

# 제1차 아셈 노인인권 현실과 대안 포럼

ASEM Forum on Human Rights of Older Persons: Present and Future

## 재난 및 긴급상황에서의 노인인권

Protection of the Human Rights of Older Persons in Emergency Situations

2021. 10. 26(화)~27(수) | 글래드 호텔 여의도, 서울 | 하이브리드, 온라인 생중계 

Tuesday 26 October - Wednesday 27 October 2021 | Glad Hotel Yeouido, Seoul | Hybrid event/Live stream

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## ▪ 행사 개요

### 제1차 아셈 노인인권 현실과 대안 포럼

주제	재난 및 긴급상황에서의 노인인권
일시	2021. 10. 26(화) – 27(수)
장소	글래드 호텔 여의도, 서울
진행방식	하이브리드, 온라인 생중계
대상	ASEM 회원국 관계부처, WHO, UNDESA 등 관련 국제기구, HelpAge International, Amnesty International 등 INGO, 국가인권기구 및 학계 연구자등
주요내용	기조연설 [세션 1] 보건위기에서의 노인 [스페셜 세션] 시민사회 토크콘서트 [세션 2] 인도적 위기에서의 노인 [세션 3] 기후변화/자연재해에서의 노인 [세션 4 with WHO] 연령주의와 재난/긴급상황
주최	아셈노인인권정책센터
공동주최	국가인권위원회, 주한 유럽연합(EU) 대표부

## ▪ Overview

### ASEM Forum on Human Rights of Older Persons: Present and Future

Theme	Protection of the Human Rights of Older Persons in Emergency Situations
Dates	Tuesday 26 <sup>th</sup> October – Wednesday 27 <sup>th</sup> October 2021
Venue	Glad Hotel Yeouido, Seoul
Operation	Hybrid event / Live stream
Participants	ASEM Partners, WHO, UNDESA, INGOs and academics
Program	Keynote Speech [Session 1] Older Persons in Health Crises [Special Session] Civil Society Talk Concert [Session 2] Older Persons in Humanitarian Crises [Session 3] Older Persons in Climate Change/Natural Disaster [Session 4 with WHO] Older Persons in Emergencies and Ageism
Host	ASEM Global Ageing Center
Co-Host	National Human Rights Commission of Korea & Delegation of the European Union to the Republic of Korea

## ■ 행사소개

인구 고령화의 가속화는 현재 세계 대부분 사회가 직면하고 있는 범세계적인 현상인 한편, 지난 몇 년 동안 위기 상황의 발생과 지속 기간은 지속적으로 증가해왔습니다. 예를 들어, 2005년과 2017년 사이 국제적 대응을 필요로 한 재난은 16개에서 30개로 증가했으며 평균 지속 기간은 4년에서 7년으로 증가했습니다(UN DESA, 2019). 이 두 가지 현상은 증가하는 위기 상황의 빈도와 지속 기간이 노인에게 어떤 영향을 미치는지에 대한 질문을 제기합니다. 연령, 성별, 경제 및 건강 상태와 같은 사회적, 경제적 위치 및 정체성이 위기 상황에서 완화, 적응 및 구조와 관련된 자원과 서비스에 대한 접근을 결정하지는 않더라도 영향을 미친다는 것은 잘 알려져 있습니다. 그것이 보건위기든, 전쟁과 분쟁에 의해 야기된 인도주의적 위기든, 자연 재해든, 특히 노인들이 배제 또는 고립의 위험에 처해 있으며 위기 상황에서 가장 큰 타격을 받을 수 있다고 생각하는 것은 어렵지 않습니다. 사실, 많은 보고서들은 노인 학대와 차별이 '정상적인' 상황에서도 증가하고 있다는 것을 보여줍니다. 그런데 위기 상황은 기존에 존재하던 노인학대와 차별을 더욱 악화시킵니다. 이는 최근 전세계에 영향을 미친 보건위기 중 하나인 COVID-19 팬데믹에서 가장 적나라하게 드러났습니다. 세계보건기구(WHO)에 따르면, 유럽에서 COVID-19로 인한 전체 사망자의 95%가 60세 이상이고 사망자의 50% 이상이 80세 이상이었습니다. 뿐만 아니라, 노인들은 비상 구호 시스템에서 배제되어 그들의 취약성이 더욱 더 악화될 뿐만 아니라 위기상황에서의 노인들의 긍정적인 기여는 제대로 인정되지 않습니다. 대부분의 사회에서 노인인구는 빠르게 증가하고 있으며 자연 재해와 인재(人災)가 그 어느 때보다 빈번하게 발생하기 때문에, 이러한 위기 상황을 해결하지 않는 한 노인들은 불가피하게 점점 더 높은 위험에 노출될 것입니다.

이런 맥락에서 아셈노인인권정책센터(AGAC)는 '재난 및 긴급상황에서의 노인인권 보호'를 주제로 **'제 1차 아셈 노인인권: 현실과 대안'** 포럼을 개최합니다. COVID-19 팬데믹으로 인해 위기 상황에서의 노인 문제가 더욱 부각되고 있는 상황을 일반적인 재난과 위기의 환경에서 노인이 어떻게 첫 번째 피해 집단이 되고, 마지막으로 고려되는 집단이 되는지를 재조명하고 이 문제를 해결할 수 있는 다양한 방법을 모색하는 기회를 갖고자 합니다. 이 포럼을 통해, AGAC은 국제기구, 국가 정부 관계자 및 학술 연구자부터 시민사회단체(활동가)에 이르기까지 다양한 이해당사자들을 초청하여 아래 세 가지 주제에 대한 토론을 진행하고자 합니다. 첫째, 성, 사회경제적 위치와 같은 사회적 정체성과 연령의 교차점을 고려하여 어떻게 위기 상황에서 노인들에 대한 편견, 차별, 방치가 더욱 더 확대되고 심화되는가, 둘째, 이러한 문제를 해결하기 위해 지역적, 국가적, 그리고 세계적으로 어떤 노력이 있어 왔는가, 셋째, 유엔 노인인권협약 채택을 포함하여 노인인권을 보호하기 위해 필요한 추가적인 노력은 무엇인가 등에 대해 논의하고자 합니다.

### 세션 별 주제

포럼은 5개의 세션으로 구성되어 있습니다 - 1) 보건위기에서의 노인, 2) 인도주의적 위기에서의 노인, 3) 기후변화/자연재해에서의 노인, 그리고 4) AGAC의 WHO 연령주의 국제보고서 국문번역본 출간 기념 토론회로 구성되며 특별세션으로 시민사회 토크콘서트가 개최됩니다. 세션 4를 제외한 이외 세션은 4명의 발표자(각 15-20분)와 질의응답으로 구성되며 세션 4는 WHO 연령주의 국제 보고서 책임 연구원 바니아 드 라 푸엔테-누네즈의 발표와 세 명의 토론자가 참여하는 토론회로 진행됩니다. 모든 세션은 사회자(좌장)에 의해 진행됩니다.

### 세션 1: 보건위기에서의 노인

#### 특별 세션: 시민사회 토크 콘서트

### 세션 2: 인도주의적 위기에서의 노인

### 세션 3: 기후변화/자연재해에서의 노인

### 세션 4 (with WHO): 세계보건기구 연령주의 국제 보고서, 재난상황과 연령주의

인구 고령화가 전 세계적으로 빠르게 진행되고, 위기 사태가 점점 더 빈번하게 그리고 강도 높게 발생함에 따라, 현재 재난과 위기대응 체계가 위기상황에서의 노인의 특성과 취약성을 고려하여 대응하기에 부적절하다는 인식이 국제사회에서 증가하고 있습니다. 더불어, 노인을 그 자체로 유의미하고 독특한 집단으로 인식하고 반영해야 한다는 정부와 국제 (개발) 기관들의 요구가 증가하고 있습니다. 이에 따라, 다양한 지역, 국가 및 국제 주체들 사이에서, 고령화 사회에 대한, 특히 재난 상황에서의 노인에 대한 인권 기반 접근 방식 채택의 필요성에 대한 공감대가 형성되고 있습니다.

현재 재난상황에서의 노인 대응체계에 대한 문제점을 시정하고 재난 상황에서 노인 보호를 위한 유일하고 지속 가능한 방법은 인권에 기반한 접근 방식이라는 인식을 바탕으로 이를 주류화하기 위한 주목할 만한 시도들이 있었습니다. 예를 들면, 유엔 노인인권 독립전문가(Independent Expert)는 2019년 보고서의 주제를 '재난 상황과 인도주의적 위기에서의 노인인권 보호'로 채택했습니다. 유엔유럽경제위원회(UNECE)는 2020년 노인들이 경험하는 특정 위험과 취약점을 분석하고 일부 국가에서 시행된 모범 사례들을 소개하는 정책 브리프를 발간했습니다. 이 정책 브리프는 노인들의 요구가 재난 대비에서 위험관리, 위기감소, 복구에 이르기까지 모든 단계에 걸쳐 반영될 수 있도록 몇 가지 전략을 채택할 것을 제안했습니다. 유엔기구와 함께, 국제비정부기구들(INGOs)은 대부분의 재난 상황에서 노인들이 어떤 식으로 열외로 취급되어 왔는지를 밝히기 위한 적극적인 활동을 해왔습니다. 예를 들면, 헬프에이지 인터내셔널의 2020년 보고서 '지금이나 아니면 언제 가능할 것인가? 인도주의적 위기에서의 노인들에 대한 약속을 준수하는 것'과 국제앰네스티가 2019~2020년 발간한 방글라데시, 미얀마, 나이지리아 분쟁 이후 인도적 위기에 처한 노인에 대한 보고서 등이 있습니다. 마찬가지로, WHO는 2021년 연령주의가 어떻게 사람들의 건강과 복지, 인권에 심각한 결과를 초래하는지를 다룬 연령주의 국제보고서를 발간했습니다. 동 보고서는 연령주의가 어떻게 노인들의 삶의 질을 떨어뜨리고 사회적 고립과 외로움은 물론 폭력과 학대에 노출될 위험을 확대시킬 수 있는지를 다양한 근거를 바탕으로 보여주고 있습니다.

최근 몇 년 동안 국내외 기관들이 이론 가시적이고 주목할 만한 성과에도 불구하고, 여전히 노인인권 보호는 충분하지 못합니다. 아셈노인인권정책센터는 이러한 범세계적 노력에 동참하고자 하는 노력의 일환으로 '제1차 아셈 노인인권: 현실과 대안' 포럼을 개최하며 특히 두 가지 측면에서 노인인권 보호와 증진을 위해 기여하고자 합니다. 첫째, 국가공무원, 유엔기관, INGOs, 학계 등 다양한 분야에서 각자의 경험과 관점을 공유하고, 위기 상황의 노인을 보호하기 위한 공통의 기반과 공동체적 해결책을 모색하는 자리를 마련하고자 합니다. 둘째, 유럽과 아시아뿐만 아니라 고소득, 저소득, 중위소득 국가의

활동가들과 대표들을 초빙하여, 다른 지역과 국가의 경제적, 사회적, 문화적 조건에 대한 이해를 높이고, 이를 통해 지역적, 경제적 격차를 넘어 노인들을 보호하기 위한 더 나은 해결책을 찾고자 합니다.

### 세션1: 보건위기에서의 노인

고령 남성과 여성은 세계적으로 전례가 없는 COVID-19 대유행 보건위기에 가장 큰 타격을 받았습니다. 세션1에서는 정부와 INGO 관계자 및 학계 연구자가 보건위기에서의 노인과 관련된 문제들을 다룰 것입니다. 고령화 NGO 위원회의 위원장 실비아 페렐 레빈은 현재 COVID-19 팬데믹 기간 동안 노인들에 대한 폭력, 학대, 방치가 어떻게 급격하게 증가했는지에 대해 발표합니다. 독일 가족노인여성청소년부 마티아스 폰 슈바넨플루겔국장은 보건위기의 노인 보호를 위한 독일의 대응을 소개합니다. 헬프에이지 인터내셔널의 퀴 트란(Quyen Tran) 지부장은 노인의 보건위기 대응을 위해 베트남 등 아세안 국가와 지역사회 차원에서 채택한 다양한 조치와 활동을 공유합니다. 권순만 한국보건산업개발원장은 한국의 사례를 바탕으로 지속 가능한 COVID-19 대응 정책이 어떤 요소를 포함할 수 있고 포함해야 하는지에 대해 논의합니다. 이 세션은 서울대학교 정진성 명예교수의 사회로 진행됩니다.

### 특별 세션: 시민사회 토크콘서트

시민사회 토크콘서트는 다양한 노인인권 관련 국제비정부기관(INGO)들이 현장에서 활동하며 얻은 경험을 공유하고, INGOs간 협력을 통해 노인인권 증진을 위한 시너지 효과를 높이기 위해 마련됐습니다. 시민사회 토크콘서트는 두 개의 하위 프로그램으로 구성됩니다: 세계노인권리연대의 마가렛 영의 발표에 이어 6명의 INGO(세계노인권리연대(GAROP), 한국 헬프에이지, 제네바 NGO 고령화위원회, 헬프에이지 인터내셔널, 에이지 플랫폼 유럽(오크라), 노인서비스연합) 인사가 참여하는 토론회가 개최됩니다. 이 특별 세션에서는 COVID-19 시대를 맞아 노인들이 처한 구체적인 현실을 살펴보고, 노인인권 보호와 증진을 위해 시민사회가 어떤 역할을 할 수 있는지에 대해 논의합니다. 동 세션은 강남대 박영란 교수의 사회로 진행됩니다.

### 세션2: 인도주의적 위기에서의 노인

인도주의적 위기는 다수의 사람들의 건강, 안전 또는 안녕을 위협하는 사건을 말합니다. 인도주의적 위기는 전쟁, 자연재해, 기근, 질병으로 인해 발생할 수 있습니다. 세션 2는 특히 (정치적) 갈등으로 인한 인구 이동(이주)과 이와 관련된 맥락에서 인도주의적 위기에 처한 노인들의 다양한 측면을 다룰 것입니다. 국제엠네스티 위기대응프로그램의 매튜 웰스 부국장이 분쟁(학살) 이후 위기상황에 놓일 수밖에 없는 노인들의 조건에 대한 연구결과를 공유합니다. 에이지 인터내셔널의 공공정책고문이자 헬프에이지 인터내셔널의 2020년 보고서 ‘지금이나 아니면 언제 가능할 것인가?’의 공동저자인 켈 블루스톤이 동 보고서의 주요 결과에 대해 논의합니다. 한국여성정책연구원 국제개발협력센터 소장 장은하 박사는 성별과

교차성 관점에서 본 인도주의적 지원에서의 노인들에 대해 발표합니다. 영국 옥스퍼드 브룩스대 수프리야 아케르카 교수는 현 국제인도주의 위기대응 메커니즘의 기존 규범적 틀과 가이드라인을 짚어보고 위기 시 노인을 위한 정책적, 실천적 함의에 대해 논의합니다. 이번 세션은 한국인권재단의 이성훈 이사님의 사회로 진행됩니다.

### 세션3: 기후변화/자연재해 위기에서의 노인

최근 몇 년간 지진, 홍수, 허리케인, 장기간 폭염과 같은 자연재해가 증가했습니다. 기후변화와 자연재해는 많은 지역사회와 사회 전반에 막대한 피해를 입혔고, 특히 노인과 같이 취약한 사람들에게 더 많은 고통을 초래했습니다. 세션 3에서는 영국 옥스포드대학교 인구고령화 연구소의 사라 하퍼 교수가 인구 고령화가 환경과 어떻게 상호 작용하는지에 대해 발표합니다. 그리고 말레이시아 여성가족지역개발부 파티마 주리다 비티 살레흐 심의관이 고령자에게 미치는 자연재해(위기상황)의 악영향을 완화하기 위해 말레이시아가 사회적 지원을 통해 어떻게 대응했는지에 대해 소개합니다. 인도네시아 야크쿰 비상대책본부 사리 무티아 티머 이사는 2018년 솔라웨시 중부에서 발생한 지진 관련 노인들의 권리와 기본적인 요구를 논의합니다. 서울대학교 보건대학원 김홍수 교수는 한국의 사례와 관련하여 기후변화 시대에 노인들의 건강과 복지를 어떻게 보호할 것인가에 대해 발표합니다. 이 세션은 조영숙 한국여성단체연합의 조영숙 양성평등대사의 사회로 진행됩니다.

### 세션4 (with WHO): 연령주의와 재난/긴급상황

세계보건기구(WHO)는 2021년 3월 다른 UN 기구들과 함께 연령주의가 어떻게 국민의 건강과 웰빙, 인권에 심각한 영향을 미치는지를 다룬 연령주의 국제보고서를 발간했습니다. 이 보고서는 연령주의에 대한 체계적 개념을 제공할 뿐만 아니라 많은 사람들이 접근하기 쉬운 방식으로 다양한 증거를 통해 연령주의 척도, 영향, 결정요인에 대해 기술하고 있습니다. 또한, 연령주의를 감소시키기 위한 효과적인 전략들을 제시하고 있습니다. 이 중요한 보고서를 널리 전파하고, 특히 한국 독자들이 더 쉽게 접할 수 있도록 AGAC은 국문번역본을 출판합니다. 세션 4는 동 보고서의 국문번역본 발간을 기념하고, 위기 상황에서의 노인과 관련하여 연령주의에 대해 토론합니다. 특히, 긴급/재난 상황에서 연령주의가 어떻게 나타나며 위기 상황이 연령주의를 어떻게 더 심화시키는 가에 대해 토론합니다. 세션 4에서는 WHO 연령주의 국제보고서 책임연구원인 바니아 데 라 푸엔테 누네스 박사가 이 보고서의 주요 내용과 향후 연구 방향에 대해 논의합니다. 발표에 이어 유엔 경제사회국 아말 아부 라페 국장, 헬프에이지 인터내셔널의 쟈마 스토벨 글로벌 보이스 고문, 이화여자대학교 사회복지학과 정순돌 교수가 토론자로 참여합니다. 이 세션은 서울대학교 최성재 명예교수의 사회로 진행됩니다.

### 부대 행사: 글로벌 노인인권 캠페인 온라인 전시회

AGAC는 동 포럼과 동시에 진행되는 행사로 국제 기구, 시민 사회, 정부, 민간 부문의 활동가들의 노인인권 관련 캠페인을 취합하여 전시하는 ‘글로벌 노인인권 캠페인 온라인 전시회’를 개최합니다.

이 온라인 전시회를 통해 연령주의, 유엔노인권리협약, 고령여성, 직장내 연령주의, 노인복지, 연령과 나이듦에 따르는 변화 등 노인인권과 관련된 다양한 이슈를 다룬 캠페인을 소개합니다. 관람객들은 홈페이지 댓글 코너를 통해 자신의 생각을 공유하고, 캠페인 현장을 방문해 노인인권에 관한 주요 이슈에 대해 자세히 알아볼 수 있습니다. 이러한 참여를 통해 많은 사람들이 AGAC의 노인인권 보호 및 증진 노력에 동참하기를 기대합니다.

AGAC는 웹사이트와 가상현실 전시회 두 가지 인터페이스 옵션을 제공합니다.

(웹사이트) [www.agaccamp.org](http://www.agaccamp.org)

(가상현실 전시회) [www.agacvrcamp.org](http://www.agacvrcamp.org)

## 일정표

Day 1   10. 26(화)		DAY 2   10. 27(수)	
09:30~10:30	등록	09:00~10:00	등록
10:30~10:45	환영사	10:00~12:00	[세션 2] 인도적 위기에서의 노인
10:45~11:15	축사	12:00~14:00	오찬
11:20~12:00	기조연설	14:00~16:00	[세션 3] 기후변화/자연재해에서의 노인
12:00~14:00	오찬	16:00~16:30	쉬는시간
14:00~16:00	[세션 1] 보건위기에서의 노인	16:30~18:30	[세션 4 with WHO] 연령주의와 재난/긴급상황 *WHO Global Report on Ageism
16:00~16:30	쉬는시간		
16:30~18:30	시민사회 토크콘서트		폐회식

## Introduction

While accelerating population ageing is a global phenomenon that most societies are currently facing, the occurrence and duration of emergencies have increased in the past years – for instance, between 2005 and 2017 the number of crises receiving an international response grew from 16 to 30, and their average duration rose from four to seven years. These two phenomena raise the question how the increasing frequency and length of emergency situations impact on older persons. It is well known that one's socio-economic positionings and identities such as age, sex, economic and health status influence, if not determine, one's access to resources and services related to mitigation, adaptation and relief in emergency situations. It is not difficult to imagine that older persons are particularly at risk of exclusion and tend to bear the brunt in emergency situations, whether in a health crisis, a humanitarian crisis caused by war and conflicts, or in natural disasters. In fact, many reports show that discrimination against older persons and elder abuse have been on the rise even in 'normal' situations. Emergencies exacerbate the existing forms of elder discrimination and abuse. This is most vividly shown during the COVID-19 pandemic, one of the major global health crises in recent years, where most victims are older persons: according to the World Health Organization (WHO), 95% of the total deaths caused by COVID-19 in Europe were people aged above 60 and over 50% of deaths were of people aged over 80. Furthermore, older persons are not only overlooked in emergency relief systems, which aggravates their vulnerabilities, but their positive contributions during emergency crises are often unacknowledged. Older persons will inevitably and increasingly be exposed to higher risks unless the status quo is challenged, as older persons make up a rapidly increasing share of most societies and natural and man-made disasters occur ever more frequently.

Against this backdrop, the ASEM Global Ageing Center (AGAC) organizes its first forum on **The Human Rights of Older Persons: Present and Future** on the theme of *Protection of the Human Rights of Older Persons in Emergency Situations*. While the issue of older persons in emergency situations has been brought into the light more pressingly by the COVID-19 pandemic, the AGAC takes this as an opportunity to reassess how older persons are the first group to be victimized and the last one to be considered in general emergency crisis responses, and to explore various ways to move forward. The AGAC aims, through this Forum, to bring together various stakeholders, from international organizations, national government officials and academic researchers to civil society groups (activists) to discuss 1) how older persons are discriminated against, neglected and prejudiced in a magnified form in emergency situations, particularly when the intersections of age with social identities such as sex and socio-economic situatedness is taken into account, 2) what regional, national and global endeavors have been made to resolve these problems and 3) what additional efforts should be made at all levels and sectors to protect the human rights of older persons including the adoption of a UN Convention on the Human Rights of Older Persons.

### Sessional Topics for Discussion

The Forum consists of five sessions: 1) older persons in health crises, 2) civil society talk concert, 3) older persons in humanitarian crises, 4) older persons in climate change/natural disasters and 5) a session with the World Health Organization (WHO) on its Global Report on Ageism, marking the AGAC's publication of its Korean translation. Each session is led by a moderator and consists of four presentations (15–20 minutes each) and Questions & Answers. Session 4 will consist of a presentation by WHO staff and lead author of the Global Report on Ageism, Dr Vânia de la Fuente-Núñez, as well as contributions from three discussants.

**Session 1: Older Persons in Health Crises**

**Special Session: Civil Society Talk Concert**

**Session 2: Older Persons in Humanitarian Crises**

**Session 3: Older Persons in Climate Change/Natural Disasters**

**Session 4 (with WHO): Global Report on Ageism, Older Persons in Emergencies and Ageism**

As population ageing proceeds rapidly across the globe, and emergencies occur increasingly frequently and with greater intensity, there has been a growing awareness in the international community that currently existing mechanisms are inadequate to the tasks of preventing and responding to the specific needs and vulnerabilities of older persons in emergency situations. Moreover, there has been a rising demand for national governments and international (development) agencies to recognize and reflect older persons as a relevant and distinctive group of its own. Accordingly, there has been a growing consensus, among various local, national and international actors, on the need to adopt a human rights-based approach to population ageing in general and to older persons in emergency situations in particular.

There have been notable attempts that have been made to alter and correct the status quo and to put forward a human rights-based approach as the only sustainable way of addressing the various challenges that the protection of older persons poses particularly in the context of emergencies. The UN's Independent Expert on the Enjoyment of All Human Rights of Older Persons dedicated its 2019 report's theme to the human rights protection of older persons in situations of risk and humanitarian emergencies. The United Nations Economic Commission for Europe (UNECE) published a Policy Brief on older persons in emergency situations in 2020, in which it assessed specific risks, vulnerabilities and capacities of older persons and showcased examples of good practice seen in some countries in the UNECE region. The Policy Brief also proposed several strategies to be adopted in order for the needs of older persons to be given full attention across different stages of emergency prevention and management, from preparedness, disaster risk reduction and emergency response to recovery. Alongside UN institutions, international non-governmental organizations (INGOs) have been active in shedding light on how the care for older persons has been sidelined in most emergency situations, as seen in HelpAge International's 2020 report *If not now, when? Keeping promises to older people affected by humanitarian crises* and in Amnesty International's reports on older persons in post-military atrocities in the cases of Bangladesh, Myanmar and Nigeria, which were published in 2019-2020. Similarly, the WHO published the *Global Report on Ageism* in 2021, addressing how ageism (stereotypes, prejudice and discrimination directed towards others or ourselves on the basis of age) has serious consequences for people's health, well-being and human rights. It demonstrates with solid evidence that ageism reduces older persons' quality of life, increases their social isolation and loneliness as well as their risks to be exposed to violence and abuse.

Despite these visible and notable accomplishments that national and international agencies have made in recent years, the protection of the human rights of older persons still falls short of what is needed. The AGAC joins these global endeavors and aims to contribute, by hosting the ASEM Forum on the Human Rights of Older Persons: Present and Future, to protecting and promoting the human rights of older persons in two ways. First, it creates an important forum where national government officials, UN agencies, INGOs and

academics share their respective experiences and perspectives, and seek common ground and collective solutions to protect older persons in emergency situations. Second, it invites actors and representatives from Europe and Asia as well as from high-income and low/mid-income countries, so that agencies of different regions and countries enhance their understanding of other countries' and regions' economic, social and cultural conditions, thereby finding better solutions to protect older persons beyond regional and economic disparities.

**Session 1: Older Persons in Health Crises**

Older men and women are most adversely and disproportionately impacted by the globally unprecedented health crisis of the Covid-19 Pandemic. In Session 1, speakers from government, INGO and academic backgrounds will address issues related to older persons in health crises. Ms. Silvia Perel-Levin, Chair of the NGO Committee on Ageing will talk about how the prevalence of violence, abuse and neglect has increased exponentially during the current COVID-19 pandemic. Dr. Matthias von Schwanenflügel, Director-General at the Division of Demographic Change, Older People and Welfare, the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Germany, will introduce Germany's response to protect older persons in health crises. Mr. Quyen Tran, Portfolio Development and Quality Manager at HelpAge International, will introduce various measures and activities adopted at the community level in Vietnam and other ASEAN countries to respond to health crises for older persons. Dr. Soonman Kwon, President of the Korea Health Industry Development Institute, will discuss what elements a sustainable Covid-19 response policy can and should entail with reference to the case of Korea.

**Special Session: Civil Society Talk Concert**

The Civil Society Talk Concert is organized to provide an opportunity for various agencies of the INGOs to share their experiences gained from their activities on the ground and augment the synergy effect that the cooperation between the INGOs will create for the human rights of older persons. The Civil Society Talk Concert will consist of two sub-programs: a speech by Ms. Margaret Young, Global Alliance for the Rights of Older People (Steering Group) and an informal discussion joined by the representatives of six INGOs, Global Alliance for the Rights of Older People, HelpAge Korea, Geneva NGO Committee on Ageing, HelpAge International, AGE Europe Platform (OKRA) and Coalition of Services of Older People. This Special Session will look into the concrete realities that older persons face in the COVID-19 era and discuss what role civil society can play to protect and promote the human rights of older persons.

**Session 2: Older Persons in Humanitarian Crises**

Humanitarian crises refer to events that threaten the health, safety or wellbeing of a large group of people. Humanitarian crises can be caused by war, natural disasters, famine, or outbreak of disease. Session 2 will assess various aspects of older persons in humanitarian crises, particularly in the context of population mobility (migration) and displacement caused by (political) conflicts. In this session, Mr. Matthew Wells, Deputy-Director of Crisis Response Program, Amnesty International, will share his research findings on

the conditions that older persons are forced to be in in post-conflict (military atrocities) situations. Mr. Ken Bluestone, Head of Policy and Influencing at Age International, a co-author of HelpAge International's recent report *If not now, when? Keeping promises to older people affected by humanitarian crises*, will discuss the key findings of the report. Dr. Eun Ha Chang, Director at the Center for International Development and Cooperation, Korean Women's Development Institute, will talk about Older People in Humanitarian Assistance from a Gender and Intersectionality Perspective. Dr. Supriya Akerkar, Senior Lecturer in Disaster Risk Reduction at Oxford Brookes University, UK, will address the existing normative frameworks and guidelines in the international humanitarian crisis response mechanisms and discuss the implications for policy and practice for older persons in emergencies.

### Session 3: Older Persons in Climate Change/Natural Disasters

Natural disasters such as earthquakes, floods, hurricanes and prolonged heatwaves have increased in recent years. Climate change and natural disasters have caused immense damage to many communities and societies and resulted in human suffering, particularly among the most vulnerable such as older persons. In Session 3, Dr. Sarah Harper, Professor at the Oxford Institute for Population Ageing, will discuss how population ageing interacts with the environment. Ms. Fatimah Zuraidah Bt.Salleh, Director of Federal Territory Kuala Lumpur of the Department of Social Welfare of Malaysia, will talk about how Malaysia responded to mitigate the adverse impact of natural disasters (emergencies) on older persons by providing them with social support. Dr. Sari Mutia Timur, Director of Yakkum Emergency Unit in Indonesia, will address the rights and basic needs for older persons in relation to the 2018 Earthquake in Central Sulawesi. Dr. Hongsoo Kim, Professor of Public Health, Seoul National University, will discuss how to protect health and wellbeing of older persons in the era of climate change with reference to the case of Korea.

