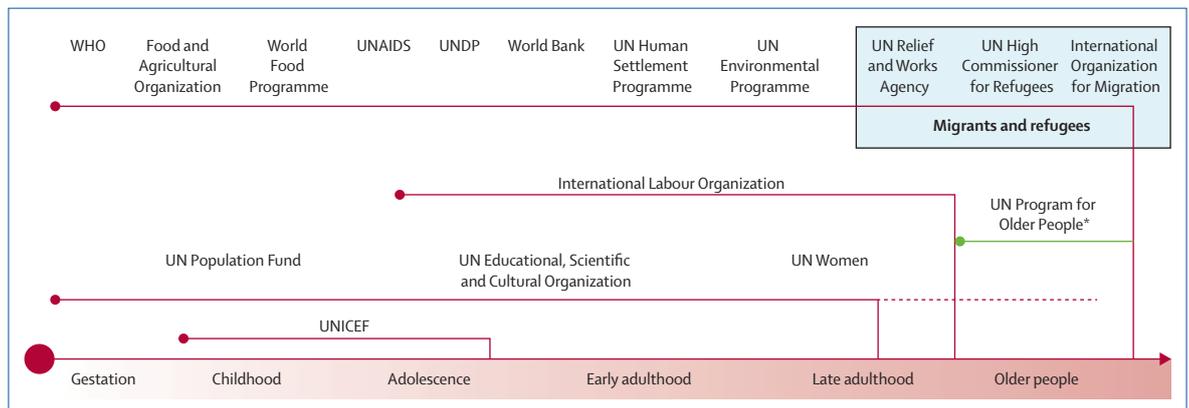


Figure: Mapping selected UN bodies, funds, programmes, and specialised agencies by lifecourse  
 \*Proposed place for the UN Program for Older People.

to design and implement policies that are aligned with these specified rights, norms, and aspirations. Third, we need to adopt a lifecourse perspective recognising that children nowadays have never been more likely to live to old age. The UN Program for Older People should endeavor to support not only the current generation of older people but also that of future generations. The true aim of such an organisation would be to maximise and leverage the gains made from gestation to late adulthood. Clear coordination with other agencies to support the humanity-enhanced need to age well is needed.

Long-run demographic trends and the disruption caused by the COVID-19 pandemic have revealed a gap in the international infrastructure that fails to protect and promote the rights and wellbeing of older people. This omission is a serious failing, especially because the young have never been more likely to become the old. Given a predictable rising disease burden due to demographic trends, steps need to be taken now to ensure that people worldwide age as healthily as possible. The scale of this age cohort, its health challenges, its growing economic importance, and its high proportion of vulnerable people point to the need for a convention on the rights of older people. A dedicated institution supporting the needs of the most vulnerable, and highlighting and enhancing their health, economic, and social opportunities, is needed.

DEB was supported by a grant from the Carnegie Corporation of New York (G-F-52687). AJS was supported by the Economic and Social Research Council (ESRC grant T002204). All authors serve as members of the World Economic Forum Global Council on Healthy Ageing and Longevity, receiving no payments. The views expressed in this piece are those of the authors and not the World

Economic Forum. DEB has served on advisory boards, received speaking fees and travel reimbursements, taught in Executive Education programs, and worked on studies relevant to older populations (as both an independent consultant and an external consultant to Data for Decisions). These activities were funded by Pfizer, Sanofi, GlaxoSmithKline, Merck, Simpson Healthcare, the Davos Alzheimer's Collaborative, the International Monetary Fund, the National Institute of Aging, the International Longevity Center, and the Nobel Prize Foundation. AJS received a speaker honorarium from participating in an Elsevier Event on Age Diversity; and was paid a fee to write a report for UN Department of Economic and Social Affairs on the agenda for older people after COVID-19.

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

\*John E Ataguba, David E Bloom, Andrew J Scott  
john.ataguba@uct.ac.za

Health Economics Unit, School of Public Health and Family Medicine, Health Sciences Faculty, University of Cape Town, Cape Town, South Africa (JEA); Harvard T H Chan School of Public Health, Boston, MA, USA (DEB); London Business School and Centre for Economic Policy Research, London, UK (AJS)

- 1 The Lancet. Redefining vulnerability in the era of COVID-19. *Lancet* 2020; **395**: 1089.
- 2 Zard M, San Lau L, Bowser DM, et al. Leave no one behind: ensuring access to COVID-19 vaccines for refugee and displaced populations. *Nat Med* 2021; **27**: 747–49.
- 3 Lloyd-Sherlock P, Ebrahim S, Geffen L, McKee M. Bearing the brunt of COVID-19: older people in low and middle income countries. *BMJ* 2020; **368**: m1052.
- 4 UN. World population prospects 2019. <https://population.un.org/wpp/> (accessed Aug 13, 2021).
- 5 UN. United Nations General Assembly Resolution: United Nations Decade of Healthy Ageing (2021–2030). <https://undocs.org/en/A/RES/75/131> (accessed Aug 13, 2021).
- 6 Bennett JE, Stevens GA, Mathers CD, et al. NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. *Lancet* 2018; **392**: 1072–88.
- 7 Kuh D, Ben-Shlomo Y, Lynch J, Hallqvist J, Power C. Life course epidemiology. *J Epidemiol Community Health* 2003; **57**: 778–83.
- 8 Bloom DE, Canning D, Kotschy R, Prettner K, Schünemann JJ. Health and economic growth: reconciling the micro and macro evidence. Cambridge, MA: National Bureau of Economic Research, 2019.
- 9 UN Population Fund. About us. <https://www.unfpa.org/about-us> (accessed Aug 13, 2021).
- 10 GBD 2019 Demographics Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis of the global burden of disease study. *Lancet* 2020; **396**: 1204–22.