### Session 4 (with WHO): the UN Global Report on Ageism, Older Persons in Emergencies and Ageism

The first ever Global Report on Ageism was developed by the World Health Organization in collaboration with other UN agencies and published in March 2021. This report not only provides a conceptual framework for ageism, but also summarizes in an accessible way the best evidence about the scale, the impacts and the determinants of ageism and the most effective strategies to reduce it. The Global report on ageism highlights the serious impacts that ageism has for people's health, well-being and human rights. As an endeavor to disseminate this important report widely, and especially to make it more accessible to Korean readers, the AGAC is publishing its Korean translation. Session 4 is to mark the publication of the Korean translation of the report and to create an opportunity to discuss ageism in connection to older persons in emergencies, particularly regarding how ageism manifests itself in emergencies and how emergency situations in turn can augment and exacerbate existing ageism. In Session 4, Dr Vânia de la Fuente-Núñez, lead author of the Global Report on Ageism will discuss the key findings of the report, including relevant information about the manifestation of ageism in emergencies. She will also present future research directions. Her presentation will be followed by comments by three discussants, Ms. Amal Abou Rafeh, Chief, Programme on Ageing Unit, UN Department of Economic and Social Affairs, Ms. Jemma Stovell, Global

Voice Adviser, HelpAge International and Dr. Soon-Dool Chung, Professor of Social Welfare, Ehwa Womans University.

### Parallel Event: Online Exhibition of Global Campaigns for the Human Rights of Older Persons

The AGAC also hosts, as a parallel event of the Forum, an Online Exhibition of Global Campaigns for the Human Rights of Older Persons, which collects and displays the work of campaigners from international organizations, civil society, governments, and the private sector as well as individuals from around the world.

In the exhibition, campaigners address various issues related to the human rights of older persons, such as ageism, the UN Convention on the Rights of Older Persons, women in old age, workplace age discrimination, the wellbeing of older persons, and changes in the narrative around age and ageing. Audiences are encouraged to share their thoughts in the comment sections on the website, to visit the campaign sites for more information on key issues of the human rights of older persons, and, finally, to join the AGAC's efforts to protect and promote the human rights of older persons.

The AGAC offers two interface options — the 2D exhibition website and the virtual reality exhibition.  
 (2D Exhibition) [www.agaccamp.org](http://www.agaccamp.org)  
 (Virtual Reality Exhibition) [www.agacvrcamp.org](http://www.agacvrcamp.org)

### Timetable

	DAY 1 Tuesday, 26 OCTOBER 2021	DAY 2 Wednesday, 27 OCTOBER 2021
09:30~10:30	Registration	09:00~10:00 Registration
10:30~10:45	Opening Remarks	10:00~12:00 [Session 2] Older Persons in Humanitarian Crises
10:45~11:15	Congratulatory Remarks	12:00~14:00 Lunch
11:20~12:00	Keynote Speech	14:00~16:00 [Session 3] Older persons in Climate Change / Natural Disasters
12:00~14:00	Lunch	16:00~16:30 Break
14:00~16:00	[Session 1] Older Persons in Health Crises	16:30~18:30 [Session 4 with WHO] Older Persons in Emergencies and Ageism * WHO Global Report on Ageism
16:00~16:30	Break	Closing Remarks
16:30~18:30	Civil Society Talk Concert	

## 세부일정

### DAY 1 10.26(화)

시간	프로그램	발표자
09:30-10:30		등록
10:30-10:45	환영사	지은희 원장(아셈노인인권정책센터)
10:45-11:15	축사	김상희 부의장(대한민국 국회)
		송두환 위원장(국가인권위원회)
		마리아 카스티요 페르난데즈 대사(주한 유럽연합(EU))
		토루 모리카와 사무총장(아시아-유럽 재단)
11:20-12:00	기조연설	마이클 라이언 이사(세계보건기구)
12:00-14:00		오찬
14:00-16:00	[세션 1] 보건위기에서의 노인  좌장 정진성 명예교수(서울대학교)	실비아 페렐 라빈 위원장(고령화 NGO위원회, 제네바)
		마티아스 폰 슈바넨플뤼겔 총국장(독일 가족·노인·여성·청소년부)
		퀸 트랜 지부장(헬프에이지 인터내셔널)
		권순만 원장(한국보건산업진흥원)
16:00-16:30		쉬는시간
16:30-18:30	[스페셜 세션] 시민사회 토크콘서트  좌장 박영란 교수/전문위원(강남대학교/아셈노인인권정책센터)	발표/패널 마가렛 영 운영위원(세계노인인권연합)
		패널 조현세 회장(한국 헬프에이지) 실비아 페렐 라빈 위원장(고령화 NGO위원회, 제네바) 젬마 스토크 글로벌 보이스 고문(헬프에이지 인터내셔널) 에밀리 베리디코 대표(노인참여연맹) 마라인 루젠(에이지 플랫폼 유럽(오크라))

### DAY 2 10.27(수)

Time	Program	Speaker
09:00-10:00		등록
10:00-12:00	[세션 2] 인도적 위기에서의 노인  좌장 이성훈 상임이사(한국인권재단)	매튜 웰스 수석 위기자문위원(국제 엠네스티)
		켄 블루스톤 공공정책 고문(에이지 인터내셔널)
		장은하 센터장/연구위원(한국여성정책연구원)
		수프리아 아케르카 교수(영국 옥스퍼드브룩스대학교)
12:00-14:00		오찬
16:00-16:30	[세션 3] 기후변화/자연재해에서의 노인  좌장 조영숙 양성평등대사(한국여성단체연합)	파티마 주리다 비티 살레흐 심의관(말레이시아 여성가족지역개발부)
		사리 무티아 티머 이사(인도네시아 YAKKUM 비상대책본부)
		김홍수 교수(서울대학교)
16:30-18:30	[세션 4 with WHO] 연령주의와 재난/긴급상황  좌장 최성재 명예교수(서울대학교)  폐회사	발표 바니아 드 라 푸엔테 누녜스 책임 연구원(세계보건기구)
		패널 아말 아부 라페 국장(UN경제사회국) 정순돌 교수(이화여자대학교) 젬마 스토크 글로벌 보이스 고문(헬프에이지 인터내셔널)
		이혜경 이사장(아셈노인인권정책센터)

## PROGRAM

### DAY 1 Tuesday, 26 OCTOBER 2021

Time	Program	Speaker
09:30-10:30	Registration	
10:30-10:45	Opening Remarks	Eun-Hee Chi   Executive Director(ASEM Global Ageing Center)
10:45-11:15	Congratulatory Remarks	Sang-Hee Kim   Deputy Speaker(National Assembly of the Republic of Korea)
		Doo-Hwan Song   Chairperson(National Human Rights Commission of Korea)
		Maria Castillo Fernandez   EU Ambassador to Korea(Delegation of the European Union to the Republic of Korea)
		Toru Morikawa   Executive Director(Asia-Europe Foundation)
11:20-12:00	Keynote Speech	Michael Ryan   Executive Director(World Health Organization)
12:00-14:00		Lunch
14:00-16:00	[Session 1] Older Persons in Health Crises  Moderator: Chinsung Chung Professor Emeritus (Seoul National University)	Silvia Perel-Levin   Chair(NGO Committee on Ageing, Geneva)
		Matthias von Schwanenflügel   Director General(Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth, Germany)
		Quyên Tran   Portfolio Development and Quality Manager(HelpAge International)
		Soonman Kwon   President(Korea Health Industry Development Institute)
16:00-16:30		Break
16:30-18:30	[Special Session] Civil Society Talk Concert  Moderator: Young-Ran Park Professor (Kangnam University / ASEM Global Ageing Center Expert Group)	Speaker/Panelist: Margaret Young   Steering Group (Global Alliance for the Rights of Older People)
		Panel Discussion: Hyunse Cho   President(HelpAge Korea) Silvia Perel-Levin   Chair(NGO Committee on Ageing, Geneva) Jemma Stovell   Global Voice Adviser(HelpAge International) Emily Beridico   Executive Director(Coalition of Services of the Elderly, Inc.) Marijn Loozen   Member(AGE Platform Europe / OKRA)

### DAY 2 Wednesday, 27 OCTOBER 2021

Time	Program	Speaker
09:00-10:00	Registration	
10:00-12:00	[Session 2] Older Persons in Humanitarian Crises  Moderator: Seong-Hoon Lee Executive Director (Korea Human Rights Foundation)	Matthew Wells   Deputy Director(Amnesty International)
		Ken Bluestone   Head of Policy and Influencing(Age International)
		Eun-Ha Chang   Director / Research Fellow(Korean Women's Development Institute)
		Supriya Akerkar   Senior Lecturer(Oxford Brookes University, UK)
12:00-14:00		Lunch
16:00-16:30	[Session 3] Older Persons in Climate Change / Natural Disaster  Moderator: Young-Sook Cho Ambassador for Gender Equality (Korea Women's Associations United)	Fatimah Zuraidah BT. Salleh   Deputy Director General(Ministry of Women, Family and Community Development, Malaysia)
		Sari Mutia Timur   Director(YAKKUM Emergency Unit, Indonesia)
		Hong-Soo Kim   Professor(Seoul National University)
16:30-18:30	[Session 4 with WHO] Older Persons in Emergencies and Ageism *WHO Global Report on Ageism  Moderator: Seong-Jae Choi Professor Emeritus (Seoul National University)	Speaker: Vânia de la Fuente-Núñez   Technical Officer(World Health Organization)
		Panel Discussion: Amal Abou Rafeh   Chief(UN Department of Economic and Social Affairs) Soondool Chung   Professor(Ewha Womans University) Jemma Stovell   Global Voice Adviser(HelpAge International)
	Closing Remarks	Hye-Kyeong Lee   Chairperson (ASEM Global Ageing Center)

## 환영사



안녕하십니까, 아셈노인인권정책센터(AGAC)의 지은희입니다.

먼저 재난 및 긴급상황에서의 노인인권 보호를 주제로 개최된 제1차 아셈노인인권 현실과 대안 포럼에 참여해 주신 모든 분들을 환영합니다.

이 포럼을 공동주최해 주신 국가인권위원회와 주한유럽연합(EU) 대표부에 특별히 감사 말씀드립니다. 오늘 축사를 해주시는 김상희 국회 부의장님, 송두환 국가인권위원회 위원장님, 마리아 카스티요 페르난데스 EU대사님, 토루 모리카와 아시아-유럽재단(ASEF) 사무총장님, 마이클 라이언 세계보건기구(WHO) 이사님께도 감사드립니다. 개의 세션과 개의 스페셜 세션에서 좌장과 발표와 토론을 맡아주신 모든 분께 감사드립니다. 그리고 온라인에서 함께 해주시는 분들께도 감사드립니다.

이 포럼을 통해, 코로나19 팬더믹으로 인해 위기 상황에서의 노인 문제가 더욱 부각되고 있는 현실에서 특히 노인이 어떻게 첫 번째 피해 집단이 되고, 마지막으로 고려되는 집단이 되는지를 재조명하고 이 문제를 해결할 수 있는 다양한 방법을 모색하는 기회를 갖고자 합니다. 저희 AGAC는 국제기구, 정부 관계자 및 학술 연구자부터 시민사회단체에 이르기까지 다양한 이해당사자들을 초청하여 다음의 세 가지 주제에 대한 토론을 진행하고자 합니다. 첫째, 성, 사회경제적 지위와 같은 사회적 정체성과 연령의 교차점을 고려하여 어떻게 위기 상황에서 노인에 대한 편견, 차별, 방치가 더욱 더 확대되고 심화되는가, 둘째, 이러한 문제를 해결하기 위해 지역적, 국가적, 그리고 세계적으로 어떤 노력이 있어 왔는가, 셋째, 유엔 노인인권협약 채택 문제 등을 포함하여 노인인권을 보호하기 위해 필요한 추가적인 노력은 무엇인가 등에 대해 논의하고자 합니다.

포럼은 5개의 세션으로 구성되어 있습니다 - 1) 보건위기에서의 노인, 2) 인도적 위기에서의 노인, 3) 기후변화/자연재해에서의 노인, 그리고 4) AGAC의 WHO 연령주의 국제보고서 국문번역본 출간 기념 토론회로 구성되며, 5) 특별세션으로 시민사회 토크콘서트가 개최됩니다.

AGAC는 동 포럼과 동시에 국제기구, 시민사회, 정부, 민간 부문의 활동가들의 노인인권 관련 캠페인을 취합하여 전시하는 '글로벌 노인인권 캠페인 온라인 전시회'도 함께 개최합니다.

이 온라인 전시회를 통해 연령주의, 유엔노인인권협약, 여성노인, 직장내 연령차별, 노인의 웰빙, 연령과 나이들에 따르는 담론 변화 등 노인인권과 관련된 다양한 이슈를 다룬 캠페인을 소개합니다. 캠페인 현장을 방문해 자신의 생각을 공유하고, 노인인권에 관한 주요 이슈에 대해 자세히 알아볼 수 있습니다.

오늘 포럼을 통해 가장 공유하고 싶은 것은 관점의 전환입니다. 현재 재난상황에서의 노인 대응체계에 대한 문제점을 시정하고 재난상황에서 노인 보호를 위한 유일하고 지속 가능한 방법은 인권에 기반한 접근 방식입니다. 이러한 인식을 바탕으로 이를 주류화하기 위한 주목할 만한 시도들이 있었습니다. 예를 들면, 유엔 노인인권 독립전문가(Independent Expert on the enjoyment of all human rights by older persons)는 2019년 보고서의 주제를 '재난 상황과 인도주의적 위기에서의 노인인권 보호'로 채택했습니다. 유엔유럽경제위원회는 2020년 노인들이 경험하는 특정 위험과 취약점을 분석하고 일부 국가에서 시행된 모범 사례들을 소개하는 정책 브리프를 발간했습니다. 이 정책 브리프는 재난 대비에서

위험관리, 위기감소, 복구에 이르기까지 모든 단계에 걸쳐 노인들의 요구가 반영될 수 있도록 몇 가지 전략을 채택할 것을 제안했습니다.

유엔기구와 함께 국제비정부기구들(INGOs)은 대부분의 재난 상황에서 노인들이 어떤 식으로 열외로 취급되어 왔는지를 밝히기 위한 적극적인 활동을 해왔습니다. 예를 들면, 헬프에이지 인터내셔널의 2020년 보고서 '지금 아니면 언제 가능할 것인가? 인도주의적 위기에서의 노인을 향한 약속을 준수하는 것'과 국제엠네스티가 2019~2020년 발간한 '방글라데시, 미얀마, 나이지리아 분쟁 이후 인도적 위기에 처한 노인에 대한 보고서' 등이 있습니다. 마찬가지로, WHO는 2021년 연령주의가 어떻게 노인들의 건강과 웰빙, 인권에 심각한 결과를 초래하는지를 다룬 연령주의 국제보고서를 발간했습니다. 동 보고서는 연령주의가 어떻게 노인들의 삶의 질을 떨어뜨리고 사회적 고립과 외로움은 물론 폭력과 학대에 노출될 위험을 확대시킬 수 있는지를 다양한 근거를 바탕으로 보여주고 있습니다.

다양한 보고서와 각국의 노력 그리고 NGO의 기나긴 노력에도 불구하고 현실의 변화는 느리기만 합니다. 이제 노인인권의 실질적 향상을 위해 각자가 있는 자리에서 실천을 해나가야 할 때입니다. UN 노인인권협약을 제정하기 위해서는 각국 정부의 입장을 바꿔내야 하고 각국의 현실을 토대로 국내법 제정도 함께 해야 한다고 생각합니다. 예컨대 OECD 국가 중 노인빈곤율과 자살률이 가장 높은 한국의 경우 노인의 조직적 참여를 통한 노인인권기본법 제정 운동을 하면서 UN 노인인권협약 제정 운동을 함께 해 나갈 예정입니다. 세계적으로 노인들이 당하고 있는 폭력, 차별, 외면, 무시는 더 이상 방치할 수 없는 한계 상황입니다. 지금 변화하지 않으면 비극을 막을 수 없다고 생각합니다. 세계적 연대를 통해 전환점을 만들 수 있기를 기대합니다.

감사합니다.

지은희 원장 (아셈노인인권정책센터)

## Opening Remarks



Good morning, I am Eun-Hee Chi from the ASEM Global Ageing Center (AGAC). First and foremost, I would like to extend a warm welcome to everyone attending the ‘ASEM Forum on the Human Rights of Older Persons: Present and Future,’ whose theme is about ‘Protection of the Human Rights of Older Persons in Emergency Situations’.

I would like to express my special gratitude to the National Human Rights Commission of Korea and the Delegation of the European Union to the Republic of Korea for co-hosting this forum. I would also like to thank Ms. Sang-Hee Kim, Deputy Speaker of the National Assembly of the Republic of Korea, Mr. Doo-Hwan Song, Chairperson of the National Human Rights Commission of Korea, Ms. Maria Castillo Fernandez, EU Ambassador to Korea, Mr. Toru Morikawa, Executive Director of the Asia-Europe Foundation (ASEF), and WHO Executive Director, Dr. Michael Ryan. I would like to thank everyone who will chair each of the four sessions and one special session, in addition to those who will present talks or participate in discussions. I also appreciate all those who are joining us online.

We would like to use this forum to re-examine how older persons become the first victims and the last group to be considered, especially in a situation where older persons’ problems are becoming more prominent. AGAC would like to invite various stakeholders, including international organizations, government officials, academics, and civil society organizations, to address the following three topics: first, understanding how prejudice, discrimination, and neglect of older persons in crises are expanded and deepened in light of the intersection of age and social identity, such as gender and socioeconomic status; second, assessing local, national, and global efforts that have been made to address these issues; and, finally, identifying additional measures, such as the approval of the UN Convention on the Human Rights of Older Persons, required to protect the human rights of older persons.

The forum consists of five sessions: 1) older persons in health crises, 2) older persons in humanitarian crises, 3) older persons in climate change/natural disasters, 4) a discussion to commemorate AGAC’s publication of the WHO Global Report on Ageism in Korean, and 5) a civil society talk concert as a special session.

During the same period as this forum, AGAC will also launch an ‘Online Exhibition of Global Campaigns for the Human Rights of Older Persons,’ which will run for a year. The exhibition collects and displays campaigns related to the human rights of older persons by activists from international organizations, civil society, governments, and the private sector. AGAC will introduce campaigns dealing with various issues concerning the human rights of older persons, such as ageism, the UN Convention on the Human Rights of Older Persons, older women, ageism at work, welfare for older persons, and changes in the narrative around aging and age, through this online exhibition. You can visit the campaign’s websites to offer your comments and learn more about major issues regarding the human rights of older persons.

The most important thing we want to convey through today’s forum is a shift in perspective.

A human rights-based approach is the only and sustainable way to fix flaws with the current disaster response system for older persons and to protect older persons. There have been notable attempts to mainstream the response system based on this assumption. The UN Independent Expert on the enjoyment of all human rights by older persons, for example, chose the theme of the 2019 report to be ‘Protection of the Human Rights of Older

Persons in Disaster Situations and Humanitarian Crises.’ In 2020, the United Nations Economic Commission for Europe released a policy brief that looked at the specific risks and vulnerabilities that older persons face, as well as best practices that have been implemented in some countries. The policy brief offered a number of ways to ensure that the needs of older persons are considered at all phases of the disaster response process, from disaster preparedness to risk management, crisis reduction, and recovery.

International non-governmental organizations(INGOs) have been actively engaged in activities to reveal how older persons have been treated as inferior in most disaster situations, in collaboration with the United Nations. HelpAge International’s 2020 report, ‘If not now, when? Keeping promises to older people affected by humanitarian crises,’ is one example. Amnesty International produced reports in 2019–2020 on older persons in humanitarian crises after the conflicts in Bangladesh, Myanmar, and Nigeria. In 2021, the WHO released a ‘Global Report on Ageism’ detailing how ageism has negative effects on older persons’ health, welfare, and human rights. The report demonstrates how ageism can reduce older persons’ quality of life and increase their chance of being subjected to violence and abuse, as well as social isolation and loneliness.

Despite these numerous reports, each country’s efforts, and the protracted efforts of NGOs, in reality, changes are only slow. Now is the moment for each of us to take concrete steps to improve the human rights of older persons. The government should change its position and enact domestic laws based on the reality of each country to enact the UN Convention on the Human Rights of Older Persons. Korea, for example, intends to join the UN Convention on the Human Rights of Older Persons movement by pushing for the enactment of the Framework Act on the Rights of Older Persons through the organizational participation of older persons. Korea has the highest rates of older people living in poverty and committing suicide among OECD countries. Violence, discrimination, neglect, and disrespect of older persons are no longer minor issues around the world. We cannot prevent tragedies if we do not act now. We look forward to creating a turning point through global solidarity.

Thank you.

**Eun-Hee Chi**

Executive Director(ASEM Global Ageing Center)

## ■ 축사



안녕하십니까? 대한민국 국회부의장 김상희입니다.

‘제1차 아셈 노인인권 현실과 대안 포럼’ 개최를 진심으로 축하드립니다. 코로나19 팬데믹과 세계적인 이상기후 현상, 아시아와 중동 지역에서의 내전과 분쟁 등으로 사회적 약자의 인권이 크게 위협받고 있습니다. 이러한 때에 ‘재난 및 긴급상황에서의 노인인권’을 주제로, 국제기구와 아셈회원국이 현황을 공유하고 대응 방안을 논의하는 자리가 마련되어 뜻깊습니다.

의미 있는 포럼을 개최해주신 아셈노인인권정책센터(AGAC) 이해경 이사장님과 국가인권위원회 송두환 위원장님, 주한유럽연합대표부 존 보가츠 부대사님(수석정무관)께도 감사드립니다. 행사 준비를 위해 애써주신 아셈노인인권정책센터 지은희 원장님을 비롯한 관계자 여러분의 노고에 감사드립니다.

한국은 ‘재난 및 긴급상황에서의 노인인권’ 문제가 얼마나 중요한지를 잘 보여주는 사례라고 생각합니다.

한국에서 코로나19로 가장 치명적 타격을 입은 것이 바로 노인층입니다. 사망자의 85.2%가 노인입니다. 감염으로 격리된 후 가족의 얼굴 한 번 보지 못하고 임종 즉시 화장된 노인도 있습니다. 마지막 순간, 망자의 존엄마저 박탈당한 것입니다. 지난해 노인학대는 코로나19 이전인 2019년 대비 19.4%나 증가했습니다. 돌봄 공백 속에서 심리적 어려움을 호소하는 노인도 늘었습니다.

기후변화에서도 마찬가지입니다. 지난해 한국에 기습한파가 닥쳤습니다. 서울은 64년만에 가장 추운 10월이라고 합니다. 한국인은 가을을 가장 아름다운 계절이라고 자랑하는데, 이 계절이 점점 짧아지고 있습니다. 올겨울도 무척 추울 것으로 예상되는데, 기후 민감 계층이자 에너지 빈곤층인 어르신들 건강이 걱정입니다.

사실 세계 곳곳에서는 한국보다 더 심각한 폭염·혹한·태풍·홍수·화재가 이어지고 있습니다. 기후위기 대응을 위한 탄소중립 정책 뿐만 아니라 이상기후·극한기상 현상과 그로 인한 재난 속에서 사회적 약자, 특히 노인의 건강권과 생명권을 어떻게 보장할 것인가에도 더욱 관심을 가져야 합니다.

재난과 긴급상황일수록 인권의 기준을 놓치지 쉬운 만큼, 반드시 지켜야 할 원칙과 대응방안을 정립할 필요가 있습니다. 오늘 포럼에서 이를 위한 생산적 논의가 진행되길 기대해봅니다. 감사합니다.

**김상희** 부의장 (대한민국 국회)

## ■ Congratulatory Remarks



Good morning, I am Sang-Hee Kim, Deputy Speaker of the National Assembly of the Republic of Korea.

I would like to express my sincere congratulations on holding the ‘ASEM Forum on the Human Rights of Older Persons: Present and Future.’ The human rights of the socially disadvantaged are greatly threatened by the COVID-19 pandemic, global abnormal climate phenomena, and civil wars and disputes in the Asia and Middle East regions. At this time, it is meaningful that international organizations and ASEM partner countries present their current status and discuss countermeasures under the theme of ‘Human Rights of Older Persons in Emergency Situations.’

I would also like to express my gratitude to Dr. Hye-Kyeong Lee, Chairperson of the ASEM Global Aging Center (AGAC), Mr. Doo-Hwan Song, Chairperson of the National Human Rights Commission of Korea, and Mr. John Bogatsu, EU Deputy Ambassador to Korea of the Delegation of the European Union to the Republic of Korea (Senior Secretary for Political Affairs). I appreciate AGAC’s Executive Director, Ms. Eun-Hee Chi and her team’s efforts in planning this event.

Korea, in my opinion, shows a good example that demonstrates the importance of ‘the human rights of older persons in emergency situations.’ COVID-19 has disproportionately affected older persons in Korea. Older people account for 85.2 percent of COVID-19 deaths. After being quarantined due to infection, several of them have not seen their family and were cremated shortly after death. Even the dignity of the deceased was deprived. The rate of elder abuse increased by 19.4 percent last year compared to that of the year before COVID-19. The number of older persons experiencing psychological challenges as a result of the care gaps has also risen.

The same is true of climate change. Korea was hit by an unexpected cold spell last week. It is the coldest October in Seoul in 64 years. Autumn, according to Koreans, is the most beautiful season, but it is becoming shorter. The weather is forecast to be very cold this winter, and I am concerned about the health of seniors who are weather-sensitive and energy-depleted.

In truth, the rest of the world is dealing with more severe heatwaves, extremely cold temperatures, typhoons, floods, and fires than Korea. In addition to carbon-neutral policies to cope with climate crises, we should pay more attention to how to safeguard the right to health and life of the socially disadvantaged, particularly older persons, in the face of intensifying climate change and catastrophic weather events and disasters.

As disasters and emergencies make it easier to overlook human rights, countermeasures should be established. We anticipate a fruitful discussion on these topics during today’s forum. Thank you.

**Sang-Hee Kim**

Deputy Speaker(National Assembly of the Republic of Korea)

## ■ 축사



안녕하십니까, 국가인권위원회 위원장 송두환입니다.

제1차 아셈 노인인권 현실과 대안 포럼의 개최를 진심으로 축하드립니다. 오늘 이 자리를 마련해주신 아셈노인인권정책센터 지은희 원장님과 모든 관계자 여러분들의 노고에 감사의 인사를 드립니다.

바쁘신 일정에도 불구하고 오늘 포럼에 참여해 주신 김상희 국회 부의장님, 마리아 카스티요 페르난데스 주한 유럽연합 대사님, 토루 모리카와 아시아-유럽 재단 사무총장님을 비롯해 아셈 회원국 정부관계자, 학계, 시민사회단체 활동가 여러분 모두 반갑습니다.

여러분 모두 아시는 바와 같이, 인구고령화가 세계 대다수 국가에서 빠르게 진행되고 있습니다. 유엔이 발표한 「세계 인구고령화 2020년 보고서」에 의하면, 전 세계 65세 이상 인구는 7억 2천 7백만 명에서 2050년에는 15억에 달하여 두 배 이상 증가할 것으로 전망됩니다.

이러한 인구고령화는 우리 모두의 기대수명이 길어진다는 것을 의미하는 한편, 노년의 시기에 신체적, 정신적 기능의 저하와 경제적 빈곤 등 일상생활의 어려움에 직면하는 노인의 수가 증가한다는 사실도 내포하고 있습니다. 이렇듯 한 인간으로서의 삶과 나이 들어가면서 노화하여 죽음에 이르는 여정은 우리 모두의 현재이자 미래이기도 합니다.

현재 우리는 작년 초에 발생하여 아직 종식되지 않고 있는 코로나19 재난에 맞서고 있습니다. 코로나 바이러스는 누구도 차별하지 않지만 그 영향력은 차별적으로 나타나듯이, 코로나19 확산에 따른 가장 많은 사망자는 다름 아닌 노인입니다. 세계보건기구는 코로나19 고위험군 고령자 기준을 65세 이상에서 60세 이상으로 강화하기도 하였습니다.

이처럼 코로나19 위험은 노인이 가진 취약성을 더욱 선명하게 드러냄과 동시에 노인의 취약성을 더욱 심화시키고 있습니다. 유엔에서 작년 5월에 발표한 「코로나19와 노인인권 보고서」에 의하면, 코로나19가 노인의 생명과 건강, 행복, 노년의 삶에 심각한 위험을 초래한다고 우려한 바 있습니다.

코로나19 뿐만 아니라 기후위기도 우리 일상에 광범위한 영향을 끼쳐, 생명권, 건강권, 적절한 주거에 대한 권리, 식량과 물에 대한 권리 등 인권 전반에 커다란 위협이 되고 있습니다. 특히, 우리가 주목해야 할 부분은 그 피해가 모든 사람에게 똑같은 정도로 미치는 것이 아니라 취약계층, 특히 빈곤 노인을 더 절박한 삶의 위기에 놓이게끔 한다는 것입니다.

내외 귀빈 여러분,  
코로나19 대응과 회복의 과정에서, 우리는 인권이라는 인류 보편의 가치에 초점을 맞추어 힘과 지혜를 모아야 할 것입니다. 그것은 코로나19에 특히 취약한 노인을 보호하고, 어느 누구도 소외되지 않도록 하려는 포용적 대응입니다. 모든 국가와 국제사회가 함께 연대할 때, 코로나19로부터 우리의 소중한 가족과 이웃, 그리고 지구촌의 다양한 생명을 지킬 수 있음을 우리는 잘 알고 있습니다.

이러한 맥락에서 아셈노인인권 현실과 대안 포럼의 개최는 국제사회의 협력을 도모하는데 꼭 필요한 공론의 장이라고 생각합니다. 모쪼록 참석하신 여러분의 적극적인 참여와 의견 개진을 통하여 재난 및 긴급 상황 속에서 노인의 인권을 보호하고 증진하기 위한 다양한 방안들이 제시될 수 있기를 희망합니다.

여러분들의 경험과 지혜가 모아진다면, 세계 모든 세대의 사람들이 나이가 들어감에도 존엄한 삶을 지속적으로 영위할 수 있는, '사람이 사람답게 사는 세상'이 보다 더 앞당겨질 수 있다고 확신합니다.

끝으로, 오늘 포럼에 함께 해주신 분들께 다시 한번 감사의 말씀을 드리며, 모두 건강하시기를 바랍니다. 감사합니다.

**송두환** 위원장 (국가인권위원회)

## ■ Congratulatory Remarks



Good morning, I am Doo-Hwan Song, the chairperson of the National Human Rights Commission of Korea.

I would like to express my sincere congratulations on holding the 'ASEM Forum on the Human Rights of Older Persons: Present and Future.' I would also like to express my gratitude to Ms. Eun-Hee Chi, Executive Director of the ASEM Global Aging Center (AGAC), and the entire AGAC staff for their efforts today.

I welcome all those who are participating in this forum despite their busy schedule, including Ms. Sang-Hee Kim, Deputy Speaker of the National Assembly of the Republic of Korea, Ms. Maria Castillo Fernandez, EU Ambassador to Korea of the Delegation of the European Union to the Republic of Korea, Mr. Toru Morikawa, Executive Director of the Asia-Europe Foundation, as well as government officials, academic researchers, and civil society activists.

As you are all aware, population aging is accelerating in almost every country on the planet. According to the United Nations' 2020 World Population Ageing Report, the global population of people aged 65 and older is expected to more than double from 727 million to 1.5 billion by 2050.

Although this population aging means that all of us have a longer life expectancy, it also indicates a rise in the number of older persons who will face difficulties in their everyday lives, such as physical and mental decline and economic destitution. As a result, the present and future of all of us is the path of aging and dying as we grow older.

We are currently dealing with the COVID-19 disaster, which began early last year and has yet to be resolved. COVID-19 affects everyone, but its impacted people differently, and older persons are the ones who are dying the most as a result of its spread. The WHO has also announced that persons at high risk of COVID-19 are those over the age of 60 years, up from the previous risk of 65 years old.

As such, the COVID-19 threat is exposing and exacerbating the vulnerability of older persons. There are concerns that COVID-19 poses serious risks to the well-being, health, happiness, and life of the elderly, according to UN report released in May last year on COVID-19 and the Human Rights of Older Persons.

Not only COVID-19, but also the climate crisis has a wide range of consequences in our daily lives, jeopardizing basic fundamental human rights such as life, health, adequate housing, and food and water. We should be particularly aware that COVID-19 does not affect everyone in the same way, but it puts the vulnerable, particularly older persons in poverty, in a more difficult situation.

Distinguished guests, we will need to gather strength and wisdom to respond to and recover from COVID-19 by concentrating on the universal value of human rights. It is an inclusive approach to protecting older persons, who are particularly vulnerable to COVID-19, as well as preventing the alienation of anyone. We are well aware that by working together, all countries and the international community can protect our families, neighbors, and many

lives in the global community from COVID-19's threats.

From this perspective, I believe that the ASEM Forum on the Human Rights of Older Persons: Present and Future is an important venue for public discussion to foster international cooperation. We hope that, as a result of your active participation and expression of thoughts, various actions will be proposed to protect and promote the human rights of older persons in disaster and emergency situations.

By sharing our collective experience and wisdom together, we can move the world forward so that people of all ages around the world can live dignified lives as they age.

Finally, I would like to thank everyone who joined today's forum, and I hope everyone is doing well. Thank you.

**Doo-Hwan Song**

Chairperson  
(National Human Rights Commission of Korea)

## ■ 축사



오늘 이 자리에 계신 모든 분들, 그리고 오늘 이 중요한 행사에 참여하기 위해 세계 각지에서 온라인으로 연결된 모든 분들께 아침 인사드립니다.

시작하기 전에, 적절한 시기에 이 행사를 주최해 주신 아셈노인인권정책센터(AGAC)에 감사의 말씀을 전합니다. 특히 한국의 노인 인권 문제에 헌신하시는 AGAC의 지은희 원장님과 이혜경 이사장님께 감사의 말씀을 드립니다.

세계는 전례 없는 도전을 받고 있습니다. 코로나19의 대유행은 전 세계 구석구석과 우리 삶의 모든 측면에 영향을 끼쳤습니다. 이 전염병은 세계 보건 시스템에 대한 도전일 뿐만 아니라, 기존에 있던 모든 종류의 불평등을 계속 드러내고 심화시키고 있기 때문에 평등과 인간의 존엄성에 대한 우리의 헌신에 도전이기도 합니다. 전염병의 사회·경제적 영향은 심각하며, 취약한 상황의 사람들, 특히 노인들에게 불균형적인 영향을 미치고 있습니다.

불행하게도, 이번 팬데믹은 처음이 아니며, 우리가 직면할 마지막 위기도 아닐 것입니다. 우리는 빠른 인구 증가, 기후변화, 환경 악화 등과 관련된 재난에 점점 더 노출되고 있습니다. 동시에, 인구 고령화는 유럽연합과 한국을 포함한 전 세계 대부분의 사회에서 가속화되고 있으며, 노인들은 특히 취약하며 매우 구체적인 도전에 직면해 있습니다. 코로나19의 대유행은 노인에 대한 가시적인 보호 격차를 조명했을 뿐만 아니라 노인이 종종 간과되고 정부의 위기 대응에서 뒤쳐진다는 것을 보여주었습니다.

이 전염병은 노인에게 매우 큰 피해를 입혔습니다. 한국에서 코로나19로 인한 사망자의 약 93%와 유럽에서 10명 중 약 9명이 60세 이상의 사람들입니다. 이것은 또한 양로원에 사는 사람들부터 신체적, 정신적, 그리고 심리적 건강이 봉쇄로 위협을 받는 사람들에 이르기까지 노인의 권리에 대한 우려를 불러일으켰습니다. 봉쇄 조치는 또한 폭력, 학대, 방치의 위험을 증가시켰습니다. 유엔 사무총장에 따르면, 이것은 '노인에게 크나큰 두려움과 고통'이라고 합니다.

노인의 상황은 유럽연합의 최우선 과제이며, 우리는 전 세계적으로 이러한 권리를 보호하기 위해 최선을 다하고 있습니다. 지난 10월, 유럽연합은 '디지털화 시대의 노인들의 인권, 참여 및 웰빙'에 관한 EU 정상회의 결론을 채택하였습니다. 코로나19 대유행의 맥락과 관련 노인의 웰빙에 대한 문제를 다루고, 디지털화된 세계에서 노인을 향한 잠재적 위험뿐만 아니라 기회를 강조했습니다.

유럽연합은 또한 유엔 마드리드고령화 행동계획을 지지하고 있습니다. 이것은 정책 입안자, NGO 및 시민사회단체가 지역사회에서의 노인에 대한 인식, 그들과의 소통, 그리고 돌봄의 방법을 변화시키는 데 도움이 되는 자원입니다. 제11차 유엔 고령화 실무그룹 회의에서 유럽연합은 노인의 인권을 보호하기 위한 국제법과 관련하여 발생할 수 있는 공백을 식별하는 일련의 권고안을 개발하는 데 적극적으로 참여했으며 이를 보다 효과적으로 적용할 수 있도록 도왔습니다. 유럽연합은 노인의 권리에 충분한 관심을 기울이도록 하면서 유엔 인권 특별절차수입자 및 조약 기구들과 계속 협력할 것입니다.

오늘의 포럼은 노인의 건강, 생명, 권리 및 웰빙에 대한 부정적인 영향을 재평가하고, 위기 상황에서 이러한 것들을 보호하고 촉진하기 위한 노력 증대 방안을 논의할 수 있는 귀중한 기회를 제공합니다. 물론 이러한 노력은 반차별 원칙에 기초하고 국제인권의 틀 안에서 구현되며 인권 원칙에 근거해야 할 것입니다.

앞으로 의미 있는 논의가 있기를 기대합니다.  
경청해 주셔서 감사합니다! Gamsahamnida.

마리아 카스티요 페르난데즈 대사 (주한 유럽연합)

## ■ Congratulatory Remarks



Good morning to all who are here today, as well as those connected online from different parts of the world to join today's important event.

Before I begin, I would like to thank the ASEM Global Ageing Center for hosting this very timely event. I would especially like to express my gratitude to the Executive Director Eun-Hee Chi and Chairperson Hye-Kyeong Lee of the ASEM Global Aging Center for your commitment in addressing human rights of older persons in the Republic of Korea.

The world is undergoing an unprecedented challenge. The COVID-19 pandemic has impacted every corner of the world, and every aspect of our lives. The pandemic is not only challenging global health systems, but also our commitment to equality and human dignity as it continues to expose and deepen pre-existing inequalities of all kinds. The socio-economic consequences of the pandemic are severe, and it is having a disproportionate impact on persons in vulnerable situations, and in particular on older persons.

Unfortunately, this pandemic is not the first, and certainly will not be the last crisis we face. We are increasingly exposed to disasters related to fast population growth, climate change and environmental degradation. At the same time, the ageing of the population is accelerating in most societies across the world including in the EU and the Republic of Korea and older persons are particularly vulnerable and face very specific challenges. COVID-19 pandemic has not only shed light on the visible protection gaps of older persons, but also shown that older persons are often overlooked and left behind in government's response to crisis.

The pandemic has taken a very large toll on older people — approximately nine in ten deaths in Europe and around 93% of deaths from COVID-19 in Korea are among people over the age of 60. It also raised concerns about the rights of older people from those living in nursing homes to those whose physical, mental and psychological health were threatened by lockdowns. Lockdown measures have also increased the risk of violence, abuse and neglect. According to the UN Secretary-General it is the “untold fear and suffering for older people.”

The situation for older persons is high on the European Union's agenda and we are fully committed to protect these rights worldwide. Last October, the EU adopted Council conclusions on ‘Human rights, participation and well-being of older persons in the era of digitalization’, which addressed concerns related to the well-being of older persons giving due regard to the context of the current COVID-19 pandemic, and highlighted the opportunities as well as potential risks for older persons in a digitalized world.

EU also continues to support the UN's Madrid International Plan of Action on Ageing. This is a resource to help policymakers, NGOs, and CSOs to change the ways in which communities perceive, interact with and care for all older persons. For the 11th session of the UN Open-Ended Working Group on Ageing, the EU actively participated in developing a set of recommendations identifying possible gaps in the international instruments safeguarding the human rights of older persons and helped to have them applied more effectively. The EU will continue to cooperate with the UN human rights special procedures mandate holders and treaty bodies, ensuring that due attention is given to the rights of older persons.

Today's forum provides a valuable opportunity to reassess the negative impacts on health, lives, rights and well-being of older people, and to discuss ways to step up efforts to protect and promote them during emergency situations grounded in human rights principles, based on non-discrimination, and implemented within the international human rights framework.

I very much look forward to meaningful discussions ahead.  
Thank you all for listening! 감사합니다

**Maria Castillo Fernandez**

EU Ambassador to Korea  
(Delegation of the European Union to the Republic of Korea)

## ■ 축사



존경하는 참석자 여러분,

싱가포르에서 아시아-유럽 재단(ASEF)이 아침인사 드립니다. 또한 오늘 '제 1차 아셈노인인권 현실과 대안 포럼'의 연사와 참가자에게 인사를 전합니다.

아셈노인인권정책센터(AGAC)가 노인을 위한 통찰력, 헌신, 지칠 줄 모르는 노력을 이렇게 시기적절한 행사를 통해 분명히 보여준 점을 높이 평가하고 축하드립니다.

노인인권 문제는 아시아유럽정상회(ASEM·아셈)의 파트너 국가들에게 특히 중요합니다. 기대수명이 꾸준히 증가함에 따라, 아시아와 유럽 전역 노인의 수는 2050년까지 두 배 이상 증가할 것으로 예상됩니다. 아셈 파트너 국가마다 고령화 상황은 다르지만, 모든 국가는 조만간 변화를 겪게 될 것입니다. 따라서, 오늘날 노인의 요구를 해결하고 미래 세대를 위해 준비하는 것은 우리 모두에게 공통된 과제입니다.

가장 먼저 해야 할 일은 노인에게 권한을 부여하는 것입니다. 우리는 평생교육을 강화하여 노인의 삶을 개선할 수 있는 도구를 제공하고 그들이 살고 있는 지역사회에서 활동적인 구성원으로 남을 수 있도록 도와야 합니다.

우리는 또한 노인의 사회적 공헌을 인식하고 그들이 존엄성, 안전 및 자신감을 가지고 나이들 수 있는 기회를 강화해야 합니다. 동시에, 우리는 노인을 보호해야 합니다. 인권에 기초한 접근은 사회의 모든 노인을 보호하는 효과적인 방법입니다. 이것은 노년기에 전 영역에서의 권리에 대한 포괄적인 보호를 받는 것을 의미합니다.

노인인권 향유를 개선하기 위한 기존의 규범과 틀을 강화하는 방안을 고려할 필요가 있다는 것은 올해 2월 아셈노인인권정책센터와 함께 공동 주관한 '제20차 아셈인권세미나-노인인권'에서 나온 주요 권고사항 중 하나였습니다.

상기 세미나에는 아시아와 유럽의 44개국 전문가, 학자, 그리고 정부 대표가 모였습니다. 참석자들은 노인인권이 보호되는 정도와 국가, 지역 및 국제적 수준에서 노인의 권리 실현을 개선하기 위해 국가 및 기타 이해관계자들이 취할 수 있는 구체적인 조치들은 무엇인가를 논의하였습니다.

지난 2월 세미나가 노인의 자율성, 사회적 보호 및 권한 부여에 초점을 맞추었다면, 오늘 포럼은 현재와 미래에 노인에게 영향을 미칠 수 있는 특정 위기 상황과 노인들이 긴급 위기 대응 노력에 어떻게 포함되는지를 자세히 살펴봄으로써 논의를 한 단계 더 진전시킵니다.

노인에게 영향을 준 위기 사례를 멀리서 찾을 필요가 없습니다. 지난 2년간 전세계의 코로나19 대유행이 우리 사회의 노인에게 특히 심각한 타격을 입혔기 때문에 우리는 모든 형태의 차별로부터 노인들을 보호하기 위해 개인적이고 집단적인 조치를 취해야 한다는 것을 알고 있습니다. 연령주의, 낙인 찍기와 노인을 연약하거나 무력한 존재로 고정관념화 하는 것은 아시아와 유럽의 많은 지역에서 문제로 남아 있습니다.

이러한 문제는 코로나19 대유행으로 인해 더욱 심각하게 부각되었습니다. 부족한 의료 자원을 어떻게 배분하는 지의 결정 등을 내려야 했기 때문입니다. 그럼에도 현재의 보건 위기는 노인들이 배제되거나 차별을 받을 위험에 처한 유일한 위기상황은 아닙니다. 자연재해나 인재뿐만 아니라 갈등과 폭력으로 인한 인도적 위기는 노인에게 큰 부담을 주고, 노인은 위기 대응 노력에서 자주 소외됩니다.

사회가 고령화됨에 따라 재난과 위기 사태는 점점 더 많은 노인에게 영향을 주며, 그 빈도, 강도 및 부정적 영향은 아시아와 유럽의 많은 지역에 영향을 미치고 있는 기후 변화에 의해 악화되어 왔습니다. 이는 연령차별로부터의 노인 보호와 노인의 권리와 존엄성을 보호 및 증진하는 일관된 국제적 법률 틀의 부재가 위기 상황의 노인에게 부정적인 영향을 미치는 등 실질적으로 중요한 영향을 계속해서 끼친다는 놀라운 증거 중 일부입니다.

저는 아셈노인인권정책센터가 노인인권 향상에 대한 논의를 지속하기를 바랍니다. ASEF는 계속해서 여러분의 동반자가 될 것입니다. 이렇게 중요한 논의를 여러분과 함께 계속하기를 바랍니다. 저는 오늘 포럼이 노인이 존엄성과 존경으로 대우받고, 그들의 독립성과 참여 그리고 돌봄이 보장되는 사회를 향한 우리 모두의 새로운 헌신, 자신감, 그리고 결단력을 고취하기를 희망합니다.

여러분 모두에게 보람찬 행사가 되길 기원합니다. 감사합니다. "Gamsahamnida"

**토루 모리카와** 사무총장 (아시아-유럽재단)

## ■ Congratulatory Remarks



Your Excellencies,  
Distinguished participants,

Good morning from the Asia-Europe Foundation in Singapore and warm greetings to the distinguished speakers and participants of today's ASEM Forum on the Human Rights of Older Persons: Present and Future.

I would like to commend and congratulate the ASEM Global Ageing Center for their insights, dedication and tireless efforts for the sake of older persons, as made evident through the organization of this timely event.

The topic of Human Rights of the Older Persons is of particular importance for Asia-Europe Meeting (ASEM) partner countries. With a steadily increasing life expectancy, the number of older persons across Asia and Europe is projected to more than double by 2050. While the situation of the ageing varies in each ASEM Partner country, all the countries will experience the change sooner or later, so addressing the needs of older persons today while also preparing for future generations is a common challenge for all of us.

First thing to do is the empowerment of the older persons. We must enhance lifelong education to provide tools to improve their lives, and ensure that they can remain active members in the communities they live in. We also must recognize their contributions to the society and reinforce opportunities for ageing with dignity, security, and self-confidence.

At the same time, we must protect them. The human rights-based approach is effective way to protect each and every older person in the society. It is to have comprehensive protection of the full spectrum of rights in old age.

The need to consider ways to strengthen existing norms and frameworks to improve the enjoyment by older persons of their human rights was one of the key recommendations of the 20th Informal ASEM Seminar on Human Rights, which we had the pleasure of co-organizing together with the ASEM Global Ageing Center in February this year.

The seminar brought together experts, academics, and government representatives from 44 countries in Asia and Europe to discuss the extent to which the human rights of older persons are protected and what concrete measures can be taken by states and other stakeholders to improve the realization of their rights at national, regional and international levels.

While the seminar in February focused on the autonomy, social protection, and the empowerment of older persons, today's Forum takes the discussion a step further by taking a close look at specific crises that may affect older persons now and, in the future, and how older persons are included in emergency crisis response efforts.

We don't need to look very far to find examples of crises that have affected older persons. While the ongoing COVID-19 pandemic spreading across the world for the past 2 years particularly severely hit the older persons in all societies, we are reminded of the importance of taking individual and collective steps to protect older persons against any form of discrimination. Ageism, stigmatisation and stereotyping of older persons as vulnerable or helpless remain a problem in many parts of Asia and Europe. This issue was brought to the forefront more intensely by the pandemic, as decisions had to be made about how scarce medical resources would be allocated.

Nevertheless, the ongoing health crisis is not the only emergency crisis in which older persons are at risk of being excluded from or are discriminated against. The humanitarian crises resulting from conflicts and violence, as well as natural or human-made disasters, put a heavy burden on the elderly, and they are frequently left out of emergency response efforts.

As societies age, disasters and emergencies affect an increasing number of older persons, while their frequency, gravity and impact have been intensified by climate change, affecting many parts of Asia and Europe.

These are some of the striking proofs that the lack of a coherent international legal framework that protects against age discrimination, promotes and protects older persons' rights and dignity, continues to have significant practical implications, including for older persons in emergencies.

I wish the ASEM Global Ageing Center keeps the discussion about improving the human rights of older persons going forward, and ASEM will continue to be your partner. I look forward to continuing these important conversations with you and I hope the Forum will inspire renewed commitment, confidence, and determination among all of us to work towards a society where older persons are treated with dignity and respect, and where their independence, participation, and care are ensured.

I wish you all a very fruitful event. Thank you. "Gamsahamnida."

**Toru Morikawa**

Executive Director (Asia-Europe Foundation)

## **기조연설**

**Keynote Speech**



## ■ 기조연설 | Keynote Speech



마이클 라이언 이사(세계보건기구)

안녕하십니까, 오늘 강연을 하게 되어 영광입니다. 특히 이 주제는 매우 중요하고 시기적절하며, 제가 늘 생각하던 것입니다. 코로나19 대유행은 세계적으로 많은 불평등을 드러냈습니다. 인생 후반기의 엄청난게 많은 사람들이 전 세계적으로 코로나19의 공격을 받고 있습니다. 그 증거는 코로나19와 관련된 사망자의 40% 이상이 장기요양시설과 연관이 있으며, 일부 고소득 국가의 경우, 이러한 시설에서 수치가 80%까지 높다는 것입니다. 코로나19는 노인에게 세 가지 다른 유형의 영향을 끼쳤습니다. 즉, 노인의 건강과 관련하여 직접적으로 생명을 위협하는 영향, 사회 생활과 정신 건강에 미치는 영향, 그리고 해당 국가의 보건 시스템에 대한 간접적인 고통 등입니다. 엄청난 숫자의 노인들이 자연 재해와 갈등을 포함한 위기 상황에서 지대한 영향을 받습니다.

알려진 추정치에 따르면 2020년에 취약한 국가에 사는 인구의 12.3%가 50세 이상이었으며, 이 비율은 2050년까지 19.2%로 증가할 것으로 예상됩니다. 헬프에이지 인터내셔널 (HelpAge International)의 2020년 간행물에는 아프리카, 아시아, 라틴 아메리카 및 중동의 11개 국가에서 위기 상황에 영향을 받은 50~80세 이상의 사람들을 대상으로 한 약 9000건의 인터뷰가 포함되어 있습니다. 이 간행물에 따르면, 20%는 안정적인 주거지가 없었고, 77%는 소득이 없었으며, 60% 이상은 충분한 식량과 목욕 시설에의 접근성이 부족했습니다. 노인들은 또한 인도적 대응을 위해 배정된 자금에서도 외면당하고 있습니다. 방치 및 격리, 그리고 자원, 기회 또는 서비스를 얻지 못한다는 것은 노인에게는 생명을 위협하는 위협입니다. 건강과 인권은 본질적으로 연관되어 있습니다.

건강권은 세계보건기구의 정체성과 권한의 중심에 자리합니다. 건강권은 나이, 경제적 지위, 인종적 배경, 국적, 성별, 신념에 관계없이, 모든 사람이 경제적 어려움을 겪지 않고, 필요한 때와 장소에서 그들이 필요로 하는 의료 서비스에 접근할 수 있어야 한다는 것을 의미합니다. 건강은 또한 안전한 식수와 위생, 영양가 있는 음식, 적절한 주택, 교육, 그리고 안전한 근로 조건에 대한 접근을 포함한 기타 기본 인권에 의해 명확하게 결정됩니다.

사람들이 소외되거나 낙인과 차별에 직면할 때, 그들의 신체적·정신적 건강은 악화됩니다. 코로나 바이러스의 확산은 노인이 허약하고, 취약하며, 보호가 필요하다는 등 잘못된 고정관념과 함께 연령주의의 확산을 증폭시켰습니다. 유감스럽게도, 코로나19는 우리 사회에서 연령주의가 얼마나 만연해 있는지를 보여주었습니다. 연령주의는 우리의 제도, 우리의 관계, 그리고 우리 안에 존재합니다. 연령주의는 널리 퍼져있을 뿐만 아니라 우리의 건강과 웰빙에 크게 해를 끼치고 있습니다.

세계보건기구는 유엔 파트너들과 함께 최초의 유엔 연령주의 국제보고서를 올해 3월에 출간했습니다. 이 보고서는 문제의 규모, 결정요인, 영향, 그리고 이를 줄이기 위한 가장 효과적인 전략에 대한 최고의 자료를 제공합니다. 2020년은 '유엔의 건강한 고령화 10년 계획: 2021-2030'에 대한 확인의 전환점이 되었습니다. 이 계획은 세계보건기구와 전세계 많은 이해당사자들과 파트너들 간 이루어진 4년 이상의 협력의 결과물입니다. 이것은 노인을 위해 더 나은 미래를 건설하고 그들의 인권을 보호하기 위해 투자가 필요한 다음 네 가지 분야를 요약하고 있습니다.

- 인권에 기반한 접근과 특히 관련 있는 연령주의 근절. 의료 서비스에 대한 차별은 용납될 수 없으며 개발의 주요 장벽입니다.
- 노인의 능력을 키워주는 지역사회 개발.
- 노인에게 개인 중심, 통합 및 1차 의료 서비스 제공. 현재의 보건 시스템은 연령 증가에 따라 발생하는 더 복잡하고 만성적인 건강 요구보다는 개인의 급성 건강 상태를 다루도록 설계되어 있습니다.
- 필요한 노인에게 양질의 장기요양 제공. 이는 기능적 능력 유지, 기본적 인권 향유, 존엄한 삶을 영위할 수 있게 해주기 때문에 상당한 능력이 상실된 사람들(예, 노인)에게 필수적입니다.

우리는 노인과 우리와의 관계, 그리고 노인을 돌보는 방식에 대해 근본적으로 다시 생각해 볼 필요가 있습니다. 노인인권을 보호할 때 우리는 진정으로 아무도 소외되지 않을 것이라고 말할 수 있을 것입니다.

감사합니다.

## ■ 기조연설 | Keynote Speech



**Michael Ryan** | Executive Director  
World Health Organization

Ladies and gentlemen, it is an honor to speak to you today, especially as this topic is so important, so timely, and close to my heart. The COVID-19 pandemic has revealed many global inequities. A disproportionate number of people in the second half of their lives are bearing the brunt of COVID-19 all over the world. Evidence shows that more than 40% of deaths related to COVID-19 have been linked to long-term care facilities, with figures being as high as 80% in these facilities in some high-income countries. COVID-19 has had three different types of impact on older people: the direct and often life-threatening impact on their health, the impact on their social lives and mental health, and the indirect suffering from the impact of the virus on the health system in their countries. Older persons make up a large and increasing number of those affected by emergencies, including natural disasters and conflicts.

Available estimates show that in 2020, 12.3% of the population living in fragile countries were aged 50 and over, a percentage that is expected to increase to 19.2% by 2050. A 2020 publication by HelpAge International that included approximately 9000 interviews with people aged 50–80+ affected by emergencies in 11 countries in Africa, Asia, Latin America, and the Middle East, revealed that 20% had no access to shelter, 77% had no income, and over 60% did not have enough to eat or access to bathing facilities. Older persons are also neglected in funding allocated for humanitarian response. Neglect, isolation, denial of resources, opportunities, or services, are life-threatening risks for older persons. Health and human rights are intrinsically linked.

The right to health is central to the WHO's identity and mandate. The right to health for all people means that everyone, regardless of age, economic status, ethnic background, nationality, gender, and belief, should have access to the health services they need, when and where they need them, without suffering financial hardship. Good health is also clearly determined by other basic human rights including access to safe drinking water and sanitation, nutritious foods, adequate housing, education, and safe working conditions.

When people are marginalized or face stigma or discrimination, their physical and mental health suffers. The spread of the virus has amplified the spread of ageism, with older adults being wrongly stereotyped as frail, vulnerable, and in need of protection. Regrettably, COVID-19 has revealed how prevalent ageism is in our

societies. It is present in our institutions, our relationships, and within ourselves. Ageism is not only widespread, but also very damaging to our health and wellbeing.

The WHO, together with the UN partners, launched the first ever Global Report on Ageism in March of this year, which provides the best available evidence on the magnitude of the problem, its determinants and impact, and the most effective strategies to reduce it. 2020 marked a turning point with the endorsement of the UN Decade of Healthy Ageing, 2021 to 2030. The UN Decade of Healthy Ageing is the culmination of over four years of collaboration between the World Health Organization and many stakeholders and partners across the world. It outlines the following four areas which require investment in order to build a better future for older people and protect their human rights:

- Combating ageism, which is particularly relevant when striving for a human rights-based approach. Discrimination against healthcare is unacceptable and is a major barrier to development;
- Developing communities that foster the ability of older people;
- Delivering person-centered, integrated, and primary healthcare services responsive to older persons. Current health systems are often better designed to deal with individual acute health conditions than the more complex and chronic health needs that tend to arise with increasing age; and
- Providing older persons who need it with access to quality long-term care, which is essential for people with a significant loss of capacity as it can enable them to maintain their functional ability, enjoy basic human rights, and live with dignity.

We need to fundamentally rethink the relationship we have with the older generations and the way in which we provide care for older persons. Only by protecting the human rights of older persons will countries be truly able to say that they're leaving no one behind them.

Thank you.

# **세션 1.** **보건위기에서의 노인**

**Session 1.**  
**Older Persons in Health Crises**



## ■ 세션 1. 보건위기에서의 노인

Session 1. Older Persons in Health Crises

### Moderator.



**Chinsung Chung** | Professor Emeritus  
(Seoul National University)

정진성 명예교수(서울대학교)

- (Present) Professor Emeritus, Seoul National University
- (Present) Member, United Nations Committee on the Elimination of Racial Discrimination
- (Present) Trustee, Korean Center for United Nations Human Rights Policies
- (Present) Member, Advisory Committee of Constitutional Court
- (Present) Chairperson, Gender Equality Committee of National Police Agency

## 세션 1. 보건위기에서의 노인

Session 1. Older Persons in Health Crises



**Silvia Perel-Levin** | Chair  
(NGO Committee on Ageing, Geneva)

실비아 페렐 라빈 위원장(고령화 NGO위원회, 제네바)

Silvia is the chair of the NGO Committee on Ageing in Geneva and representative to the UN of the International Network for the Prevention of Elder Abuse (INPEA) and the International Longevity Centre Global Alliance (ILC GA). An advocate for the rights of older persons she has been working in the fields of health, ageing and human rights for over 20 years at the World Health Organization, the Union for International Cancer Control and as an independent consultant. Before that, she was a TV, film and theatre producer using the arts as tools for social change. She was born in Argentina and has lived, studied and worked in England, Israel, Hungary and Switzerland. She has a B.A. in social and educational theatre from Tel Aviv University and an MSc in Inter-Professional Practice from the Institute of Health Sciences of City University of London.

## 제1차 아셈 노인인권 현실과 대안 포럼

ASEM Forum on Human Rights of Older Persons: Present and Future

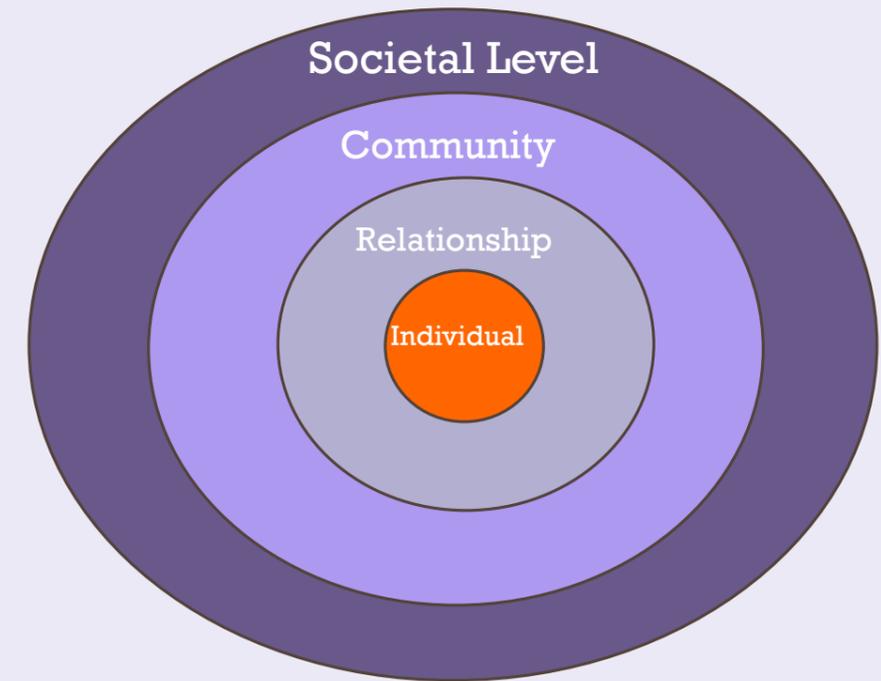
## Violence, abuse and Neglect during health and emergency crises



*Silvia Perel-Levin*

*ASEM Forum on the Human Rights of Older Persons  
Seoul, 26 May 2021*

## Ecological model

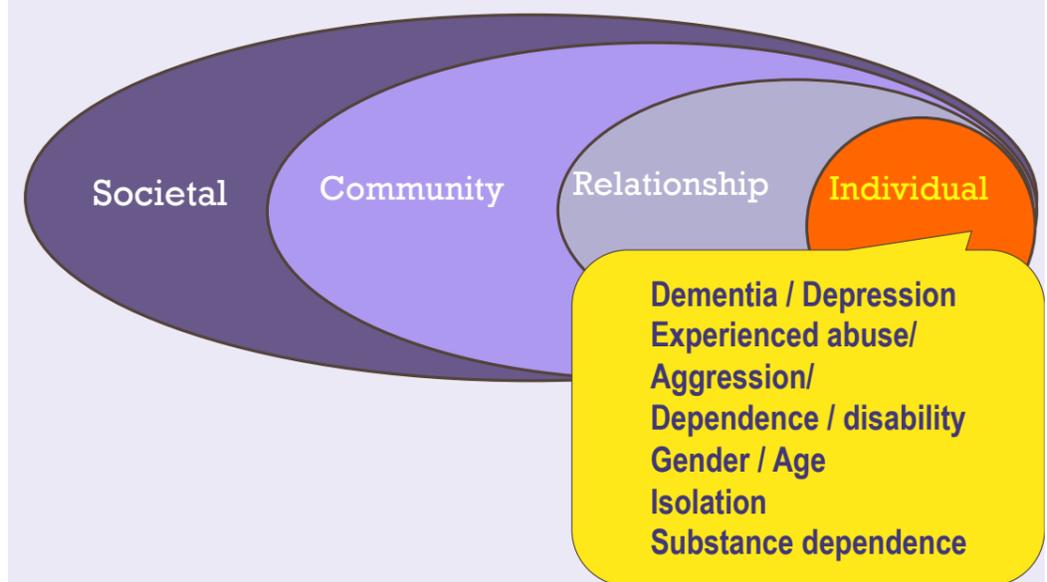


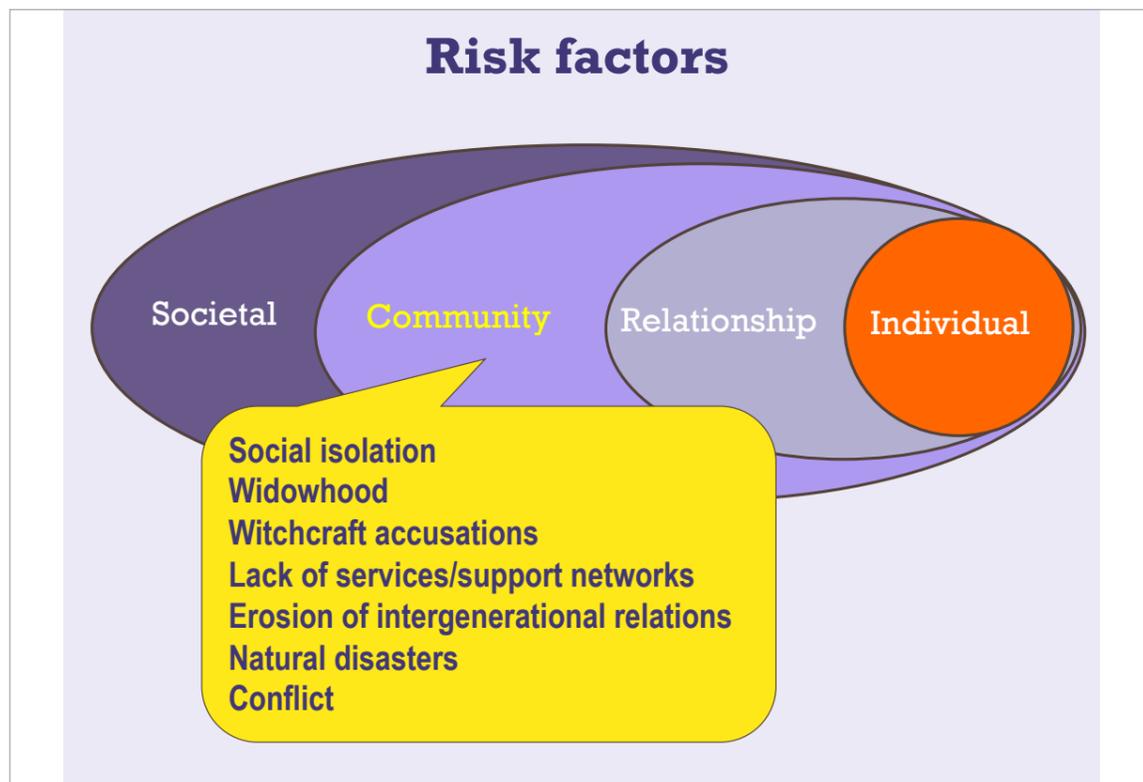
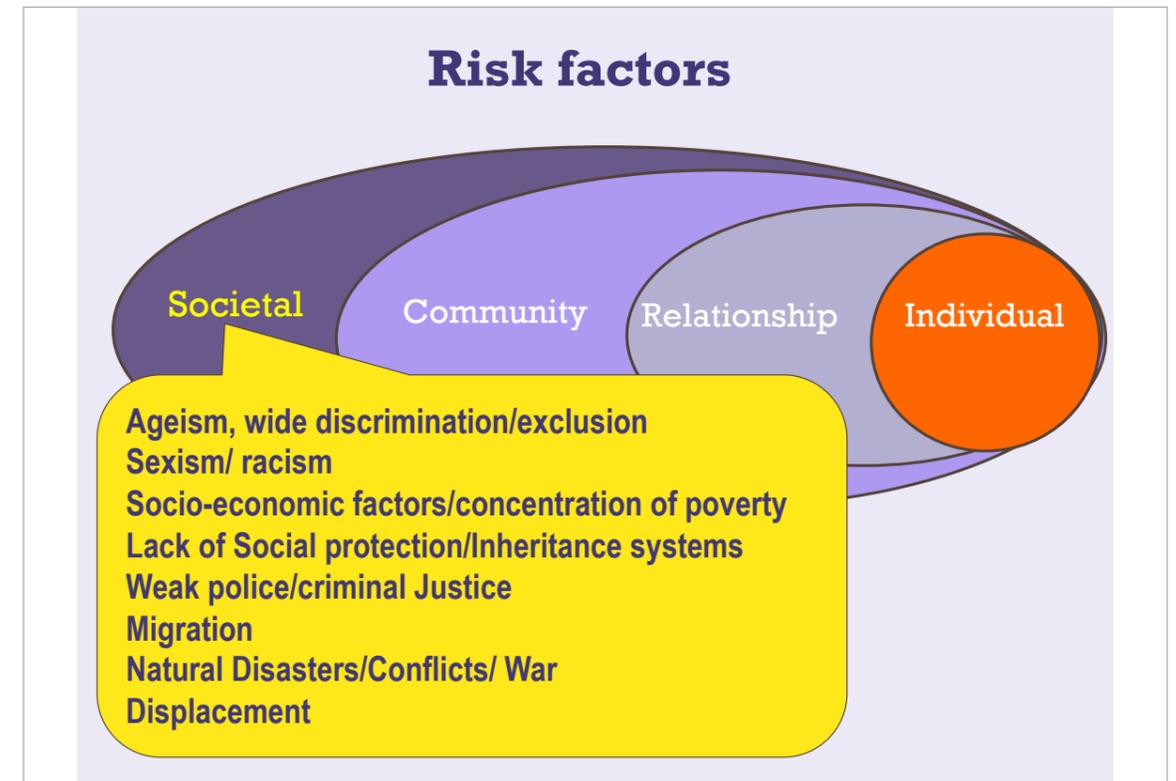
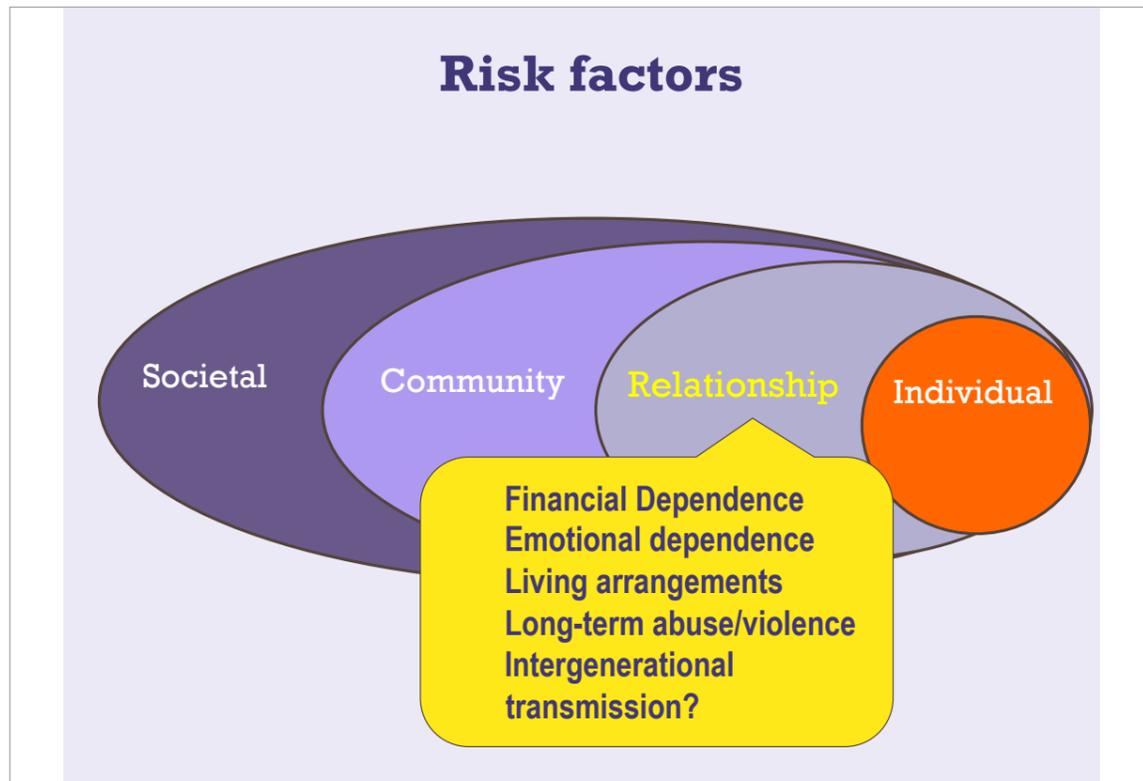
## COVID-19

Increase in risk and violence, abuse and neglect.  
Examples:

- USA: 1 in 5, a jump of 84%
- Ontario, Canada, 250% increase in calls
- HelpAge: calls for help in Nepal, Democratic Republic of Congo, Kyrgystan and Jordan.
- HelpAge research in Malawi, Moldova and Pakistan
- Amnesty International: abandonment of care institutions in Spain
- Human Rights Watch reported concerns of neglect in nursing home in the US

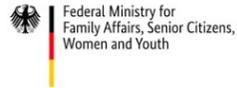
## Risk factors





**Thank you!**





# Older Persons in Health Crises

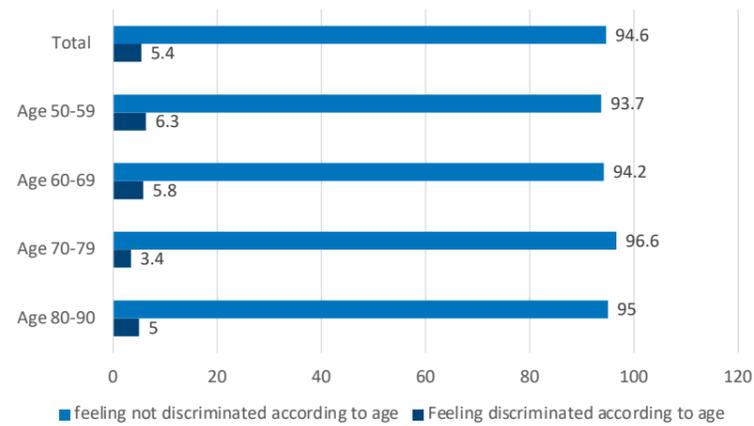
Prof. Dr. Matthias von Schwanenflügel  
October 26, 2021

## COVID-19

- Older persons were negatively affected by the consequences of the COVID-19 pandemic in a number of ways
- Loneliness caused by restrictions
- Social distancing
- Older persons were more often affected by COVID-19 than younger persons as a result of hospital treatment,
- The number of 80-year old or older people who died was 8.0% higher in 2020 than in 2019
- Especially effected: several groups of older person

09.11.21 | Titel | 3

Persons feeling discriminated according to age  
Germany, June/July 2020



DEAS 2020  
N= 4.510

|| 2

## Older persons with cognitive impairment or dementia

- Fell ill and died more frequently,
- suffered more from the consequences of social isolation and were at risk of having less access to care systems

### The National Dementia Strategy

- adopted by the Federal Government in 2020
- is to be implemented by 2026
- addresses the needs and demands of people with dementia and their families, also in crisis situations.

09.11.21 | Titel | 4

## Older persons with cognitive impairment or dementia

### Important measures of National Dementia Strategy:

- improving education and free counselling
- easing the burden on family carers (prevention)
- helping to resolve family conflicts through domestic long-term care
- Better consideration to the needs of people with a migrant background.



09.11.21 | Titel | 5

## Older persons and sexual identity

- supporting coordination centre “Queer in old-age” to open up geriatric care to LGBTIQ people
- provides direct and cross-agency advice
- offers regional information events and other services for providers of geriatric care facilities
- a practical handbook and modules for continuing vocational training in facilities for geriatric care
- **Aim:** to increase public visibility as a LGBTIQ-sensitive institution to reduce prejudice and discrimination and to raise awareness



09.11.21 | Titel | 7

## Older persons and sexual identity

- People are also at risk because of their sexual orientation.
- LGBTIQ persons are increasingly dependent on structures for geriatric care and medical care,
- They often remain invisible in institutions because they fear rejection and exclusion due to their previous biographical experience.
- Nursing and long-term care facilities are hardly equipped to meet the needs of queer senior citizens – open communication, expression of sexual orientation – equal treatment and self-determined living in old-age

09.11.21 | Titel | 6

## Older persons in health crisis – other measures

- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth addresses the issue of violence and aggressive behaviour in residential care facilities as part of initial and further vocational training in care professions
- Care hotline of the Federal Government provides specific assistance to caregiving relatives. Advice on different questions
- Financial support of different projects and senior citizens organisations

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## Older persons in health crisis – other measures

### “Digital Angel - secure, practical, helpful”

- programme sponsored by the Federal Government since 2019 to increase digital participation by older persons.
- A mobile advisory team teaches everyday digital skills to older persons at home, especially in rural areas
- Supports participation and combats loneliness



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## Regional and global endeavors – UNECE

### Standing Working Group on Ageing

- Implementation of MIPAA and RIS in the UNECE Region
- Discussions, projects, policy seminars and policy briefs about different topics
- Policy Brief: Older Persons in Emergency Situations:

[https://unece.org/fileadmin/DAM/pau/age/Policy\\_briefs/ECE\\_WG1\\_36\\_PB25.pdf](https://unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG1_36_PB25.pdf)

- 2022: Rome Ministerial Conference



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## Regional and global endeavors – European Union

### Germany’s Presidency of the Council of the EU (June - December 2020)

- Joint online conference together with AGE Platform Europe and BAGSO: "Strengthening Older People’s Rights in Times of Digitalisation – Lessons learned from COVID-19" <https://www.youtube.com/playlist?list=PL9IGvgSCLQroWG6sbYoXeZ5Oxbxm--60>
- Council Conclusions on Human Rights, Participation and Well-Being of Older in the Era of Digitalisation

<https://data.consilium.europa.eu/doc/document/ST-11717-2020-REV-2/en/pdf>

- EU Commission: Green Book on Ageing
- Discussions in the European Union



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## Regional and global endeavors – WHO activities

### Decade of healthy ageing 2021 - 2030

- A decade of concerted global action on healthy ageing
- to ensure that older people can fulfil their potential in dignity and equality and in a healthy environment

### Global Campaign to Combat Ageism

- Aims to change the narrative around age and ageing and help create a world for all ages
- #AWorld4AllAges



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## Regional and global endeavors – OEWGA

### Open Ended Working Group on Ageing

- Discussions how best strengthening older peoples rights
- Germany actively supports these discussions
- committed to resolving any gaps in protecting older peoples' human rights at international level
- Co-Funded an OHCHR study into normative gaps in the protection of human rights in 2020  
<https://social.un.org/ageing-working-group/documents/eleveth/OHCHR%20HROP%20working%20paper%2022%20Mar%202021.pdf>



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Thank you very much for your attention

Contact:

Prof. Dr. Matthias von Schwanenflügel

314@bmfjsfj.bund.de

## Possible additional efforts

- human rights have no expiry date
- Strengthening discussions in the OEWGA
- Discussing the OHCHR study
- Strengthening international debates, programmes, initiatives and all instruments and groups that support older persons and older persons rights
- International exchange of best practise National and international legislation and programmes



09.11.21 | Titel | 14





# The Intergenerational Self-help Clubs (ISHC) and Response to COVID-19 Pandemic

1<sup>st</sup> ASEM Forum on Human Rights of Older Persons  
26-27 Oct 2021

**Quyen Tran**



# WHO ARE WE

## Presentation Outline:

1. Who are we
2. Population Ageing
3. ISHC Development Model
4. ISHC's COVID-19 response
5. Finding and Conclusion

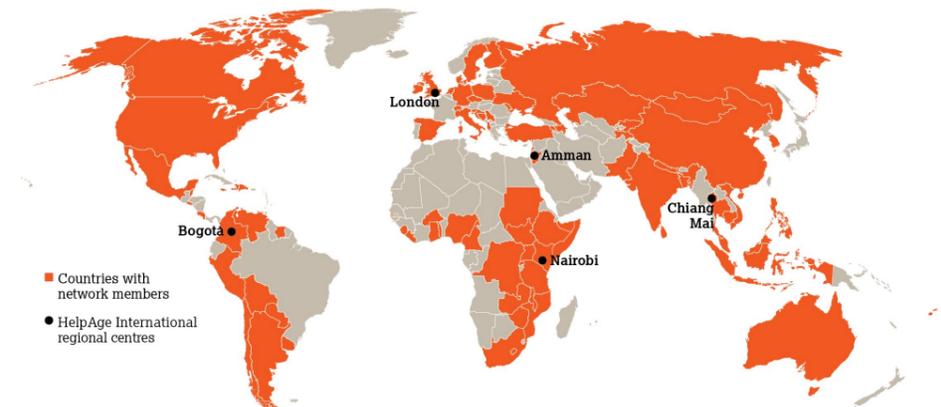


## Who we are



HelpAge International is the secretariat to a global network of organizations working for the rights of all older people to lead dignified, healthy and secure lives.

**Our network** has **148 members** in **86 countries** across the world.



**We want every older person, everywhere, to be able to say:**



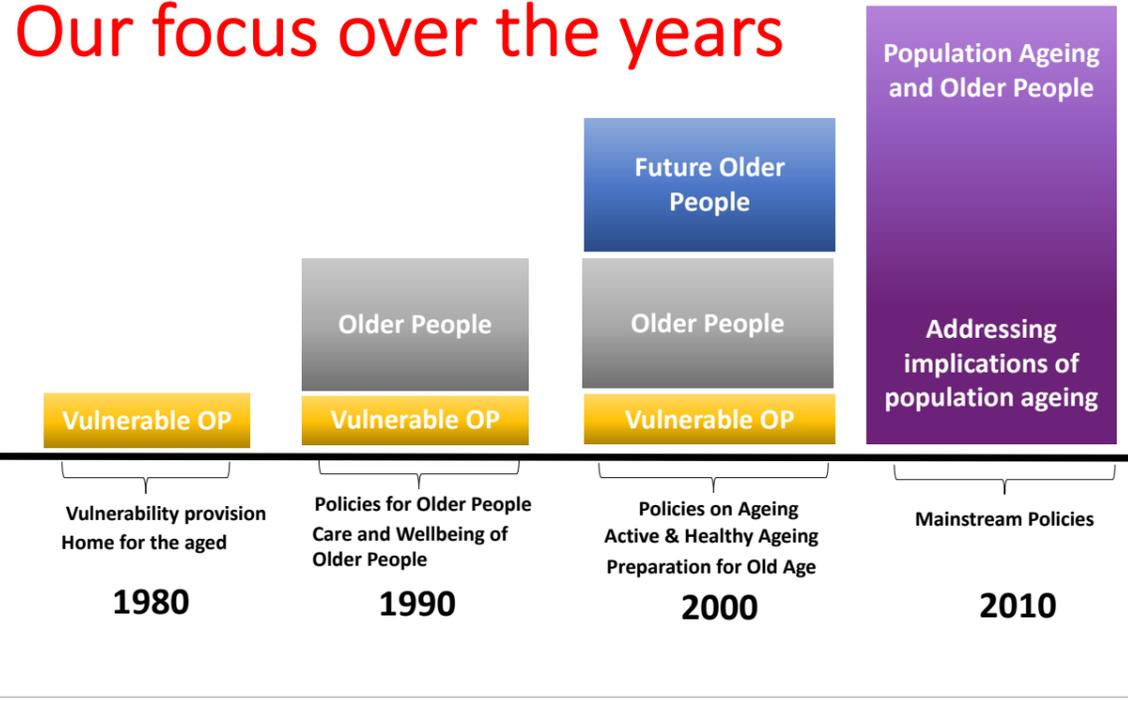
“I enjoy wellbeing” “I am treated with dignity” “My voice is heard”

**Our 10 focus areas**

Support healthy ageing	Improve income security	Create a society for all ages	Inspire a movement for change	Foster lifelong learning
Promote age-inclusive systems	Deliver inclusive humanitarian action	Embrace technology	Take a stand against ageism	Challenge violence, abuse and neglect

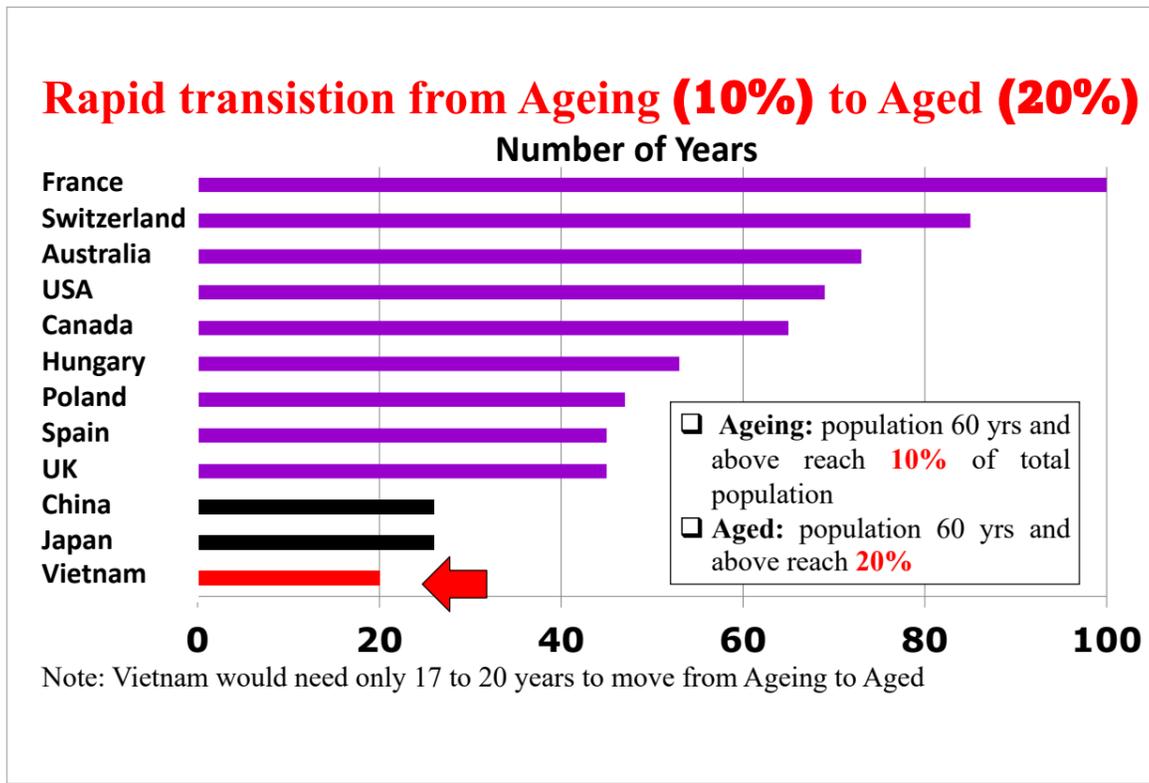
# 2 POPULATION AGEING

## Our focus over the years



## The region is rapidly ageing (following Japan)



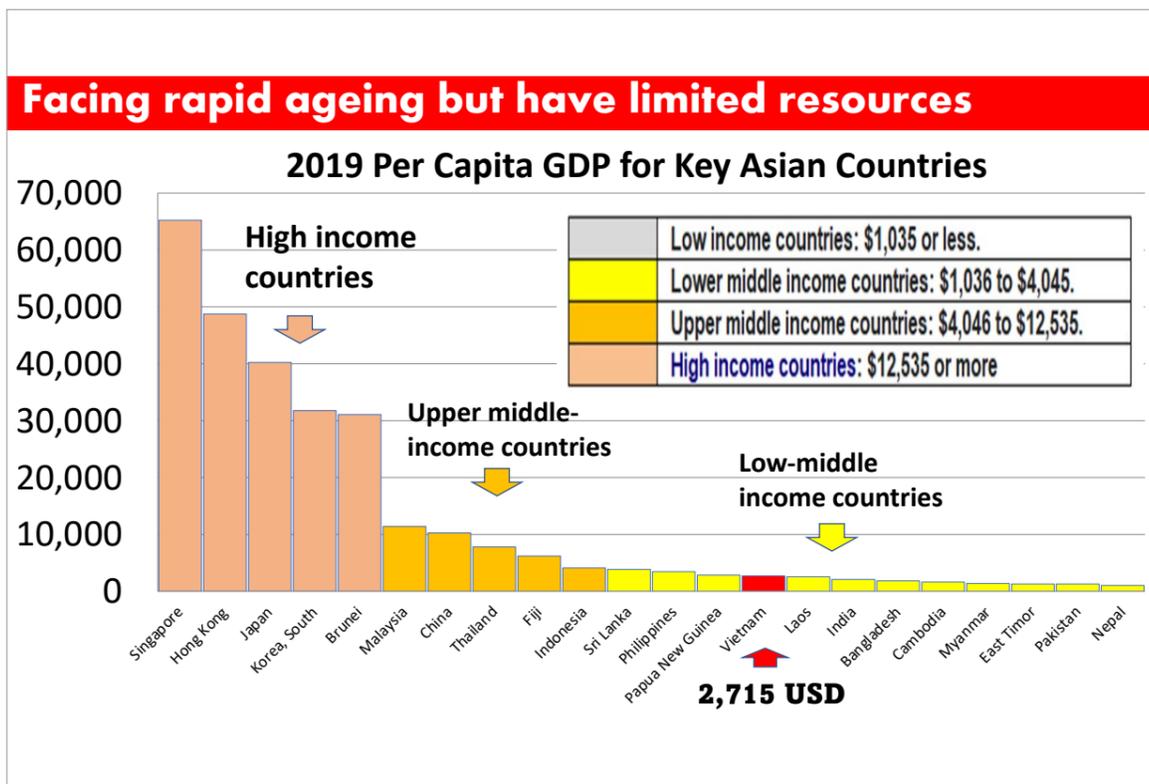


### Aged Awareness

**NEEDY/BURDEN**

**VALUABLE UNTAPPED RESOURCES**

- Older people of today and of tomorrow are more educated, wealthier healthier and more dynamic than past generations.
- The number and percentage of these older people are rapidly growing.



# 3 THE INTER-GENERATIONAL SELF-HELP CLUBS (ISHC)

## The ISHC Development Model

- Development process, resources and decision-making authority directly to community groups.
- Best judges of how their lives can be improved
- Motivated by their trust in people
- People as assets and partners
- Responsive to local demands, is more inclusive and cost-effective



## ISHC is Multi-functional/Focus: "Help community to respond to their own needs"

<p>1) Having fun with games</p>	<p>2) Cultural performance</p>	<p>1) Revolving fund scheme</p>	<p>2) Pro-poor and age friendly livelihoods</p>	<p>1) Physical exercise &amp; sport</p>	<p>2) Monthly health screening</p>	<p>Home care services by homecare volunteers</p>
<p>3) Home-visit</p>	<p>4) Exchange and sharing between ISHCs</p>	<p>3) Support groups</p>	<p>4) Livelihood Volunteers</p>	<p>3) Health &amp; care awareness</p>	<p>4) Health check up by doctors</p>	<p>Care Plan</p> <ol style="list-style-type: none"> <li>1. Social care</li> <li>2. Personal Care</li> <li>3. Living support</li> <li>4. Medical/Health care</li> </ol>
<p>1) Social/Cultural</p>		<p>2) Food &amp; Income S.</p>		<p>3) Healthy Ageing</p>		<p>4) Community-based Care</p>
<p>Monthly self-help &amp; community support</p>	<p>1) Labor contribution</p>	<p>1) Monthly learning (communication talks)</p>	<p>2) Study visits &amp; exchanges</p>	<p>1) Communication on rights and entitlements</p>	<p>2) Monitoring the implementation</p>	<p>1) Local donations (in cash, in kind or labour)</p>
<p>2) Technical support</p>	<p>3) In cash</p>	<p>3) Intergenerational cross learning and sharing</p>	<p>4) In kind</p>	<p>3) Provide legal services and supports</p>	<p>4) Dialogue with local authorities</p>	<p>2) Monthly membership fees</p>
<p>5) Self-help &amp; CD.</p>		<p>6) Life-long Learning</p>		<p>7) Rights &amp; Entitlement</p>		<p>8) Resource Mobilization</p>
		<p>3) Revolving fund scheme</p>		<p>4) Collective income generating activities</p>		

## Unique Characteristics of the ISHC

1. Cost effective and affordable
2. Attractive
3. Dynamic
4. Replicable
5. Sustainable
6. Multi-functional

<p>1. Having fun with games</p>	<p>2. Cultural performance</p>	<p>1) Revolving fund scheme</p>
<p>3. Home-visit</p>	<p>4. Exchange and sharing between ISHCs</p>	
<p>1) Social/Cultural</p>		<p>2) Food</p>

**Cultural performance**



**Change and sharing in ISHCs**



**1) Revolving fund scheme**



**2) Pro-poor and age friendly livelihoods**



**3) Support groups**



**4) Livelihood Volunteers**



**1) Physical exercise**



**3) Health & care awareness**



**1) Cultural**

**2) Food & Income S.**

**3) Health**

**Monthly health screening and blood pressure measurement and recording**



**check up by doctors**



**Home care services by homecare volunteers**



**Care Plan**

1. Social care
2. Personal Care
3. Living support
4. Medical/Health care

**1) Health**

**4) Community-based Care**

**Pro-poor and age friendly livelihoods**



**3) Support groups**



**4) Livelihood Volunteers**



**1) Physical exercise & sport**



**2) Monthly health screening**  
Monthly weight and blood pressure measurement and recording



At least one a month for ISHC members and CP receiving health screening

Weight pressure and BP monitoring booklet

**3) Health & care awareness**



**4) Health check up by doctors**



**5) Health insurance**

**6) Medical referral**



**Home care services**




**1) Food & Income S.**

**3) Healthy Ageing**

**4) Community-based Care**

**Monthly self-help & community support**



**2) Technical support**



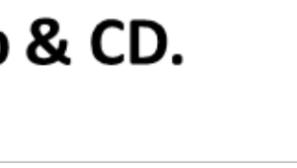
**1) Labor contribution**



**3) In cash**



**4) In kind**



**1) Monthly learning (communication)**



**3) Intergenerational**



**5) Self-help & CD.**

**6) Life-long Learning**

<p>labor contribution</p>   <p>4) In kind</p>	<p>1) Monthly learning (communication talks)</p>  <p>2) Study visits &amp; exchanges</p>  <p>3) Intergenerational cross learning and sharing</p> 	<p>1) Communication and entitlements</p>  <p>3) Provide legal services and supports</p> 
Self-help & CD.	6) Life-long Learning	7) Rights & Entitlement

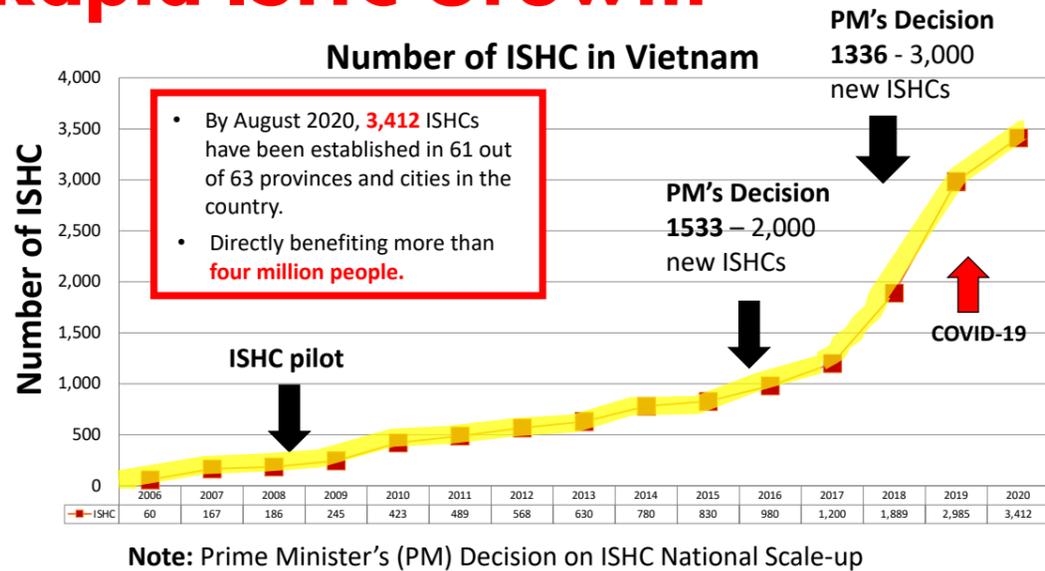
<p>Monitoring the implementation</p>  <p>Dialogue with local authorities</p> 	<p>1) Local donations (in cash, in kind or labour)</p>  <p>2) Monthly membership fees</p>  <p>3) Revolving fund scheme</p>  <p>4) Collective income generating activities</p> 
Entitlement	8) Resource Mobilization

<p>Study visits &amp; exchanges</p>  <p>Intergenerational cross learning and sharing</p> 	<p>1) Communication on rights and entitlements</p>  <p>2) Monitoring the implementation</p>  <p>3) Provide legal services and supports</p>  <p>4) Dialogue with local authorities</p> 	<p>1) Local donations</p>  <p>2) Monthly membership fees</p>  <p>3) Revolving fund scheme</p> 
Learning	7) Rights & Entitlement	8) Resource Mobilization

**ISHC is Multi-functional/Focus:**  
*"Help community to respond to their own needs"*

<p>1) Having fun with games</p>  <p>2) Cultural performance</p>  <p>3) Home-visit</p>  <p>4) Exchange and sharing between ISHCs</p> 	<p>1) Revolving fund scheme</p>  <p>2) Pro-poor and age friendly livelihoods</p>  <p>3) Support groups</p>  <p>4) Livelihood Volunteers</p> 	<p>1) Physical exercise &amp; sport</p>  <p>2) Monthly health screening</p>  <p>3) Health &amp; care awareness</p>  <p>4) Health check up by doctors</p> 	<p>Home care services by homecare volunteers</p>  <p>Care Plan</p> <ol style="list-style-type: none"> <li>Social care</li> <li>Personal Care</li> <li>Living support</li> <li>Medical/Health care</li> </ol>
1) Social/Cultural	2) Food & Income S.	3) Healthy Ageing	4) Community-based Care
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5) Self-help & CD.	6) Life-long Learning	7) Rights & Entitlement	8) Resource Mobilization

## Rapid ISHC Growth



• By August 2020, **3,412** ISHCs have been established in 61 out of 63 provinces and cities in the country.

• Directly benefiting more than **four million people**.

## ISHC: Awards and recognitions



- Winner of Healthy Ageing Prize for Asian Innovation (HAPI)
- Best practice in achieving SDGs (UNDESA)
- Best practice in Healthy Ageing (WHO)

## ISHC: Awards and recognitions

### National Scaleup Costing

If the government of Vietnam invest just **0.02%** of its **2019 GDP** per year (for 10 years), the funding will be enough to establish **100,000** multi-functional self-managed and sustainable ISHCs in the country.

**Or one ISHC in every village or urban community in the country**

# 4

## ISHC's COVID-19 response



HelpAge  
International

# 5

## FINDING & CONCLUSION



# Older People in Health Crises

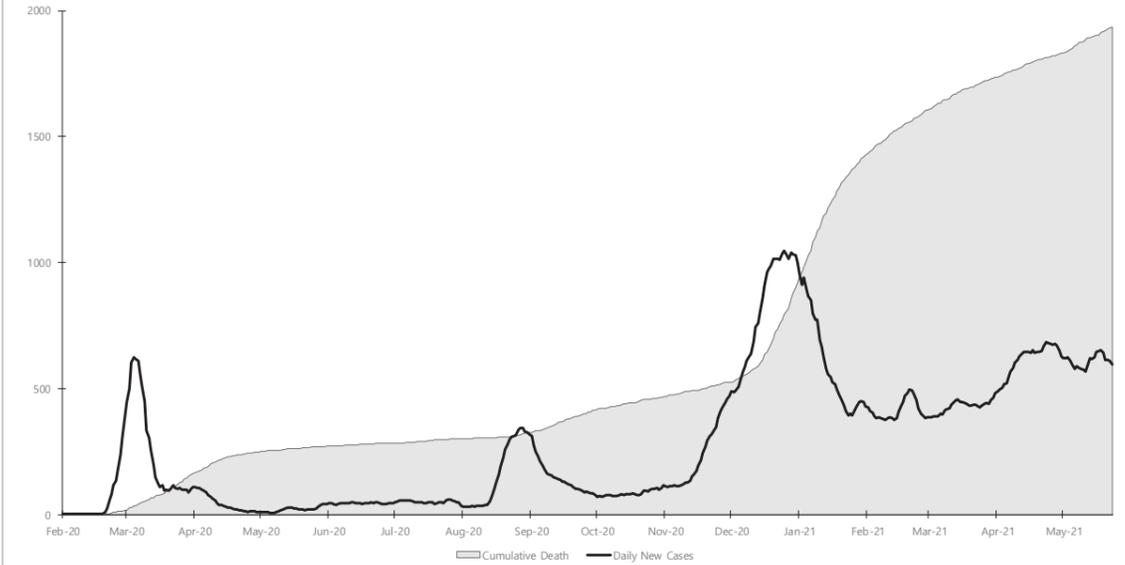
October 26, 2021

Soonman KWON, Ph.D.

President, Korea Health Industry Development Institute (KHIDI)  
Former Dean, School of Public Health, Seoul National University

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## COVID-19 in S Korea (Cumulative Death, Daily New Cases)



## I. COVID-19 as Health Crisis

Kwon: Older People H Crises

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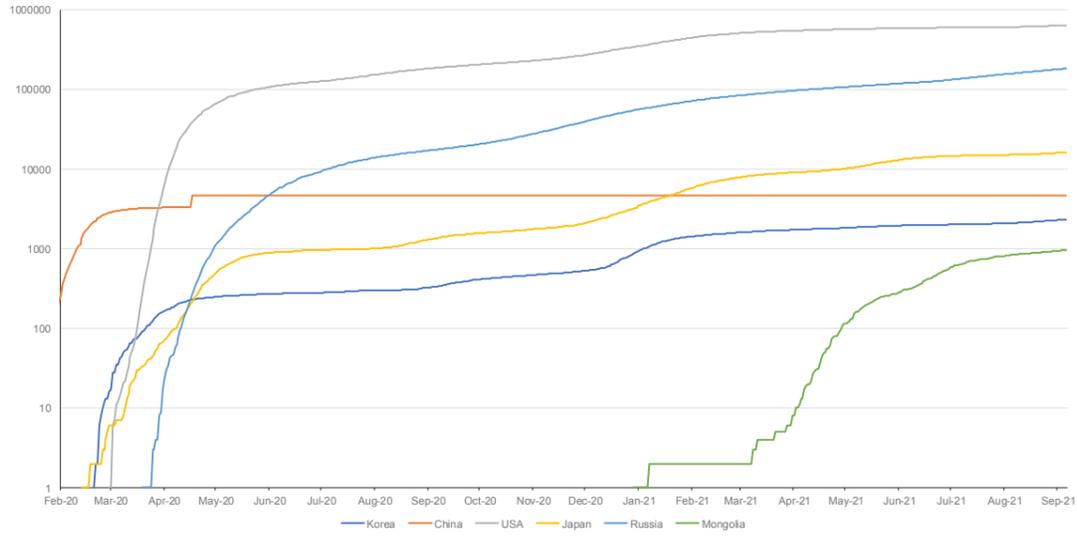
## Daily New Confirmed Cases of COVID-19



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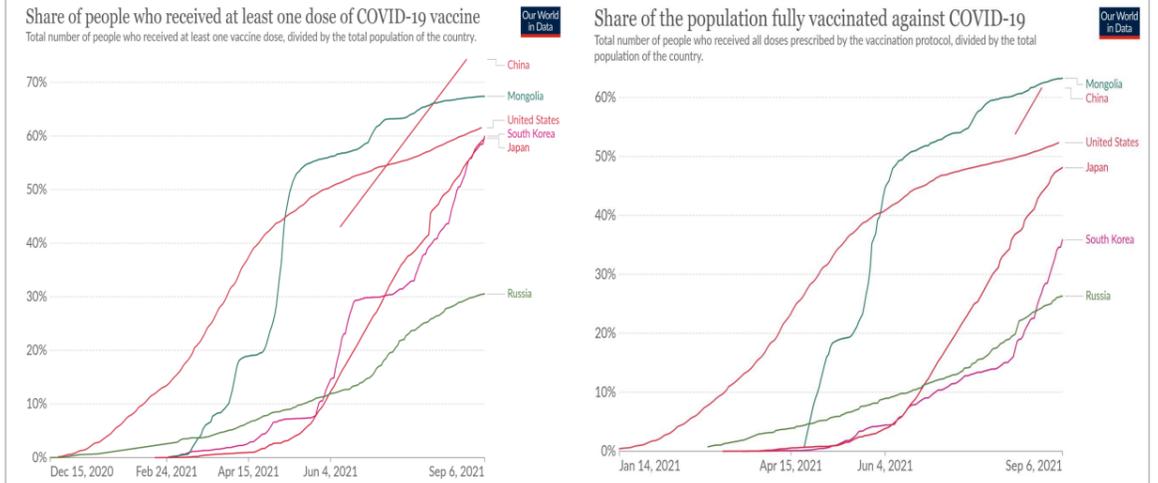
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### Cumulative Deaths, COVID-19



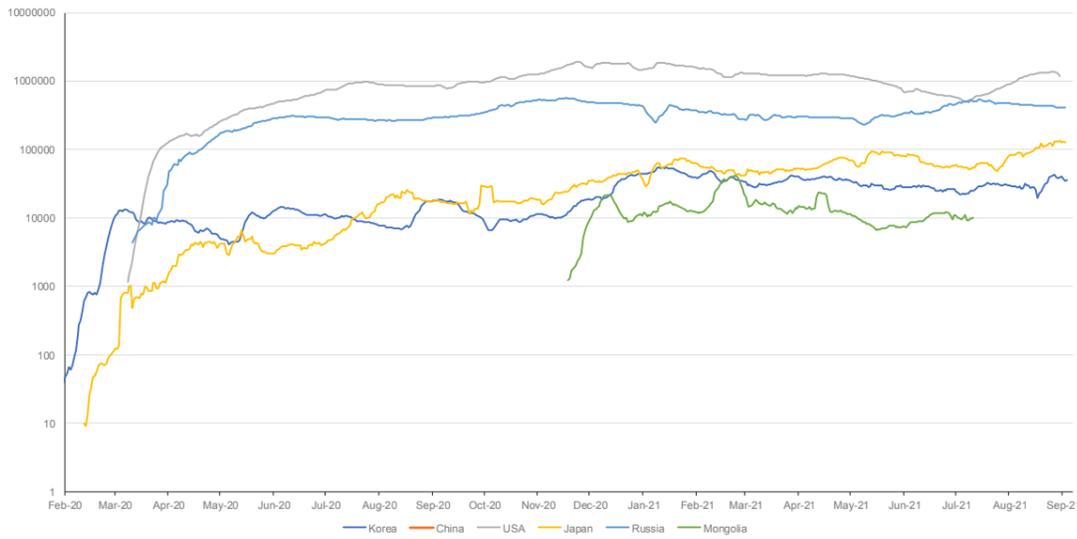
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### COVID-19 Vaccination



7

### Daily New Testing, COVID-19



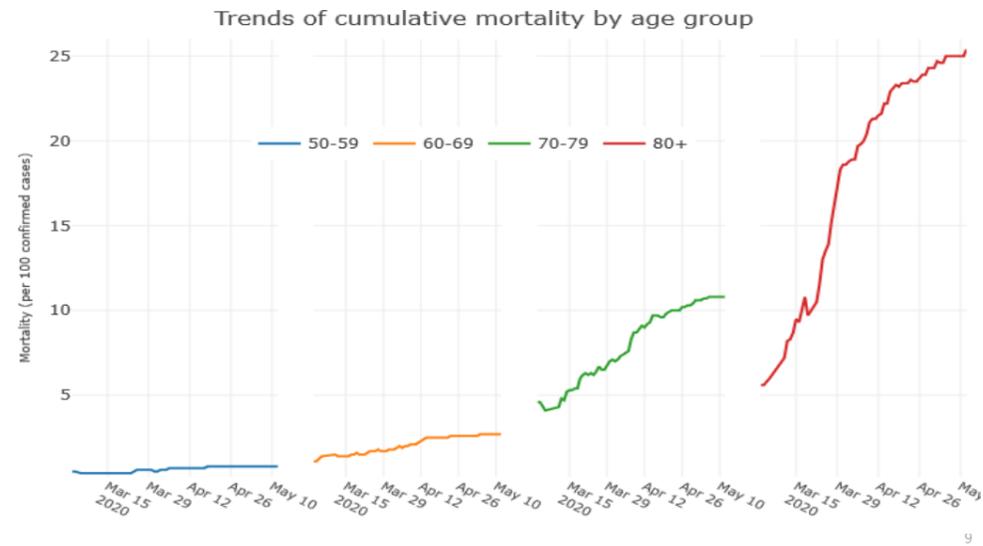
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## II. Challenges for Older People

Kwon: Older People H Crises

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### COVID-19 Fatality by Age Group, Korea (early 2020)



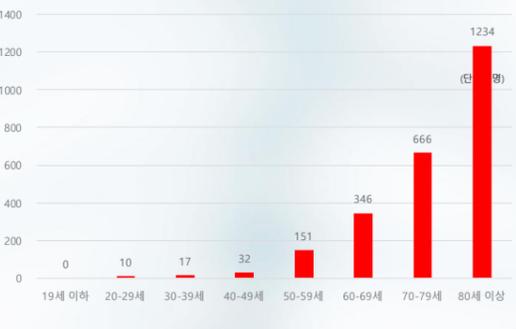
### COVID-19 Fatality Rate by Age, Korea



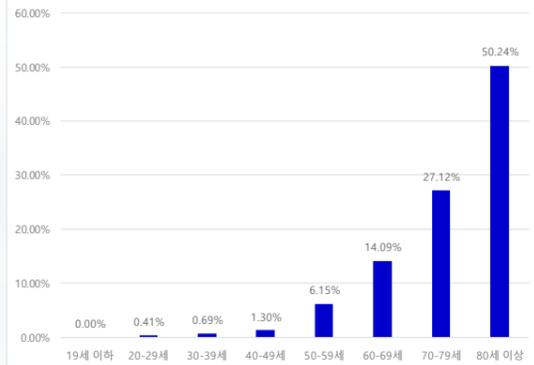
### COVID-19 Fatality, Korea

Older people (+60 years) accounted for 90% of all COVID-19 mortality in Korea

Nr of COVID-19 Deaths by Age



Age Distribution of COVID-19 Deaths



\* Source: KDCA ('21.9.27.)

### Mass Infection in LTC Facilities: Cases

**인천 노인요양시설 코로나19 집단감염 잇따라**

인천시 보건복지국장은 11일 오전 11시 24분께 인천시 중구 소재의 노인요양시설에서 집단감염이 발생했다고 밝혔다. 이날 오전 11시 24분께 인천시 중구 소재의 노인요양시설에서 집단감염이 발생했다고 밝혔다. 이날 오전 11시 24분께 인천시 중구 소재의 노인요양시설에서 집단감염이 발생했다고 밝혔다.

**경산지역 노인요양시설 어르신 코로나19 20명 집단감염**

1일 경산지역 노인요양시설에서 코로나19 집단감염이 발생해 방역당국이 비상이다.

경산시에 따르면 지난 31일 경산시 오 노년복지요양시설에 대한 감염관리시설 선제감사에서 50대 중년자 3명이 확진된 데 이어 1일에는 주간보호이용자 20여명이 확진돼, 총 23명의 확진자가 나왔다.

이 시설은 주간보호 재가서비스 이용자 25명과 중년자 10명 등 총 35명이 생활하고 있으며, 대부분 가향에서 호가며 생활하고 있어 가족 등 외부와의 2차감염이 우려되고 있다.

방역당국은 해당 시설에 대해 방역소독을 실시하고 접촉자 248명에 대한 조사와 확진자의 이동동선 및 밀접접촉자 파악 등 역학조사에 나섰고 있다.

한편, 해당 요양시설 외에도 11일 경산에서 감염병례를 알 수 없는 지역감염 확진자 1명이 발생해 1일 오전 11시까지 24명의 확진자가 추가됐다.

이로서 경산시 누적 확진자는 1천168명까지 늘었다.

### Mass Infection in LTC Facilities: Cases

**대전 요양시설에서 입소자 등 18명 집단감염**

대전 요양시설 한 노인요양시설에서 입소자 등 18명이 코로나19에 집단감염됐다.

대전 요양시설 한 노인요양시설에서 입소자 등 18명이 코로나19에 집단감염됐다. 대전 요양시설 한 노인요양시설에서 입소자 등 18명이 코로나19에 집단감염됐다.

**부여군 코로나19, 노인재가 요양시설\_11명 확진**

부여군 소재 노인재가 요양시설에서 29일~30일 사이 코로나19 확진자가 11명 무더기로 발생했다.

확진된 11명은 부여#53~#63번 확진자로서 사실 이용자는 10명이고, 나머지 한 명은 이용자의 가족이다. 사실 이용자 10명은 자가격리 전수검사 결과로 확진 판정을 받았다.

## III. Key Lessons

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### Mass Infection in LTC Facilities: Cases

**김천 노인요양시설 3일째 코로나 집단감염...누적확진 39명(중합)**

김천 노인요양시설 3일째 코로나 집단감염...누적확진 39명(중합)

14일 발목발목에 따르면 이날 오후 집현사에서 집단감염이 잇따르고 있는 요양 시설 관련 8명이 추가 확진 판정을 받았다.

**가평 노인요양시설 관련 일주일간 25명 확진**

가평 노인요양시설 관련 일주일간 25명 확진

24명 백신 2차 접종... '변이바이러스' 조사 중

가평=연합뉴스 김도윤 기자 = 경기 가평군은 A노인요양시설과 관련해 일주일간 25명이 신종 코로나바이러스 감염증(코로나19) 확진 판정을 받았다고 4일 밝혔다.

### 1) Health System Strengthening

Role of Health system **resilience**, investment in health system and pandemic preparedness, interconnectedness of health and economy

UHC (Universal Health Coverage) ensures access not only to individual services but also to **population and public health services**, e.g., prevention, testing, treatment of infectious diseases and pandemic

Quality of care (for older people): serious concern for geriatric hospitals and long-term care (LTC) facilities

- Standard ward should be for 4 beds rather than 6 beds
- Increase the requirement/standard for health personnel

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## 2) Protection of the Vulnerable

### Vulnerable Population and Inequity

- Older people, the poor, daily workers, the self employed, immigrants, etc.
- Negative impacts of social distancing (on economy and welfare) are more severe for vulnerable population
- E.g., Internet-based classes have differential impacts on students with different socioeconomic status: increasing gap in academic performance

### Targeted Policy is more Efficient

- Need differentiated policy measures for facilities and population group, based on risk assessment
- E.g., Much higher mortality in older people, LTC facilities, geriatric hospitals

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## 4) Evidence-based Policy on Social Distancing

Effectiveness of something between NO and FULL social distancing?

- No social distancing is disastrous
- Full social distancing and lockdown can be effective, but cannot be enforced

Social distancing policy has not been based on evidence?

- Impact on mobility and infection is often ambiguous
- Key intermediate variable: e.g., face mask
- Negative impact of social distancing on economy and society is obvious (e.g., small business, older people and the disabled in the community)

Should consider socio-economic incentives/motives of human being

- Low compliance due to social fatigue, impact on economy
- Should examine the impacts not only on the health sector but also on economy, education, society (e.g., mental wellbeing)

## 3) Governance

Coordination among health and economic/social sectors to overcome the pandemic and its economic/social impacts

- e.g., economic relief measures
- e.g., strengthen welfare system in the community to support vulnerable population

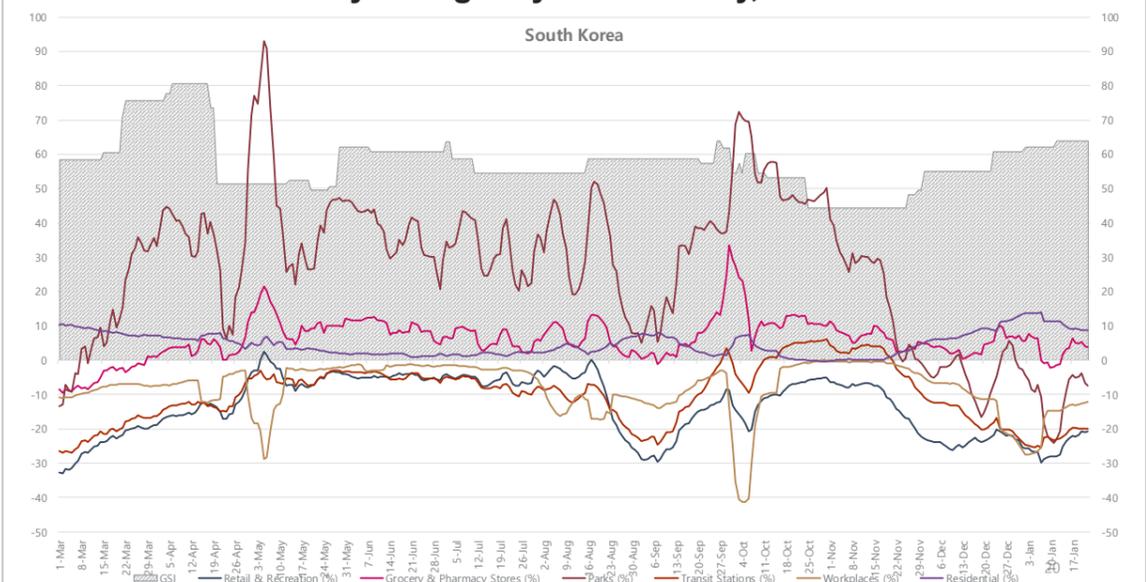
Coordination among central, provincial, and local governments

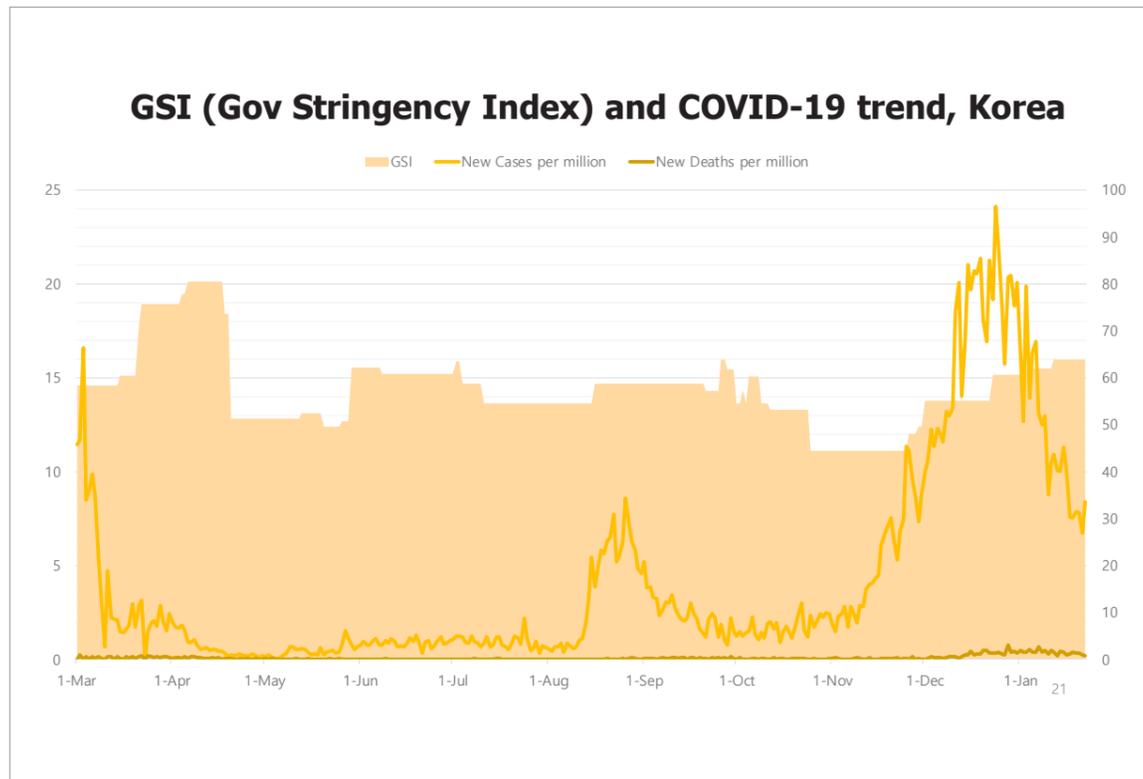
Coordination among public and private health sectors: testing, treatment

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### Policy Stringency and Mobility, Korea





Health Policy 125 (2021) 568-576

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ELSEVIER Health Policy journal homepage: [www.elsevier.com/locate/healthpol](http://www.elsevier.com/locate/healthpol)

Systematic assessment of South Korea's capabilities to control COVID-19<sup>a\*</sup>

Katelyn J. Yoo<sup>a,b</sup>, Soonman Kwon<sup>c,\*</sup>, Yoonjung Choi<sup>d</sup>, David M. Bishai<sup>e</sup>

<sup>a</sup> Health, Nutrition, and Population, World Bank Group, Washington, DC, United States  
<sup>b</sup> Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States  
<sup>c</sup> School of Public Health, Seoul National University, Seoul, South Korea  
<sup>d</sup> Squared, Severna Park, MD, United States  
<sup>e</sup> Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States

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ABSTRACT

South Korea's COVID-19 control strategy has been widely emulated. Korea's ability to rapidly achieve disease control in early 2020 without a "Great Lockdown" despite its proximity to China and high population density make its achievement particularly intriguing. This paper helps explain Korea's pre-existing capabilities which enabled the rapid and effective implementation of its COVID-19 control strategies. A systematic assessment across multiple domains demonstrates that South Korea's advantages in controlling its epidemic are owed tremendously to legal and organizational reforms enacted after the MERS outbreak in 2015. Successful implementation of the Korean strategy required more than just a set of actions, measures and policies. It relied on a pre-existing legal framework, financing arrangements, governance and a workforce experienced in outbreak management.

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### 5) Optimal Policy for Pandemic and Health Crises

Should aim at minimizing mortality (rather than minimizing confirmed cases) and minimizing negative impacts on society/economy

Majority of COVID-19 cases have no symptoms, but fatal effects on older people and those with existing health problems

Should not focus on the numbers of confirmed cases, but focus on the number of severe cases and health system capacity to treat severe cases (e.g., intensive care units)

Adjustment and mitigation (of negative impacts) in the society  
 - instead of the elimination of COVID-19 cases

REPUBLIC OF KOREA'S COVID-19 PREPAREDNESS AND RESPONSE

DISCUSSION PAPER NOVEMBER 2020

Soonman Kwon  
 Hoonsang Lee  
 Moran Ki  
 Da Woon Chung  
 Enis Baris

WORLD BANK GROUP Health, Nutrition & Population

Kwon: Older People H Crises

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**Asia Pacific Observatory  
on Health Systems and Policies**

**List of authors**

Hyunjin Kang\*  
Soonman Kwon\*  
Eunyoung Kim\*

\* Seoul National University, Republic of Korea

**COVID-19 Health System Response Monitor**

**REPUBLIC OF KOREA**



December 2020

**Editor**  
Ann's Issac, Asia Pacific Observatory on Health Systems and Policies

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**Commentary**

**Financing health in the new normal: issues and opportunities**

Soonman Kwon  
School of Public Health, Seoul National University, Republic of Korea  
Correspondence to: Professor Soonman Kwon ([skwon@snu.ac.kr](mailto:skwon@snu.ac.kr))

**Pandemics and universal health coverage**  
Coronavirus disease 2019 (COVID-19) has disrupted all aspects of society, including progress towards universal health coverage (UHC). Countries now have an urgent need to increase government spending on health, as is always emphasized, public investment plays a key role in mixed financing mechanisms in World Health Organization South-East Asia Region countries. This is the only feasible way forward for adequate, sustainable and equitable financing for health. The pandemic crisis has provided an opportunity to appreciate the clear interconnectedness of health and the economy; failures in health systems have devastating economic effects. Because of the immediate effects of COVID-19 on fiscal deficits, however, countries still cannot afford to invest substantially in health systems, and the long-term effect is a deterioration in the population's health.

UHC with functioning health systems has the capacity to protect a country's economy from a pandemic such as COVID-19, and primary health care (PHC) is a cornerstone of UHC. Sufficient funding and effective service delivery for pandemic preparedness and response as part of UHC reduce the risk of an outbreak, enable quick response and protect the vulnerable, increasing social stability and prosperity. Countries need to mobilize more financial resources, such as health taxes, increase flexibility in purchasing mechanisms and public financial management (PFM) with swift reprioritization, improve fiscal space through effectiveness in spending, and strengthen PHC. To make health systems more resilient to shocks and crises, it is critical for governments to invest in core health system functions, such as financing, service delivery and governance. In particular, funding and integration of these functions at the primary level – including infection prevention and control, surveillance, and information systems – are fundamental to ensure that health systems are prepared for and respond better to health emergencies.

to include special arrangements and procedures that enable fast and transparent flexibility to reallocate funds or purchase goods and services to adjust to changing needs in response to an emergency, including the needs of the poor and vulnerable. Purchasing arrangements need to be made to ensure that during a pandemic there is minimal disruption in the provision of essential health care, such as vaccinations and care for mental health, noncommunicable diseases, reproductive health, and maternal and child health.

Quick and flexible purchasing in times of outbreak or pandemic includes making additional public resources available to frontline health care providers in a timely manner. Resilient health systems can quickly adjust PFM rules and procedures, and fiscal arrangements such as advance payments or direct budget transfers aimed at accelerating release of funds to providers. Temporary compensation to providers for unexpected changes in cash flow is needed to enable smooth and effective adaptation.

In a pandemic, a surge in patients requires the mobilization of both public and private providers for a whole-of-country approach. Having a contracting system in place for private providers, based on quality and performance, is fundamental for pandemic preparedness. Incentive and payment systems for private (and public) providers, together with laws, accreditation and regulation to ensure the quality of health care providers, form part of pandemic preparedness. A country can introduce a law to allow mandatory mobilization of private providers in a health emergency. The role of the private sector is also critical to rapidly expand the supply of personal protective equipment, diagnostic tests and medicines.

PHC needs to play a key role in prevention, detection, treatment and referral, and can also help ensure access to essential services without disruption. Digital health has been shown to improve access to care during the COVID-19 pandemic in many countries because social distancing and lockdowns are barriers to health care access, and health care providers are also concerned about potential infection resulting from a patient visit. Adequate payments and incentives for both providers and patients as well as a system to ensure quality, safety and privacy in digital health should be considered.

**Sustainable financing and purchasing for universal health coverage and health system resilience**

Financing for COVID-19 Preparedness and ... 1 / 17 | - 137% + | [ ] [x]

**Asian Economic Policy Review** | **JCER**

doi: 10.1111/aep.12360 | *Asian Economic Policy Review* (2021) 9999, 1–17

**Sustainable Health Financing for COVID-19 Preparedness and Response in Asia and the Pacific**

Soonman KWON<sup>1†</sup> and Eunyoung KIM<sup>2</sup>

<sup>1</sup>Seoul National University and Korea Health Industry Development Institute (KHIDI) and <sup>2</sup>World Health Organization Lao PDR Country Office

To make health systems more resilient to shocks and crises, it is critical for governments to invest in core health system functions such as financing, service delivery, and governance. Ensuring sufficient resources for health is necessary for basic infrastructure including vaccines; the

Kwon: Older People H Crises 26

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**Assessing the impact of non-pharmaceutical interventions on the transmissibility and severity of COVID-19 during the first five months in the Western Pacific Region**

Eng Kiong Yeoh<sup>a</sup>, Ka Chun Chong<sup>b,c</sup>, Calvin J. Chiew<sup>b</sup>, Vernon J. Lee<sup>b,c</sup>, Chiu Wan Ng<sup>d</sup>, Hideki Hashimoto<sup>e</sup>, Soonman Kwon<sup>f</sup>, Weibing Wang<sup>g</sup>, Nancy Nam Sze Chau<sup>h</sup>, Carrie Ho Kwan Yam<sup>h</sup>, Tsz Yu Chow<sup>h</sup>, Chi Tim Hung<sup>h</sup>

<sup>a</sup> Centre for Health Systems and Policy Research, JC School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong, China  
<sup>b</sup> Singapore Ministry of Health, Singapore  
<sup>c</sup> Saw Swee Hoek School of Public Health, National University of Singapore, Singapore  
<sup>d</sup> Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Malaysia  
<sup>e</sup> School of Public Health, The University of Tokyo, Japan  
<sup>f</sup> School of Public Health, Seoul National University, South Korea  
<sup>g</sup> School of Public Health, Pudong University, Shanghai, China

**ARTICLE INFO**  
Keywords: COVID-19, Case-fatality, Reproduction number, Western Pacific, Nonpharmaceutical

**ABSTRACT**  
While most countries in the Western Pacific Region (WPR) had similar trajectories of COVID-19 from January to May, their implementations of non-pharmaceutical interventions (NPIs) differed by transmission stages. To offer a better understanding for an implementation of multidisciplinary policies in COVID-19 control, we compared the impact of NPIs by assessing the transmissibility and severity of COVID-19 in different phases of the epidemic during the first five months in WPR. In this study, we estimated the piecewise instantaneous reproduction number ( $R_t$ ) and the reporting delay-adjusted case-fatality ratio (dCFR) of COVID-19 in seven WPR jurisdictions: Hong Kong Special Administrative Region, Japan, Malaysia, Shanghai, Singapore, South Korea, and Taiwan. According to the results, implementing NPIs was associated with an apparent reduction of the piecewise  $R_t$  in two epidemic waves in general. However, large cluster outbreaks raised the piecewise  $R_t$  to a high level. We also observed relaxing the NPIs could result in an increase of  $R_t$ . The estimated dCFR ranged from 0.09% to 1.59% among the jurisdictions, except in Japan where an estimate of 5.31% might be due to low testing efforts. To conclude, in conjunction with border control measures to reduce influx of imported cases which might cause local outbreaks, other NPIs including social distancing measures along with case finding by rapid tests are also necessary to prevent potential large cluster outbreaks and transmissions from undetected cases. A comparatively lower CFR may reflect the health system capacity of these jurisdictions. In order to keep track of sustained disease transmission due to resumption of economic activities, a close monitoring of disease transmissibility is recommended in the relaxation phase. The report of transmission of SARS-CoV-2 to pets in Hong Kong and to mink in farm outbreaks highlight for the control of COVID-19 and emerging infectious disease, the One Health approach is critical in understanding and accounting for how human, animals and environment health are intricately connected.

Kwon: Older People H Crises 28



## ■ 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert

### Moderator.



**Young-Ran Park** | Professor/ Expert Group  
(Kangnam University / ASEM Global Ageing Center)

**박영란** 교수/전문위원

(Present) Department of Silver Industry, Kangnam University, Republic of Korea (2004~)

(Present) Vice-President, International Society for Gerontechnology (2020~)

(Past) Research Fellow, Korean Women's Development (1996~2003)

(Past) Fulbright Fellow, Visiting Scholar, University of Oregon (2006~2007)

## 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



**Speaker/Panelist**

**Margaret Young** | Steering Group  
(Global Alliance for the Rights of Older People)

**마가렛 영** 운영위원(세계노인인권연합)

Margaret Young is a Steering Group member of the Global Alliance for the Rights of Older People (GAROP), and the founder of Age Knowble, a Canadian social enterprise. Her work exemplifies the progressive strides possible in social change and human development when we collaborate across sectors and geographical borders.

Margaret honed her business acumen, organizational development, and community development skills through her award-winning career with Canada's largest financial institution. Application of these skills, along with her gerontology expertise, has supported older person serving non-for-profits and other stakeholders in advancing the well-being of older people.

The "Age With Rights" campaign was ideated from Margaret's aspiration of rallying and mobilizing more advocacy voices around the world for the rights of older persons. The campaign was developed in collaboration with GAROP members. It is accessible to everyone, especially the older person, and it will continue to grow and evolve.

In our Civil Society Talk Concert, Margaret will share why a focus on the rights of older persons, what is happening globally, and how to take action through existing and emerging platforms moving forward.



### Human Rights of Older Persons: Present and Future

ASEM Global Ageing Center - Civil Society Talk Concert  
October 26, 2021

Margaret Young  
Global Alliance for the Rights of Older People, Steering Group Member  
Age Knowble, Founder



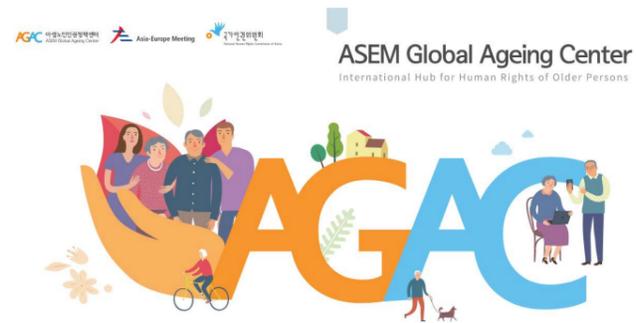
### Global Alliance for the Rights of Older People



Source: [www.rightsofolderpeople.org](http://www.rightsofolderpeople.org)



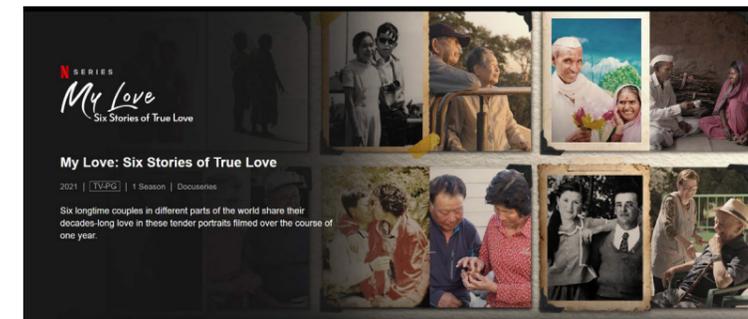
### ASEM Global Ageing Center – Civil Society Talk Concert



Source: [www.asemgac.org](http://www.asemgac.org)



### Why rights of older people – empower longevity



Source: <https://www.netflix.com/ca/title/81001959>



### Why rights of older people – protect against violations

**COVID-19: Violence and neglect increases for older persons during lockdown, says UN expert**

GENEVA (14 June 2021) - Violence, abuse and neglect of older persons have been brought into sharp focus during the COVID-19 pandemic. To mark World Elder

**POVERTY: A CHALLENGE TO THE PROTECTION OF HUMAN RIGHTS OF OLDER PERSONS IN THE REPUBLIC OF CROATIA**

ABSTRACT  
Poverty is traditionally studied from an economic point of view. However, along with the development of international human rights law, poverty is increasingly becoming the focus of legal systems. It is studied

Mandate of the Independent Expert on the enjoyment of all human rights by older persons

Older Persons in humanitarian emergencies - the human rights imperative

48th session of the Human Rights Council  
Side event - Human rights in older age: Towards the elimination of ageism and age discrimination

Statement by Michelle Bachelet, United Nations High Commissioner for Human Rights  
21 September 2021

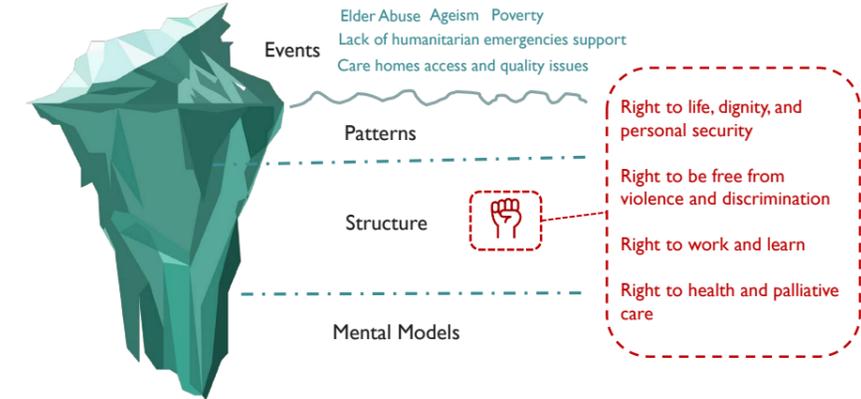
**The covid-19 pandemic and care homes for older people in Europe - deaths, damage and violations of human rights**

Janet Carter Anand, Sarah Donnelly, Allison Milne, Holly Nelson Becker, Emme-Li Vingare, Blanca Dezard

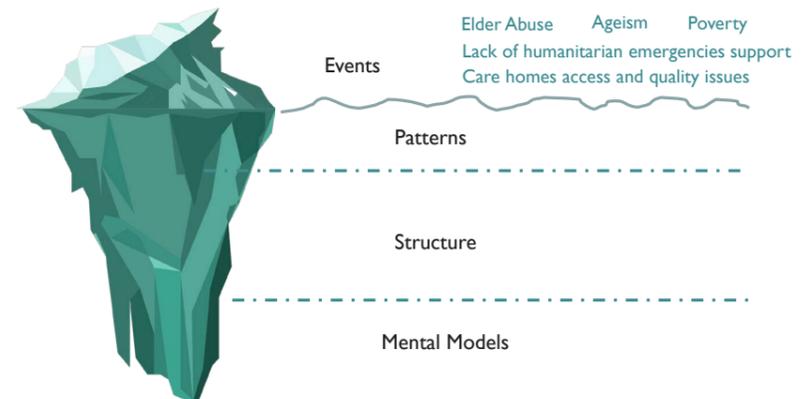
Source: Clockwise, OHCHR Elder Abuse, Research Gate Poverty, UNDESA Humanitarian Emergencies, European Journal of Social Work Care Homes, OHCHR Age Discrimination.



### System view on inequities – point of inversion



### System view on inequities



### Why a new universal international legal instrument?

“...The silence, neglect, and relative invisibility of human rights issues of central concern to older persons are so widespread and systemic in the international human rights system that it is clear that fundamental change is required...” Update to the 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons Working paper prepared by the Office of the High Commissioner for Human Rights March 2021

“...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.” Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler Human Rights Council Forty-eighth session 13 September–1 October 2021 Agenda item 3

“...shockingly, while there are conventions that protect the rights of our other identities, be it child, woman, race, or disability, there is not a universal legal instrument that recognizes and protects our rights as an older individual. It doesn't sound right, does it? ...” UNIDOP 2021 Age With Rights campaign video, Margaret Young, Founder, Age Knowledge

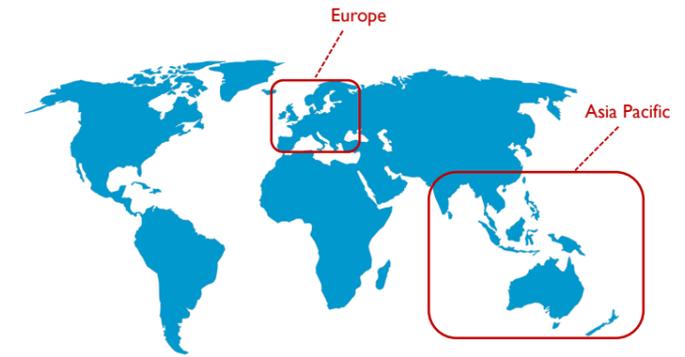


Support and advocate in different arenas:

- National
- Regional
- Intergovernmental



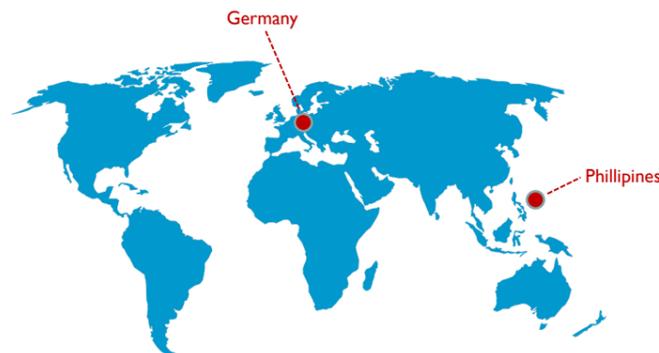
Regional advocacy examples:



Commons attribution: Clikr-Free-Vector-Images <https://pixabay.com/vectors/world-map-earth-global-continent-306338/>



National advocacies examples:



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Intergovernmental organizations advocacy:





## Open Ended Working Group on Ageing

### Mandate:

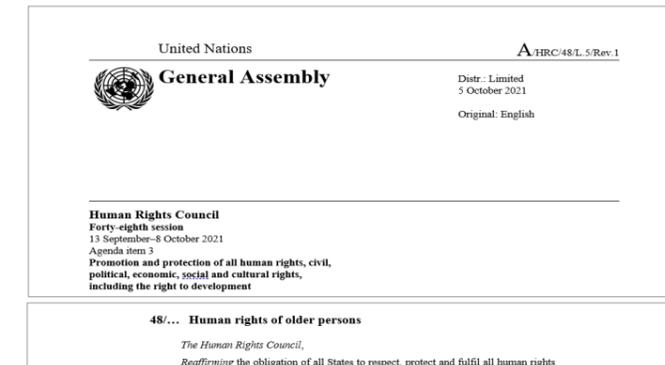
Consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures. (Dec 2010, General Assembly Resolution 65/182).

The Working Group's mandate was extended, requiring the Working Group to present proposals on the main elements of a new international legal instrument to the General Assembly, at the earliest possible date. (December 2012, General Assembly Resolution 67/139),

13



## So how are we doing so far:



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## Open Ended Working Group on Ageing

### Advocacy Opportunities by accredited NGOs:

- Normative and substantive submissions
- Being a panelist
- Making interventions on the floor
- Hosting Side Events

### Time and Location

- Annually beginning of April, United Nations New York, Four-day event
- 11<sup>th</sup> session was cancelled in 2020 due to COVID-19 pandemic; took place 2021 virtually

### Accredited Members

- 198 NGOs from more than 70 countries
- NGOs with Economic and Social Council (ECOSOC) consultative status are automatically accredited
- Learn more about the accreditation process at [www.rightsofolderpeople.org](http://www.rightsofolderpeople.org)

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## So how are we doing so far:



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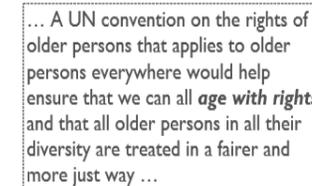
## Global Age With Rights Campaign

- A global rally cry platform
- Raise and support voice of older persons, advocates and NGOs
- #AgeWithRights



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## Integrates into advocacy activities in different ways:



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## Global Age With Rights Campaign

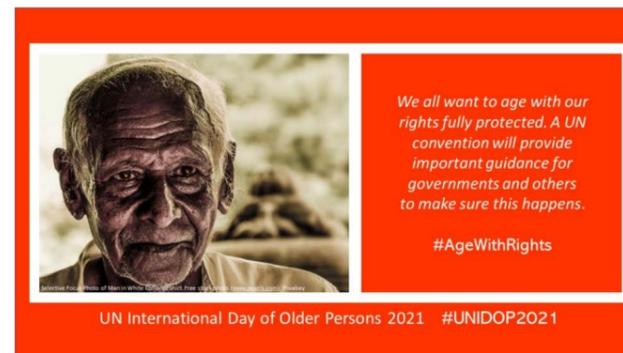


More advocacy tactics to come ....

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## Join the *Age With Rights* Campaign!



UN International Day of Older Persons 2021 #UNIDOP2021

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Thank you!

### 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



**Panelist**

**Hyunse Cho** | President  
(HelpAge Korea)

**조현세** 회장(한국 헬프에이지)

President of HelpAge Korea, Mr. Cho Hyunse has been playing a pivotal role in building Older People’s Associations in Korea, Cambodia, Vietnam and Myanmar for the development of self-help groups as their sustainable mechanism since 2004 and taking the lead in forming OPA leaders’ regional events in Asia. He’s been instrumental in promoting regional initiatives for age care policies and influenced the governments of ASEAN member countries to turn their focus from institutional care to community care more than 10 years since 2004. Consequently, 4 countries established homecare policies in Southeast Asia.

He involved into the consultation work for Social Welfare Labour and Migrant Workers Division, ASEAN Secretariat in 2010. He was a board member of HelpAge International between 2010 and 2018 and a board member of Korea NGO Council for Overseas Cooperation. He has served as a member of Consultation Committees of Human Rights Policy in National Human Rights Commission of Korea since 2015. He joined ASEM Global Ageing Center in Korea as a board member in 2018. He has been a member of board of The Korean Gerontological Society since 2019 and a member of board of Korean Foundation for Senior Citizen in Need since 2020.

## 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



### Panelist

**Silvia Perel-Levin** | Chair  
(NGO Committee on Ageing, Geneva)

**실비아 페렐 라빈** 위원장(고령화 NGO위원회, 제네바)

Silvia is the chair of the NGO Committee on Ageing in Geneva and representative to the UN of the International Network for the Prevention of Elder Abuse (INPEA) and the International Longevity Centre Global Alliance (ILC GA). An advocate for the rights of older persons she has been working in the fields of health, ageing and human rights for over 20 years at the World Health Organization, the Union for International Cancer Control and as an independent consultant. Before that, she was a TV, film and theatre producer using the arts as tools for social change. She was born in Argentina and has lived, studied and worked in England, Israel, Hungary and Switzerland. She has a B.A. in social and educational theatre from Tel Aviv University and an MSc in Inter-Professional Practice from the Institute of Health Sciences of City University of London.

## 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



### Panelist

**Jemma Stovell** | Global Voice Adviser  
(HelpAge International)

**젬마 스토크벨** 글로벌 보이스 고문(헬프에이지 인터내셔널)

Jemma Stovell holds a degree in International Relations and International Development from the University of New South Wales. She started her career working for Amnesty International in Australia focused on campaigning for refugee and Indigenous rights. Jemma moved to the United Kingdom in 2012 and worked for a national older people's organization before starting at HelpAge International in 2014. Jemma is now the Global Voice Adviser at HelpAge and has been leading the organization's ageism work for the past 4 years. She has been responsible for ageism capacity building initiatives and has delivered ageism training for various NGOs in Cambodia, Colombia, Jordan, Moldova and Kyrgyzstan. Jemma has also attended numerous United Nations sessions focused on older people's human rights in New York (OEWG).

## 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



### Panelist

**Emily Beridico** | Executive Director  
(Coalition of Services of the Elderly, Inc.)

**에밀리 베리디코** 대표(노인참여연맹)

Ms. Emily Neonal Beridico is a registered social worker and the Executive Director of the Coalition of Services of the Elderly (COSE), a non-government organization in the Philippines working with older persons since 1989. She joined COSE in 2000 with the task to facilitate the formation and strengthening of older persons' organizations including the establishment of their community-based programs; advocacy; and partnership building.

Her significant experiences, contributions, knowledge, and dedication in the organization have led to her recent success where she was unanimously chosen by the Board of Trustees (BOT) as the Executive Director of COSE in 2015.

## 스페셜 세션. 시민사회 토크콘서트

Special Session. Civil Society Talk Concert



### Panelist

**Marijn Loozen** | Member  
(AGE Platform Europe / OKRA)

**마라인 루젠**(에이지 플랫폼 유럽(오크라))

I am currently responsible for the care department of the elderly organization OKRA. OKRA is the largest seniors association in Flanders (Belgium). Before that, I was manager of a division of a home care organization and I had an educational role at a non-governmental organization that supports rural communities in Latin America and Africa.



## ■ 세션 2. 인도적 위기에서의 노인

### Session 2. Older Persons in Humanitarian Crises

#### Moderator.



**Seong-Hoon Lee** | Executive Director  
(Korea Human Rights Foundation)

**이성훈** 상임이사(한국인권재단)

(2020 ~ Now) Adjunct Senior Research Fellow, Global Academy for Future Civilizations (GAFC), Kyunghee University

(2020 ~ Now) Non-Executive Board Member, Korea International Cooperation Agency (KOICA)

(2021 ~ Now) Regional Coordinator, Asia Civil Society Partnership for Sustainable Development (APSD)

(2020 ~ Now) Adjunct Professor, Master of Asia NGO Studies (MAINS) of SungKongHoe University

(2010 ~ 2018) Executive Director, Korea Human Rights Foundation (KHRF)

(2008 ~ 2010) Director-General, National Human Rights Commission of Korea

(2005 ~ 2008) Executive Director, Asian Forum for Human Rights and Development (FORUM-ASIA)

## 세션 2. 인도적 위기에서의 노인

### Session 2. Older Persons in Humanitarian Crises



**Matthew Wells** | Deputy Director  
(Amnesty International)

**매튜 웰스** 수석 위기자문위원(국제 엠네스티)

Matt Wells is a Deputy Director in the Crisis Response Programme at Amnesty International, where he leads work on the specific impact of human rights crises on children, women, people with disabilities, and older people. At Amnesty, he has investigated crimes under international law and other human rights violations in Myanmar, Nigeria, the Philippines, Niger, and Hong Kong, and has authored several reports on the impact of conflict and displacement on older women and men. Matt has undertaken human rights investigations across Africa and Asia for more than a decade, with a focus on situations of armed conflict and major crisis. Prior to Amnesty, he was the Senior Adviser on Peacekeeping at Center for Civilians in Conflict (CIVIC) and the West Africa Researcher at Human Rights Watch. Matt has a law degree from Harvard and a bachelor's degree from Rice University.

# IMPACT OF CONFLICT AND DISPLACEMENT ON OLDER PEOPLE

Matthew Wells, Deputy Director, Crisis Response



## MSF MORTALITY SURVEY

Periods	Age group	Weighted		
		proportion	Lower CI	Upper CI
27 May – 24 Aug	0-5 years	0.21%	0.05	0.86
	5-49 years	0.41%	0.24	0.69
	50+ years	1.73%	0.88	3.38
	Total	0.51%	0.34	0.76
25 Aug – 24 Sept	0-5 years	1.70%	1.00	2.88
	5-49 years	1.95%	1.54	2.48
	50+ years	5.47%	3.73	7.93
	Total	2.26%	1.87	2.73
25 Sept – 30 Oct	0-5 years	0.62%	0.26	1.47
	5-49 years	0.14%	0.06	0.34
	50+ years	0.74%	0.27	2.03
	Total	0.28%	0.17	0.48

<https://www.msf.org/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys>

Impact of Conflict and Displacement on Older People



## MSF MORTALITY SURVEY – ROHINGYA CRISIS

Periods	Age group	Deaths	Deaths/10,000/day	Lower CI	Upper CI
27 May – 24 Aug	0-5 years	6	0.25	0.06	1.03
	5-49 years	29	0.48	0.29	0.81
	50+ years	21	2.15	1.09	4.25
	Female	24	0.44	0.23	0.85
	Male	32	0.77	0.46	1.27
	Total	56	0.60	0.40	0.90
25 Aug – 24 Sept	0-5 years	37	5.97	3.50	10.17
	5-49 years	177	6.87	5.40	8.73
	50+ years	66	21.28	14.44	31.36
	Female	99	5.82	4.26	7.95
	Male	181	10.36	8.14	13.20
	Total	280	8.02	6.63	9.71
25 Sept – 30 Oct	0-5 years	11	1.86	0.78	4.43
	5-49 years	13	0.44	0.19	1.04
	50+ years	11	2.58	0.94	7.12
	Female	14	0.78	0.36	1.70
	Male	21	0.97	0.47	2.01
	Total	35	0.88	0.51	1.49

<https://www.msf.org/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys>

Impact of Conflict and Displacement on Older People



## DISPROPORTIONATE IMPACT OF CRISES

Includes other types of crises, such as:

- The Ebola outbreak in West Africa; and
- During environmental disasters like tsunamis, earthquakes, major hurricanes, wildfires, flooding, and heatwaves

After the initial crisis:

- Older people appear particularly at risk of longer-term effects like material loss and psychosocial harm

4 Impact of Conflict and Displacement on Older People



## OFTEN STAY OR ARE LEFT BEHIND

Older people are not homogenous. Common reasons for staying behind:

- Reduced mobility / disability
- Seen as less at risk, so tasked with protecting a community's property
- Deep ties to land and home
- Tired of repeated displacement



5 Impact of Conflict and Displacement on Older People



## TRAUMA

- Separation from home, land, social structures
  - Risks of land confiscation
- Repeated displacement
  - 70% of older Rohingya and 90+% of older Kachin interviewed by Amnesty had been displaced multiple times during their lives
- During conflict, often witness crimes against their children
  - Become primary caregivers for grandchildren



7 Impact of Conflict and Displacement on Older People



## DETENTION: NORTHEAST NIGERIA

**OLDER MEN ARE AROUND 4% OF NORTHEAST NIGERIA'S POPULATION**  
**THEY'RE AN ESTIMATED 15-25% OF THOSE WHO HAVE DIED IN CUSTODY**



**“So many older people died. They couldn't resist hunger, they couldn't resist all those things. Sometimes we'd see someone collapsed, and we'd put some water on them, to see if the person died... When it was dry and hot, people were dying too much. There's no consideration [for older detainees].”** – 69-year-old man detained by the Nigerian military for two years in Giwa Barracks

Amnesty report on the impact of the conflict in Northeast Nigeria on older people:  
<https://www.amnesty.org/en/wp-content/uploads/2021/05/AFR4433762020ENGLISH.pdf>

6 Impact of Conflict and Displacement on Older People



## CUMULATIVE TRAUMA

Kaw Shawng, 62, from northern Myanmar, displaced repeatedly by conflict throughout her life:

***“We had to start all over again and again. We had to borrow some money from the locals [in each place we fled to]. When we built up [our lives], then we fled again. When I think about it, I want to cry.”***



8 Impact of Conflict and Displacement on Older People



# TAKEAWAYS

- Significantly better planning needed to identify and respond to older people’s rights and specific needs
- Life cycle contextual analysis is key to understand risks
  - Assistance to centralized displacement sites not good enough, as older people are often more likely to stay behind in villages;
  - Failure to push back on humanitarian restrictions may disproportionately impact older persons, because they often remain in harder-to-reach areas / are less likely to be displaced.
- Older people often have particular concerns around land
- Essential to include older people in psychosocial care programs and activities, and to design those programs around specific forms of trauma they face in emergency situations.

9 Impact of Conflict and Displacement on Older People



# DISPLACED POPULATIONS

- Bangladesh: Aid workers often frame as older Rohingya as “only 3 to 4%” of refugee population. But 3-4% = around 35,000 older women and men
- Northeast Nigeria: 7% of IDPs are 60+ years old (~125,000+ displaced older people)
- Older people’s rights are neglected in core aspects of response: sanitation, health, food, water, participation/consultation
  - Starts with failures in data/assessment and program design
  - Some resource intense, some resource minimal, some resource neutral



11 Impact of Conflict and Displacement on Older People



# HUMANITARIAN RESPONSE



Refugee camp outside Cox’s Bazar, Bangladesh. The hilly terrain has posed challenges for some older people, undermining their rights and ability to access assistance, as the camp’s planning and design often did not take into consideration their needs and risks.

12 Impact of Conflict and Displacement on Older People





Refugee shelter in Bangladesh of an older Rohingya woman and man. They both have limited mobility and are largely confined to the shelter as a result of its inaccessibility, undermining their access to food, health care, and other basic rights.

13 Impact of Conflict and Displacement on Older People



## EXCLUSION

**“I’m an older woman, no one cares about me. I can’t go there [to the distribution], and they won’t come to me... No one is paying attention to us. No NGO has come and asked about my situation.”** – A 68-year-old woman, displaced to Dalori 2 Camp in Borno State, with a spinal condition that makes it difficult to walk



15 Impact of Conflict and Displacement on Older People



## DIGNITY

Mawlawi Harun, a Rohingya refugee in Bangladesh in his early 90s:

**“I go to the latrine here, I eat and sleep here. I have become like a cow or goat. What more can I say? Cows defecate and urinate in the same place where they eat... Now I’m sleeping in a latrine.”**

For more on his story: <https://www.vox.com/the-highlight/2019/9/3/20837372/rohingya-refugee-myanmar-bangladesh-camp-violence>



14 Impact of Conflict and Displacement on Older People



## HEALTH SERVICES

Gul Bahar, 80, Rohingya refugee in Bangladesh:

**“Whoever goes [to the camp clinic], they just give them paracetamol... I have asthma... I also take medicines orally [for] high blood pressure... There’s a pharmacy on the street—I need to spend 5,000 to 6,000 taka (US\$59-71) per month...**

**My son is sick—he’s bedridden... so he’s not taking any jobs here.**

**We sell this and that [to cover the costs]. We sell part of our food ration and cooking oil. We also sold our blankets...”**

For more information, see Amnesty’s 2019 report on the impact of conflict and displacement on older people across Myanmar: <https://www.amnesty.org/en/wp-content/uploads/2021/05/ASA1604462019ENGLISH.pdf>

16 Impact of Conflict and Displacement on Older People



## HEALTH SERVICES

“If we go to the clinic in the camp, it’s just drugs for emergencies—malaria and things like that. For what we need, we have to go to the hospital [outside the camp] and pay for it... When they refer us to the hospital, we don’t have money, so we just stay at home. So many of my friends, other older people, have died because of this.”  
– 70-year-old woman in Muna Camp, Nigeria



17 Impact of Conflict and Displacement on Older People



## TAKEAWAYS, PART II

- In humanitarian response in emergency settings, there are often problematic assumptions about older people:
  - **Problematic assumption 1:** Older people are cared for by other members of their family, so it’s not as important to design a response specific to their rights and needs.
    - **Reality:** Many older people in emergency settings live alone, or are primary caretakers of other members of their family. Even when older people do have adult children or siblings nearby, operating based on the assumption denies their individual rights and puts them in a position of dependence, which can lead to abuse and neglect.
  - **Problematic assumption 2:** A good centre-based humanitarian response (e.g., establishment of centralized health clinics and food distribution points) is good enough.
    - **Reality:** For many older people with disabilities or reduced mobility, centre-based responses can be difficult to access. More mobile responses are essential.
  - **Problematic assumption 3:** Older persons don’t face SGBV. In many emergency settings, assessments about SGBV do not include women who are older than 49 years old.
    - **Reality:** There is ample documentation showing that older people likewise experience SGBV, including in conflict settings. By often excluding them in assessments, older survivors of SGBV are denied access to needed services.

19 Impact of Conflict and Displacement on Older People



## TAKEAWAYS, PART I

- Older people need to be far better included in the collection and disaggregation of data. If older people aren’t included in needs assessments and data isn’t properly disaggregated by age, gender, and disability, it undermines the humanitarian response.
  - Currently, data dissemination in emergency settings often only includes two age sets for adults: 18-59 years old and 60+ years old.
  - Significantly better practice to disaggregate by age into 5- or 10-year increments (e.g., 50-59, 60-69, 70-79, 80-89). The lived experience and risks of a 55-year-old are not the same as a 21-year-old. Likewise, an 85-year-old and a 61-year-old are likely to have different risks. That isn’t captured when data is not properly disaggregated.
  - Better disability disaggregation is likewise essential
  - Better practice would also include data on: the number of older people living alone; the number of older people who are primary caregivers.

18 Impact of Conflict and Displacement on Older People



## TAKEAWAYS, PART III

- Actors responding to emergencies need preparedness/training on specific attention to risks associated with ageing
- Older people, including older women in particular, should be included in the design and implementation of humanitarian response. They should not be seen as passive recipients of assistance. They have skills and knowledge that, if included, will improve the overall aid response.
- COVID-19 has shown a spotlight on the marginalization of and discrimination against older people across the world. More attention is being paid at the UN and elsewhere. It is essential that systematic changes are made to avoid the same failures.

20 Impact of Conflict and Displacement on Older People



# AMNESTY RESOURCES

- "Fleeing my whole life": Older people's experience of conflict and displacement in Myanmar – <https://www.amnesty.org/en/wp-content/uploads/2021/05/ASA1604462019ENGLISH.pdf>
- "My heart is in pain": Older people's experience of conflict, displacement, and detention in Northeast Nigeria – <https://www.amnesty.org/en/wp-content/uploads/2021/05/AFR4433762020ENGLISH.pdf>
- As If Expendable: The UK Government's Failure to Protect Older People in Care Homes during the COVID-19 Pandemic – <https://www.amnesty.org/en/documents/EUR45/3152/2020/en/>
- Abandoned: Highlighting Human Rights Violations in Care Homes in Italy during the COVID-19 Pandemic – <https://www.amnesty.org/en/latest/press-release/2020/12/italyviolations-of-the-human-rights-of-older-residents-of-care-homes-during-covid-19-pandemic/>
- Bangladesh: COVID-19 response flaws put older Rohingya refugees in imminent danger – <https://www.amnesty.org/en/latest/news/2020/04/bangladesh-covid-19-response-flaws-put-older-rohingya-refugees-in-imminent-danger/>
- "What I Saw Is Death" War Crimes in Mozambique's Forgotten Cape – <https://www.amnesty.org/en/wp-content/uploads/2021/05/AFR4135452021ENGLISH.pdf>

21 Impact of Conflict and Displacement on Older People



## 세션 2. 인도적 위기에서의 노인

Session 2. Older Persons in Humanitarian Crises



**Ken Bluestone** | Head of Policy and Influencing  
(Age International)

켄 블루스톤 공공정책 고문(에이지 인터내셔널)

Ken Bluestone is Head of Policy and Influencing for Age International, which is the UK member of the HelpAge global network. He leads Age International's policy and influencing work in the UK and internationally on issues affecting older people in low and middle-income countries. Ken is co-author with Verity McGivern of the report "If not now, when? Keeping promises to older people affected by humanitarian crises". Ken was previously Chair of the Global Alliance for the Rights of Older People and is on the Board of Directors of CommonAge.

**MATTHEW.WELLS@AMNESTY.ORG**

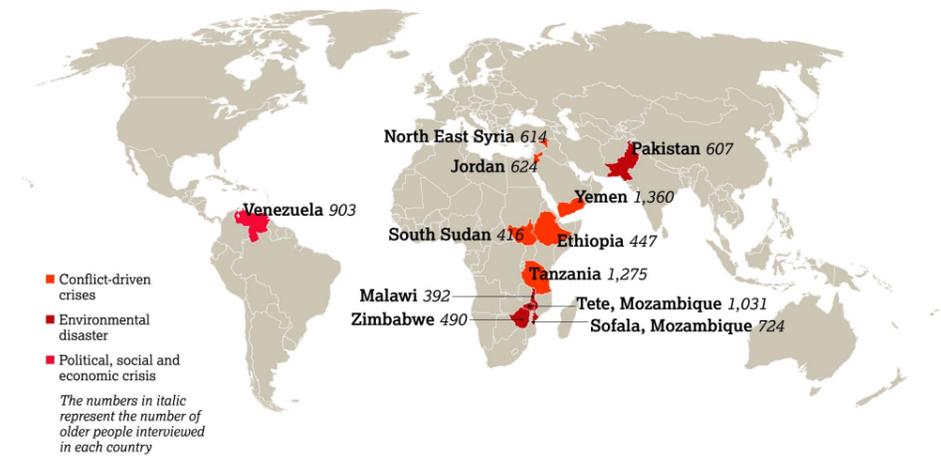


## If not now, when?

*Keeping promises to older people affected by humanitarian crises*

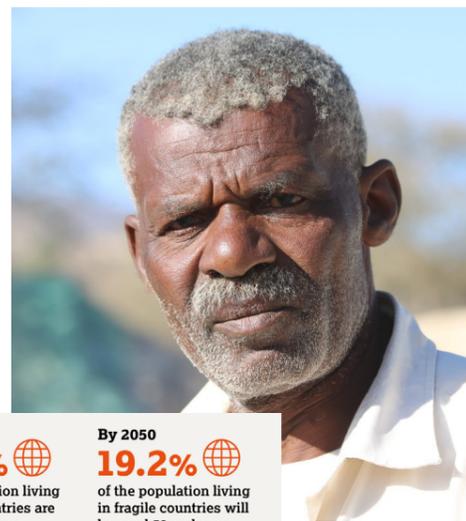


## Compiling the data



## Why this report?

- The number and proportion of older people affected by crisis is growing and older people are at high risk
- Despite multiple promises and commitments, older people continue to face neglect in humanitarian responses
- It's time to act



In 2020 <b>12.3%</b>  of the population living in fragile countries are aged 50 and over	By 2050 <b>19.2%</b>  of the population living in fragile countries will be aged 50 and over
---	---

## What did we find?

## Older people basic needs are unmet



- 64%** didn't have enough to eat
- 77%** had no income
- 20%** had no access to shelter
- 25%** had no access to safe drinking water
- 62%** had no access to bathing facilities

### Worse for women

- 58%** with no income
- 56%** with no access to healthcare
- 58%** with no access to food

## Incorrect assumptions are driving response

**Assumption:** All older people live with their families

**Reality:** Many older people live alone

**Assumption:** Families are the best source of support for older people

**Reality:** Humanitarian responses are increasing older people's dependence on others

**Assumption:** Older people do not contribute to their families and communities

**Reality:** Older people play a significant role, particularly as carers

## Older people are rarely consulted and excluded from data collection



**77%** had not been asked by any other humanitarian agency about services provided to them.



**69%** did not know how to make a complaint or provide feedback



**Only 3/11** needs overviews and response plans specifically included data on older people



"I've been elected leader of the older people's association in the camp. I offer help and support to the most vulnerable older refugees and advocate for their interests."

Chol Pur, 63-year-old refugee from South Sudan

## Blanket approaches prevent older people from accessing even general services



Poor access to healthcare despite **98%** reporting at least one health condition



Little support for those with disabilities despite **40%** of older people having at least one disability



**39%** unable to reach distribution points independently



## The way forward

1. Provide leadership
2. Mainstream older people's inclusion
3. Strengthen data and analysis
4. Consult older people



# Time for change

## If not now, when?

[www.helpage.org](http://www.helpage.org)

f HelpAgeInternational

@HelpAge





2021 ASEM Forum on the Human Rights of Older Persons: Future and Present

## Older People in Humanitarian Assistance: Gender and Intersectionality

2020. 10. 27.  
Eun Ha CHANG, Ph. D.  
Director, Center for International Development and Cooperation  
Korean Women's Development Institute



1

## Situation



Humanitarian needs of older women and men in government controlled areas of Donetsk and Luhansk oblasts, Ukraine

### Key findings



#### LIVELIHOODS

- 98.07% of older women and men rely on a pension as their main source of income. For 94.56% of them pension is the only source of income.
- Older people spend the majority of their income on medicines (62.13%) and food (19.31%)
- 24.96% of older people are in debt, including arrears on utilities



#### PROTECTION

- 85.09% of older people are experiencing various conflict-related psychosocial issues
- 40.73% of older people report that they are living alone (81.59% women)
- 6.26% of older people (72.83% women) reported experiencing at least one type of violence and abuse



#### HEALTH

- 98.45% of people interviewed (69.93% women) have at least one chronic disease
- 62.91% of older people have limited mobility and partly in need of the help of others (71.49% women), 9.27% of OP are immobile



#### SHELTER / NFI

- 92.04% of older people (70.36% women) report that they require NFI support
- 50.15% of older people (including 70.87% women) reported that they are in need of assistive devices (Toilet chairs - 45%; Canes - 44%; Walking frames - 19%; Crutches - 4%)



#### WASH

- 81.68% of older people (including 85.24% women) require basic hygiene items (89.49% urological pads (39.35%) and diapers for adults (20.52%))
- 70.94% of older people (67.21% women) reported they have limited (89.65%) or no (10.35%) access to safe drinking water
- 50.77% have difficulties with access to sanitation (of which 83.71% have limited access, 9.43% - rare access, 6.84% - no access at all)



#### FOOD SECURITY AND NUTRITION

- 81.76% of older people (71.83% women) stated that they had to decrease their food intake during last 6 month
- 58.42% of older women and men indicate a lack of access to places of food purchasing

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/snapshot\\_older\\_people\\_needs\\_2020\\_eng.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/snapshot_older_people_needs_2020_eng.pdf)

## Situation

Gender inequalities continue into older age and are compounded by age-based inequalities

- Older women face multiple barriers and discrimination – shame, stigma, normalisation of violence, lack of awareness of services
- The intersection of gender inequalities with other characteristics, such as disability, poverty, marital status, literacy levels can accumulate over a lifetime and be exacerbated in older age(HI 2018).
  - Illiteracy → 72% of older women surveyed by HelpAge cannot read or write (compared to 35% of older men) (HI 2018)
- One of the few studies inclusive of older women in situations of protracted displacement was conducted in Eastern DR Congo(HHI & Oxfam, 2010:9).
  - Over 15% of the people seeking health services for sexual violence were over 55
  - Women over 49 experienced rates of sexual violence on par with the rest of the population
- Older women contribute to the community with their reproductive (care), productive and community roles
  - Reproductive: unpaid care work
  - Productive: unpaid work in the household, unpaid work in the community, paid work, mainly in the informal economy.
  - Community: grassroots, women-led initiatives, particularly from older women, were emerging to respond to psychosocial and protection needs within their communities (Christian Aid UK (HIS, 2018:50))

<https://www.helpage.org/blogs/amandine-allaire-19114/16-days-campaign-against-older-women-in-humanitarian-contexts-795/>  
HelpAge International 2018

## Situation

GBV against older women in humanitarian settings

- Older refugees are often overlooked or not identified in data collection.
  - Risks and needs assessments in regards to violence and abuse very often focus on girls and younger women only.
- Older women are often excluded from, or unable to access services.
  - Very little is known about gender-based violence against people over 49 as so few programmes include this population.
- Only anecdotal data on gender-based violence against older people

Serious abuses - such as rape and gender-based violence - go unseen and unchallenged.

<https://www.helpage.org/blogs/amandine-allaire-19114/16-days-campaign-against-older-women-in-humanitarian-contexts-795/>

## Despite such situation however...

Experiences of older women remain largely invisible despite often facing both gender and age-based discrimination (HelpAge International 2018).

- Lack of consistent gender, age and disability disaggregated data which consequently may hide the underlying structural discrimination based on these intersecting characteristics (HelpAge International 2018).
- Voices of older women, especially older women with disabilities, are rarely considered in formulating new, and ensuring better, inclusion in the existing, humanitarian interventions and national policy frameworks (HelpAge International 2018).

“Invisibility of older women’s rights, experiences and needs, and the lack of specific frameworks to protect (HelpAge International 2018).



<https://www.helpage.org/news/amandine-calleja>

HelpAge International 2018

## Way Forward

Leave no one behind



- An inclusive response to older persons in humanitarian emergencies → access, consultation, participation, feedback
- Gender & Age Analysis: identifying not only vulnerabilities but capabilities → Mentor, caregiver, birth attendants etc.
- A rights-based approach → exercising “choice”
- A life-cycle approach → women’s going through menopause, age-specific illness, mental illness etc.
- Gender-based violence against older women (including by humanitarian workers)
- Gender, age and disability disaggregated data
  - allows for better understanding of the diverse experiences of women and men at all stages of their lives, improve humanitarian programming and strengthen the accountability of the government and other stakeholders to its population

HelpAge International 2018

## Despite such situation however...

lack of data and response strategies on GBV on older women

- Taboo and stigma that often surrounds violence faced by older women is likely to lead to underreporting. (WHO estimates that only 1 in 24 cases of elder abuse is reported globally)
- The lack of data and knowledge on the types, drivers and perpetrators of violence experienced by older women, may lead to a lack of appropriate prevention and response strategies (HelpAge International 2018).
- Factors that increase the likelihood of exposure to violence among women include poverty, low levels of education and non-employment(DHS Survey of Jordan).
  - In HelpAge’s survey 72% of older women reported not being able to read or write with 80% not previously employed, which plausibly puts them at an increased risk of violence and abuse.
  - In addition, 53% of older women reported being widowed (compared to 7% of older men) which might further increase their risk of financial abuse, neglect and non-intimate partner violence.

HelpAge International 2018

## Trachoma

A gender and age specific illness

- a preventable infection that has impaired the vision of almost 2 million people worldwide today, with a further 200 million at risk across 41 countries.
- Overall, women were 1.8 times more likely to have trichiasis compared to men
- Contaminated water causes illness for all, but it is women and girls who care for the sick— especially during emergencies when damaged water supplies and compromised sanitation take a heavy toll. These challenges and risks have only increased since the start of the COVID-19 pandemic.



<https://edition.cnn.com/2018/06/29/health/trachoma-infection-but-spreads-elimination-intl/index.html>

## Trachoma

A gender and age specific illness: practical as well as strategic causes

### Gender-specific life stages and trachoma:

#### The Diverging Risks of Exposure to Trachoma

Over the course of their lives, women spend more time with children than men. Because young children are the reservoirs of trachoma infection, contact with them can result in more frequent trachoma infection. This gender-specific exposure to trachoma risk factors places women at a higher risk for trachoma infections and subsequent blindness. Although both men and women can develop trichiasis, the odds of trichiasis are greater among women than men.

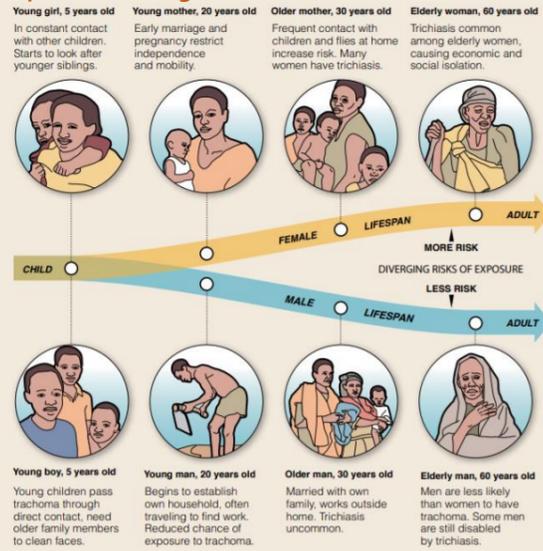


Figure 1.4. Gender-specific life stages and trachoma: [https://www.cartercenter.org/resources/pdfs/health/trachoma/women\\_trachoma.pdf](https://www.cartercenter.org/resources/pdfs/health/trachoma/women_trachoma.pdf)

## 세션 2. 인도적 위기에서의 노인

Session 2. Older Persons in Humanitarian Crises



**Supriya Akerkar** | Senior Lecturer  
(Oxford Brookes University, UK)

수프라리아 아케르카 교수(영국 옥스퍼드브룩스대학교)

Biography Dr Supriya Akerkar is the senior lecturer, Disaster Risk Reduction, Oxford Brookes University UK. She is the course director for MA in Development and Emergency Practice. See (<https://www.brookes.ac.uk/courses/postgraduate/development-and-emergency-practice>). Her research is applied and has made policy and practice based contributions on entitlement, human rights, gender and social inclusion in humanitarian and developmental contexts. Her recent research publication include: Human rights of older people, and people with disabilities in the context of Covid19 (See <https://academic.oup.com/jhrp/article/12/2/276/5922871>). She has recently written a research paper for the UNDESA office on 'Gender and Older People' emphasising the need for the use of local epistemologies of ageing and gender to develop grounded understanding for public policy responses against discriminations and furthering opportunities. She has also developed a research paper for UNDESA 'Mapping of existing normative frameworks and guidelines relevant to older people in conflict and disasters: implications for policy and practice'. Her other publications include Good Practice Guide: Embedding Inclusion of Older People and People with disabilities in Humanitarian Policy and Practice(<https://reliefweb.int/sites/reliefweb.int/files/resources/Good%20Practice%20Guide%20ADCAP.pdf>). Supriya has an under graduate degree in Law, a post graduate degree in Development Studies, from Institute of Social Studies, Hague, Netherlands, and PhD from Northumbria University, Newcastle, UK

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- HelpAge International (2018), "Protection concerns of older women in Jordan."
- UHF & HelpAge International (2020), "Humanitarian needs of older women and men in government controlled areas of Donetsk and Luhansk oblasts, Ukraine"
- UN DESA(2019), "An inclusive response to older persons in humanitarian emergencies"

## Older people in humanitarian crisis: Discourses, normative frameworks, policy and practice

Dr Supriya Akerkar  
CENDEP, Oxford Brookes University, UK  
Course Leader MA Development and  
Emergency Practice  
Email: sakerkar@brookes.ac.uk

## Brief Context Analysis

- An estimated 13% of the people world over is above 60. 21% of the population will be above 60 by 2050
- More older women: There are 83 men for every 100 women over the age of 60; Only 59 men for every 100 women over the age of 80
- 46% of these older people have a disability
- Older people are a diverse group with great diversity of experience, knowledge and skills.
- (Source: Madrid International plan, 2002, CEDAW recommendation number 27)

## Older people in humanitarian contexts

- **Covid19: High disproportionate deaths of older people and people with disabilities. (40% of deaths were from Care homes)** (<https://www.bbc.co.uk/news/health-55757790>)
- Of the 15 770 deaths confirmed in the 3 prefectures in Japan after tsunami in 2011, adults 65 years or older accounted **56.7%**, respectively, of the total deaths (Nakahara and Ichikawa, 2013)
- **75%** of those who died in the wake of Hurricane Katrina in 2005 were 60 years and older, although it was only 16% of the pre-hurricane population (Wilson, 2006)
- 2003 European heatwave led to 53000 deaths, of which majority were elderly (Larson, 2006)
- Elderly refugees in South Sudan over 50 years were dying at five times the rate of those aged 5–49 year (Du Cross et al 2013)
- Nepal Earthquake, 2015: The food aid was not responsive to the needs of older people and shelter as well as WASH infrastructure were not disability inclusive (NDRC, 2016)
- Older people accounted for 10 per cent of Syrian refugees with disabilities, whose specific needs went unmet (HelpAge International and Handicap International, 2014)
- CENDEP-Action Aid Philippines participatory assessment (2015): older people and people with disability were unable to access livelihood opportunities, cash-for-work, after Typhoon Haiyan in Philippines

## Older people in humanitarian Responses

photo credit: Leah Gordon/HelpAge International

- Older people and people with disabilities - who constitute up to 25% of a typical humanitarian caseload - are often virtually invisible in humanitarian operations
- A study by HelpAge International (2012) found that of 6,003 analysed projects, only 47 (**0.78 per cent**) included at least one activity targeting Older Persons, and only 18 (**0.3 per cent**) of those were funded.
- **Humanitarian response continue to marginalise the needs of older people and people with disabilities, as per the Inter-Agency Standing Committee (IASC, 2010)**



## What does it say about the humanitarian imperative and human rights affirmation based on non-discrimination?

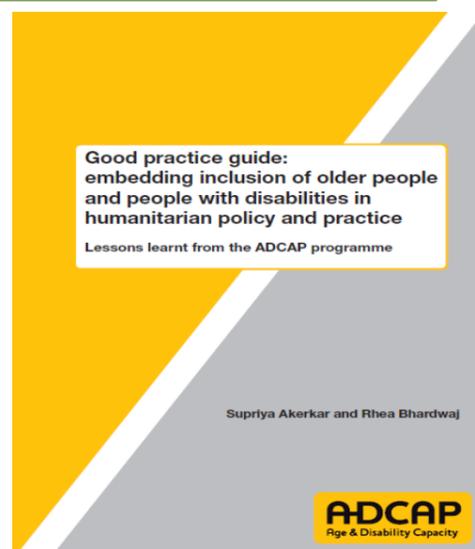
- To receive humanitarian assistance without discrimination in humanitarian contexts is a right (Red Cross Principles for humanitarian action)
- Everyone is entitled to human rights ‘without distinctions of any kind’ (UDHR). Prohibited grounds of distinctions are ‘color, sex, religion, politics, nationality....**or other status**’.
- **Case examples highlight violations of both humanitarian and human rights principles.**
- There are **capacity gaps** within humanitarian actors (IASC, 2010).

## Older people-Identity-Barriers Ageism

- Ageism, intersecting with disabilities and gender
- Discursive assumptions made about older people and their operational environments.
- The assumptions are often normalized rather than critically questioned by humanitarian organisations.

## ADCAP (2014-2018) Age and Disability Capacity Project

- **ADCAP organisations:** Help Age International, Humanity and Inclusion, CBM, Red cross, Christian Aid, Islamic Relief, Concern worldwide, DisasterReady, RedR, Oxford Brookes University (OBU)
- Pakistan and Kenya
- **CENDEP OBU research partner for ADCAP**



## Discursive assumption 1 **They are not mainstream population**

- Exclusion from mainstream institutional responses and services (health, education, vocational trainings among others)



## Discursive assumption 2 They are vulnerable

- Contributes to the idea that older people and people with disabilities do not have capabilities and agency of their own
- Denies voice to people with disabilities
- Often denied participation (represented by others)
- Deflects attention from the causes of their structural exclusion, social and environmental barriers that makes their participation difficult

## Discursive assumption 4 Need specialist work

- Only 'specialist' organisations are equipped to work with them
- Marginalisation from work of mainstream humanitarian organisations and humanitarian cluster systems

## Discursive assumption 3 They are unproductive

- Objects of pity and charity
- Exclusion from the livelihoods and cash for work programmes initiated by humanitarian organisations
- photo credit: Age International/Simon Rawles



## Discursive assumption 5 'But we are already working with them'

- Some organisations think that since they are working with 'vulnerable groups', they are inclusive.
- Lack of contextual understanding of barriers
- Lip service: non-participation continues

## Discursive assumption 6 Poor value for money

- Needs big budgetary allocations and increased programming costs.
- Staff think that this will lead to poor 'value for money', as cost per beneficiary is higher compared to using a blanket approach to programming.



Photo credit: Age International/Hereward Holland

## Key Guidelines for capacity building of humanitarian organisations

- ADCAP Humanitarian Inclusion Standards for Older People and People with Disabilities, 2018
- ADCAP Good practice guide for inclusion of older people and people with disabilities (Akerkar and Bhardwaj, 2018)
- UNHCR- Help Age Older people best practices, 2012
- Help Age-IFRC shelter guidelines, 2011
- Older people in Emergencies: considerations for action and policy development by David Hutton, WHO, 2008
- Sphere Standards, 2018

## Enabling inclusion

Challenging discursive assumption and varied barriers

Mainstreaming inclusion in all humanitarian response work

## Existing normative frameworks for older people responsive humanitarian responses

- Universal Declaration of Human Rights (principle of non-discrimination)
- Convention and protocol relating to status of refugees, 1951
- Refugee Convention: OAU (Organisation for African Unity), 1969
- Madrid International Plan of Action on Ageing, 2002
- UN convention on rights of people with disabilities, 2006
- CEDAW recommendations on older women, 2010
- Inter- American Treaty on human rights of older people, 2016
- Global Compact on Refugees, 2018
- Directive 2013/33/EU for refugees, 26<sup>th</sup> June 2013
- Guiding principles on internal displacement, 2004

Evaluated Document	Normative Principles	Objectives	Barriers and Enablers	Priority Interventions for policy and practice that have implications for older people	Gaps/ Comments/ Key thematic Interventions
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### Key Interventions suggested by normative frameworks in Emergencies

Green: Detailed guidelines available; Blue: Some guidelines, More work needed; Red: Hardly any guidelines, New knowledge is needed

- Equal access to food, nutrition, shelter, health care, education, livelihoods
- Assessments: vulnerabilities and contributions of older people, disaggregation of data by sex, age
- Involving older people in programme planning
- Make relief workers aware of older people's needs
- Design national guidelines to assist older people
- Protecting older people against violence
- Assisting older people for economic self-sufficiency

• Source: Akerkar (2019): [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/Final\\_Normative-Framework-and-Guidelines\\_-systematic-review\\_Akerkar.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/Final_Normative-Framework-and-Guidelines_-systematic-review_Akerkar.pdf)

### Key Interventions suggested by normative frameworks in humanitarian emergencies

Green: Detailed guidelines available; Blue: Some guidelines, More work needed; Red: Hardly any guidelines, New knowledge is needed

- Recognising the potential of older people as leaders
- Assist older people in preparedness, reconstruction and prevention (More understanding needed on older refugee evacuation/displacement issues)
- Protection of inheritance of older women widowed in emergencies
- Reception areas for older refugees, their registration
- Support to reintegrate older people in countries of origin or supporting host countries to welcome and meet older people
- Support to older refugees in detention: health concerns
- Adequate standards of living for older refugees in detention

However the existing normative frameworks do not engage with barriers that lead to discriminations/exclusions of older people

### Piecemeal interventions and significant gaps

- Information barriers, institutional/organisational barriers, attitudinal and systemic barriers of ageism
- Mainstreaming inclusion in organisations/institutions
- Promoting awareness of rights and entitlements among older people
- Strategies for advocacy, visibility, learning and dissemination.
- Source: ADCAP Humanitarian Inclusion Standards (2018) and ADCAP Good Practice Guide: Inclusion of older people and people with disabilities in humanitarian responses (Akerkar and Bhardwaj, 2018)

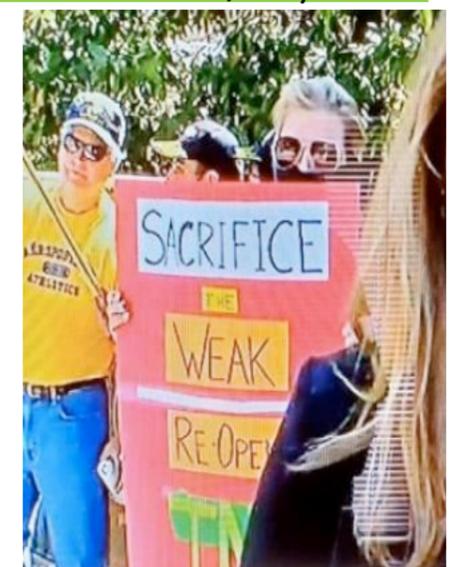
### Case of Covid19 humanitarian crisis

#### Discourses normalised deaths

(Source: Akerkar, 2020, Photo: WKRN/AP)

Stereotyping of people with disabilities and older people as less useful and valued, burden to society, with an underlying message that it is acceptable for these groups to die

Example: A former Health minister of a country said that people over 64 are already corpses and the government should focus its COVID-19 efforts on people 'who are still alive'



## Ethics: discriminatory principles guided covid19 humanitarian response

(Source: Akerkar, 2020)

Older groups were en masse and singularly targeted for restrictions on their movements: a case of medical-based advice trumping the rights of individuals in arbitrary ways

Inadequate standards of care and regulations in care homes

## Equality Rights-Inclusion

- Agency: Right to be consulted, and to make decisions about areas that affect their lives
- Recognition: Older people's lives are valuable and not dispensable
- Accessibility: Access to information, health, livelihoods, other basic needs entitlements and inclusive spaces
- **Right to non-discrimination and equality rights were violated in Covid19**

## Everyday struggle: violations and discriminations in Covid19 crisis

(Source: Akerkar, 2020; Peprah,2020)

- Older people have raised issues about inaccessibility of guidance and information.
- Older Rohingya refugees in Cox Bazaar, Bangladesh had no access to Covid19 information
- Insecure livelihoods, access to food, mental health issues, access to health infrastructure undermined dignity of older people and older refugees in many countries

## Main take-aways

- Discursive assumptions and barriers identified by ADCAP initiative as capacity gaps continue to hold strength even today.
- Current UN led normative frameworks do not offer sufficient protection and elimination of barriers for affirmation of the equality rights of older people in humanitarian crisis. At the most they are piecemeal suggestions.
- UN Convention for older people to protect the dignity and human rights of older people has to be the way forward.

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• Thank you

## 제1차 아셈 노인인권 현실과 대안 포럼 ASEM Forum on Human Rights of Older Persons: Present and Future

# 세션 3. 기후변화/자연재해에서의 노인

## Session 3. Older Persons in Climate Change / Natural Disaster



## ■ 세션 3. 기후변화/자연재해에서의 노인

### Session 3. Older Persons in Climate Change / Natural Disaster

#### Moderator.



**Young-Sook Cho** | Ambassador for Gender Equality  
(Korea Women's Associations United)

**조영숙** 양성평등대사(한국여성단체연합)

(2020 ~ Now) Ambassador, Korea's Ambassador for Gender Equality

(2020 ~ Now) Representative, Gender Equality Training Platform

(2009 ~ Now) Chair of International Solidarity Centre, Korea Women's Associations United (KWAU) UN ECOSOC  
Special Consultative Status NGO

(2005 ~ 2008) President, Women's Human Rights Institute of Korea

(1996 ~ 2005) Secretary General, Korea Women's Associations United (KWAU) UN ECOSOC Special Consultative  
Status NGO

(1988 ~ 1993) Coordinator, Incheon Women Worker's Association

## 세션 3. 기후변화/자연재해에서의 노인

### Session 3. Older Persons in Climate Change / Natural Disaster



**Fatimah Zuraidah BT. Salleh** | Deputy Director General  
(Ministry of Women, Family and Community Development,  
Malaysia)

**파티마 주리다 비티 살레흐** 심의관(말레이시아 여성가족지역개발부)

Fatimah Zuraidah binti Hj Salleh is Deputy Director General Department of Social Welfare, Malaysia. She was responsible to operational sector which involved children, persons with disabilities, elderly, productive welfare, community, legal and enforcement as well as young offenders. She started her career as a Social Welfare Officer since July 1995.

Before appointed as the Deputy Director General, this Kelantanese lady had various experiences in different area such as Commandant for Drugs Rehabilitation Center, Pasir Mas District Welfare Officer, Assistant Director in Community Service Order, Senior Principal Assistant Director in Community Division, Children Division, Director of Planning and Development Division and Director of Kuala Lumpur Social Welfare Department.

With 26 years experienced in her works, bring her so many places local and abroad to share her expertise. She also one of the key figure for Department Social Welfare Strategic Planning and Eleventh Malaysia Plan as a social expert.

ASEM  
FORUM ON THE HUMAN RIGHTS OF OLDER PERSONS : FUTURE AND PRESENT  
REPUBLIC OF KOREA | 26-27 OCTOBER 2021



## SOCIAL SUPPORT SYSTEM FOR OLDER PERSONS IN MALAYSIA

FATIMAH ZURAIDAH BINTI HAJI SALLEH  
DEPARTMENT OF SOCIAL WELFARE  
MINISTRY OF WOMEN, FAMILY AND COMMUNITY DEVELOPMENT MALAYSIA

## OUTLINES



- Impact of COVID-19 Pandemic On Older Persons
- Malaysian Ageing Scenario
- Malaysian Older Person Profile
- Public Measures – Existing and Future
- Malaysian National Policy on Ageing
- Special Council
- Policy Emphasis

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FORUM ON THE HUMAN RIGHTS OF OLDER PERSONS : FUTURE AND PRESENT  
REPUBLIC OF KOREA | 26-27 OCTOBER 2021

## IMPACTS OF COVID-19 PANDEMIC ON OLDER PERSONS

### OVERVIEW

**Population**  
32.7 million  
(2020)



**older persons :**  
3.44 million (10.6%)

Malaysia is expected to become an **aged nation** (15.3% population is above 60 years) in **2030** due to drastic decline in fertility rate and increased in life expectancy

### KEY MEASUREMENTS TO CURB COVID-19 IN MALAYSIA



- Started on 18 Mar 2020
- closure non-essential government and private sectors, strict social distancing
- CMCO → RMCO
- Started in Jan 2021 in several states
- Launched National COVID-19 Immunisation Programme in Feb 2021
- Started in mid April 2021
- Full MCO is enforced from 1 June 2021
- Government is implementing National Recovery Plan
- Relaxed SOPs Announced For Fully-Vaccinated Individuals

### Vaccination of Older Persons



**3,356,483**

**3,129,091** (as of September 2021)

## MALAYSIAN AGEING SCENARIO

LONGER LIFE EXPECTANCY

1950s	2015	2050
49	75	85
years old	years old	years old

5  
1970s

3  
1990s

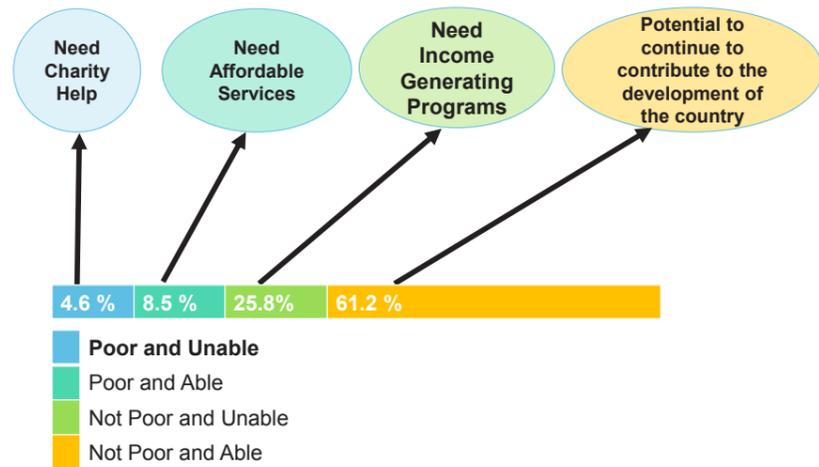
<2  
2010s

### LOWER BIRTH RATE

- Needs **2.1** replacement rate to sustain population, else face **DEPOPULATION** like Japan
- Malaysia 2016 :**1.9** replacement rate

Source: United Nations Development Programme (UNDP)

### MALAYSIAN OLDER PERSONS PROFILE



Source : University Putra Malaysia – Malaysian Research Institute on Ageing (MyAgeing)

### NATIONAL POLICY FOR OLDER PERSONS (NPOPs) 2011

#### PHILOSOPHY

The National Policy on Older Persons acknowledges the older persons as citizens with varied background and experiences, have the rights to enjoy a comfortable and respected life and contribute to the development of the nation.

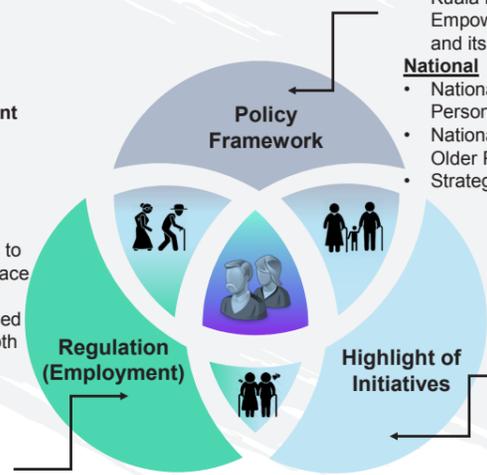
#### POLICY STATEMENT

The National Policy on Older Persons is the Government's commitment to create older persons who are independent, with dignity, high sense of self-worth and respected by optimizing their self-potential through a healthy, positive, active, productive and supportive ageing to lead a well-being life.



### PUBLIC MEASURES IN SUPPORTING OLDER PERSONS

- ✓ National Strategic Development Plan on Ageing Population: Inclusion and Employment of Malaysia's Ageing Population
- ✓ Employment (Part-Time Employees) Regulations 2010 to encourage flexibilities in work place
- ✓ Mandatory retirement age raised from 58 years to 60 years for both public and private sector
- ✓ Minimum Wage Order 2012 to enforce minimum wage to employees in private sector regardless age



- International**
    - Madrid International Plan of Action on Ageing 2002
  - Regional**
    - Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015) and its Regional Plan of Action
  - National**
    - National Policy and Plan Of Action For Older Persons (2011)
    - National Health Policy and Plan of Action for Older Persons (2008)
    - Strategic Plan of MWFCDC 2021-2025
  - 12th MALAYSIAN PLAN 2021-2025**
    - National Registry on Older Persons (eWEN)
    - Feasibility study of country readiness for Older Persons Bill
    - To fund many more Activity Center for Older Persons (PAWE)
- Note : Currently there are 143 PAWEs with over 49 thousand registered members.
- Long Term Care Research

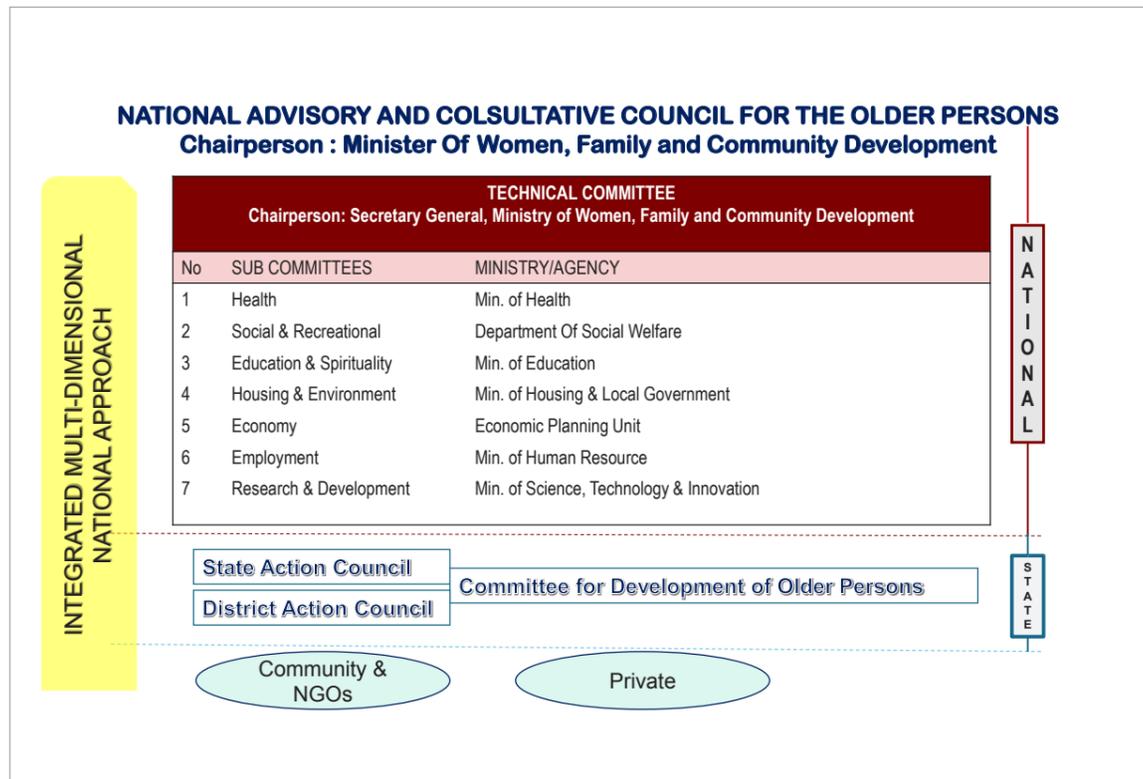
### PRIORITY AREAS -NPOPs



Older person & Development

Advancing Health & Well being

Enabling & Supportive Environment



## PROVISIONS OF LONG TERM CARE FOR THE ELDERLY- INSTITUTIONAL SERVICES

- ❖ 10 homes (Rumah Seri Kenangan)- financed by the government
- ❖ 2 homes for chronically ill (Rumah Ehsan)-financed by the government
- ❖ 389 centers by NGOs& private registered under the Care Centers Act 1993

## THREE DIMENSION SUPPORT

GOVERNMENT

- Activity Centers for Older Persons (PAWE)
- Domiciliary & Palliative Healthcare Services
- Respite Care
- Financial Aid/ Assistance
- Home Help Programmes
- Monetary Grants-for Charity based Care Centers

PRIVATE

- Retirement Villages
- Seniors Club
- Care Centers

CHARITY BASED

- Care Centers
- Community- run Activity centres
- Food Aid

## MALAYSIA POLICY EMPHASIS

HUMAN RIGHTS AND EMPOWERMENT

INDEPENDENT-LIVING

ACTIVE, POSITIVE AND HEALTHY AGEING

- 1
- 2
- 3
- 4
- 5
- 6

PARTICIPATION IN THE COMMUNITY

STRENGTHENING FAMILY VALUES

INCENTIVES TO ENCOURAGE BIRTH

thank  
you

**TERIMA KASIH**



### 세션 3. 기후변화/자연재해에서의 노인

Session 3. Older Persons in Climate Change / Natural Disaster



**Sari Mutia Timur** | Director  
(YAKKUM Emergency Unit, Indonesia)

**사리 무티아 티머** 이사(인도네시아 YAKKUM 비상대책본부)

As a director of YEU, Sari is responsible for all emergency response, DRR and climate change adaptation project being implemented by YEU. She designs and monitor the implementation of project proposal and logical framework of community-based emergency response DRR project, Climate change adaptation in the agriculture sectors, coastal resilience to climate change, and specific community resilience building for vulnerable groups: people with disability and older people. She is also has experienced in facilitating hospital disaster plan and managed training center on disaster preparedness capacity as well as disaster risk reduction and climate change.

Sari is medical doctor with a wide range of experience in emergency response, disaster risk reduction, and community health issues in conflicted since year 2000. She has been working for YAKKUM Emergency Unit since 2005 as health coordinator and project manager for Tsunami response and recovery program until 2008, and after that she managed YEU Training Center on with specific topics on disaster preparedness and risk reduction. She has been the Director of YEU for the past 9 years, managing more than fifty emergency response and various DRR projects of YEU at community, school and health institution level.



# OLDER PERSON in NATURAL DISASTERS

October 27, 2021  
2021 ASEM FORUM on Human Rights of Older Persons :  
Present and Future

YAKKUM Emergency Unit

## THE RIGHTS of OLDER PEOPLE BASED on the REPUBLIC of INDONESIA LAW No. 13 of 1998

1. have the same rights in social, national and state life
2. to get religious and mental spiritual services
3. to get health services
4. to get job opportunities
5. to get education and training
6. to get convenience in the use of facilities, public facilities and infrastructure including shelter/camp
7. get convenience in legal services and assistance
8. get social protection
9. get social assistance

www.yeu.or.id | YAKKUM Emergency Unit



### CONDITIONS & PROBLEMS of OLDER PERSON in INDONESIA

**1. Economic Problems** : decreased work productivity, limited job opportunities and lack of social security. Poverty is the biggest welfare threat for older people because of low income, poor health and nutrition, and reduced access to basic services

**2. Health Problems** : decreased physical and mental abilities. This causes the need for health services increase (degenerative diseases).

**3. Social problems** : resulting from changes in life patterns, family systems, social values of neglect, victims of violence, and social exclusion. Poverty of children or families, often causes the older people to be neglected.

**What the older people generally feel:**

Transition from working to retirement  
Productivity decreases income decreases  
Physical condition decreases Health care costs increase



www.yeu.or.id | YAKKUM Emergency Unit



## PROBLEMS of OLDER PEOPLE in DISASTER MANAGEMENT

- To access assistance, older people need to show ID cards/other documents, but 19% of older women and 10% of older men do not have ID cards. 20% of older women and 18% of older men do not know if they can use the document to access assistance.
- Around 63% of older women and 48% of older men depend on their families for basic needs, including when reaching for help.
- Only 38% of older women who live alone can survive without external support, while 71% of older men are.
- Of the total respondents surveyed, 42% are older people with disabilities of which 49% are women.

www.yeu.or.id | YAKKUM Emergency Unit



### PROBLEMS of OLDER PEOPLE in DISASTER MANAGEMENT

- 42% of older people said they had no privacy when using a public bathroom, while around 25% said the location of the public bathroom was far away.
- Top priority for older people: access to adequate food and safety when accessing humanitarian assistance from violence (sexual, physical, financial, emotional, or neglect).
- More than a third of respondents who had to take regular medication were cut off after the disaster, while 20% of the older people ran out of medication in less than 3 days.
- Older people are considered powerless, and are not a priority for recipients of economic assistance.



### LEARNING PSYCHOSOCIAL SUPPORT for OLDER PEOPLE

- It is important to conduct a needs assessment for older people. Determine the type of support/care with in-depth discussions with older people and their families/caregivers. Discuss various possibilities, including if there is a possibility that the older people's health will deteriorate.
- Training for cadres and health workers in dealing with older patients, especially those with dementia.
- Organizing older people to form groups of older people is a step and a tool that has a major influence in building resilience ==> cross-generational approach.
- Ensure that the information conveyed is clear.
- Ensure that there is a channel that can be accessed by seniors to convey their input/feedback on the required services.



### VARIOUS PSYCHOSOCIAL SUPPORT ACTIVITIES for OLDER PEOPLE

The intervention pyramid for Psychosocial Support and Mental Health

YEU Emergency Unit

### OLDER PEOPLE FRIENDLY HUMANITARIAN RESPONSE

- Distribution of special needs of older people: thermos, diapers for older people.
- Health service outreach (Mobile Clinic) and Home Visits (Homecare)
- Cataract Surgery & Distribution of Aids (including glasses, walkers, tripods, heaters etc.)
- Distribution of Medical Equipment for Older People Integrated Health Post and Public Health Center
- Helping the process of making older people ID cards





"You're never too old to set another goal or to dream a new dream"

C.S LEWIS

*International Day of Older Persons*

1 OCTOBER  
"THE JOURNEY TO AGE EQUALITY"



Through HelpAge International support, YEU facilitated 550 older people in Central Sulawesi to rebuild their economy through older people-friendly economic activities with activities such as: trading business, agriculture, and animal husbandry.



Monthly Meeting



Facilitate ID Card



Asset-Based Community Development training for older people. Aims to facilitate business plans through identification of potential or local resources and skills possessed by older people.



Mrs. Ariana 69 years old, submitted a business proposal, namely selling in the market.



## OLDER PEOPLE PREPARED for DISASTER



“During the earthquake, I was confused about where to run, I didn't know where my family had taken refuge. At night in the dark, I go up and down the mountain to look for my family” Mr. Abdilah (74 years old), a traditional leader of Pantoloan Boya Village.



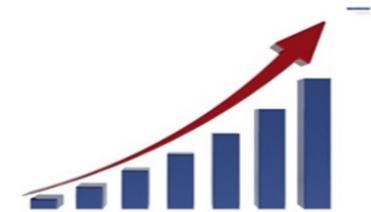
Disaster preparedness for older people is needed so that older people can evacuate independently and provide assistance in the event of a disaster.



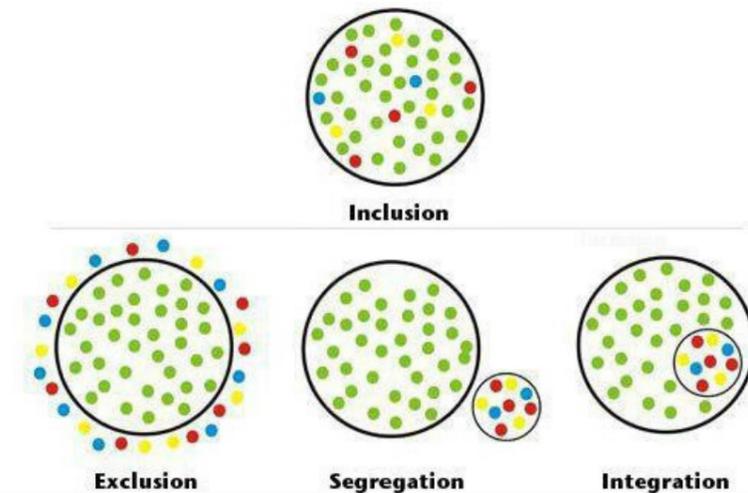
## WHAT to WATCH OUT for in FUTURE

The number of older people population in Indonesia is increasing:

1970: 5.3 million  
 2000 :17, 2 million  
 2020: 28 million  
 2050 : 71.6 million



Formation of Older People Association in 5 YEU assisted villages. This forum aims to empower older people to become healthy, resilient and independent through health promotion and service activities, homecare, skills improvement and socio-economic assistance.



## INCLUSION

- Inclusion is the process by which everyone (regardless of age, disability, gender, religion, sexual preference or nationality), can access and participate fully in all activities or services.
- Inclusion addresses: dignity (human rights), opportunity (equal employment and attitudes), accommodation (accessibility, assistive devices).
- Inclusion is about changing society to accommodate differences, and to combat discrimination.



## INCLUSION PRINCIPLE

- **Participation:** Ensure that everyone is involved in all stages of the program.
- **Identify and understand** the social, economic, environmental and power dynamics that contribute to exclusion and who is excluded as a result.
- **Be alert, question and challenge** social norms, attitudes and institutions and remove barriers and create an enabling environment for the implementation of inclusive programs.



- Inclusion means a rights-based approach, which aims to ensure the older person, people with disabilities and others with special needs have equal access to basic services and have a voice in the development and implementation of those services.
- All organizations need to make efforts to overcome and remove barriers (modified from IFRC 2015)



## INCLUSION PRINCIPLE

- **Do No Harm:** Consider all the possible effects, positive and negative, of an inclusive program.
- **Monitor, review and learn:** Data collection, know who does and does not benefit from humanitarian services, avoid assumptions; discrimination and exclusion.



## KEY PRINCIPLES of INCLUSIVE PROGRAMS

- Identify who the excluded people are
- Remove barriers to inclusion
- Build the capacity of marginalized groups to have their voices heard
- Recognize inequality and power dynamics
- Use a participatory approach to engage them
- Ensure OPA (Older People Association), DPO (Disability People Organization), and CBO (Community Based Organization) are involved
- Monitor who gets and does not benefit from the humanitarian services provided



**1. Identification :** Older people are identified to ensure they can access assistance and protection in a participatory, appropriate and relevant manner.



## HUMANITARIAN INCLUSION STANDARD

- Humanitarian inclusion standards will help organizations address the critical issue of how to include those most at risk during an emergency, and prevent anyone from being left behind.
- Provide guidance to practitioners and organizations with actions that need to be taken to protect, support and involve older people and people with disabilities.
- There are guidelines for identifying and overcoming barriers to participation and access in various contexts and across program cycles.
- This standard represents an important step to promote and improve action to meet needs.



**2. Safe and fair access :** Older people have safe and equal access to assistance and protection.

For example facilitate inclusive health services, conducting training for cadres for measuring vital signs so that it can be done mobile. Availability of assistive devices such as wheelchairs.



3. Resilience : Older people are less negatively affected, more prepared and resilient, and less at risk after receiving assistance humanity.



6. Coordination : Older people have access to and participate in coordinated and complementary humanitarian assistance.



4. Knowledge and participation : Older people know their rights, and participate in decisions that affect their lives.

5. Feedback and complaint : Older have access to safe and responsive feedback and accessible complaint mechanisms



7. Learning : Organizations collect and apply lessons learned to provide more inclusive assistance.



8. Human resources : Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and persons with disabilities have equal opportunities to work and volunteer in humanitarian organizations.



9. Management resources : Older people and people with disabilities can expect that humanitarian organizations manage resources in a way that promotes inclusion. For example : establish age friendly policy and budgeting



## CONCLUSION



- Detailed data identification needs to be done because so far the data that is in the community sometimes has not been updated and has not yet reached the disaggregated data
- Ensure the participation of at-risk groups in every policy making and planning
- Accessibility audit conducted before a disaster occurs so that inputs from risk groups can be accommodated
- Documenting lessons learned in handling the disaster response so that it can be passed down from generation to generation and become disaster literacy



### Coordination: National, Regional, and Resource mobilization



### INFORMATION MANAGEMENT

- Dissemination of information through various communication channels (socialization, WA groups, door to door, posters/leaflets, etc.)
- Reporting both internally and with relevant stakeholders (local government, related agencies)
- Documentation and follow-up of responses and complaints received

### Cross-Sector Issues

Health	Camp Management	Cash Transfer Program Access	Fulfillment of Rights	Capacity Building
<ul style="list-style-type: none"> <li>• Access to medicines/routine counseling</li> <li>• Access tools</li> </ul>	<ul style="list-style-type: none"> <li>• Accessibility in Camp camps</li> <li>• Availability of adequate facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Data verification</li> <li>• Assistance when accessing help</li> </ul>	<ul style="list-style-type: none"> <li>• Identity card</li> <li>• Access social safety net</li> <li>• Counseling with paralegals</li> </ul>	<ul style="list-style-type: none"> <li>• Training for trainers for Psychosocial Support Services</li> <li>• Community involvement in COVID-19 prevention activities</li> </ul>



THANK YOU  
Please visit  
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([www.facebook.com/yakkumemergency](https://www.facebook.com/yakkumemergency))  
Twitter : @yeu2001  
You Tube : YAKKUM EmergencyUnit  
IG : yakkumemergency; disasteroasis



### 세션 3. 기후변화/자연재해에서의 노인

Session 3. Older Persons in Climate Change / Natural Disaster



**Hong-Soo Kim** | Professor  
(Seoul National University)

**김홍수** 교수(서울대학교)

Hongsoo Kim, PhD, MPH

Dr. Hongsoo Kim is a professor of health policy and aging at the Graduate School of Public Health and director of the Center for AI in Health and Care at the Artificial Intelligence Institute at Seoul National University (SNU), South Korea. Dr. Kim's research areas include aging and health policy, long-term care systems, health-care system performance, and care innovation. She has conducted several Korean government-funded research projects and also participated in reviews of health and long-term care policies at various levels. She was formerly the scientific committee chair of the Korean Academy of Long-term Care, the Korean Gerontological Society, and the Korean Society of Health Policy and Administration, as well as a 2016-2017 Fulbright Visiting Scholar & Takemi Fellow in International Health at Harvard School of Public Health. Dr. Kim received her PhD from New York University, where she worked as assistant professor before she joined SNU.



### Human Rights of Older Persons: Present and Future

## Protecting the Health and Wellbeing of Older People in an Era of Climate Change: *Current Status and Future Agenda in Korea*

Hongsoo Kim  
Seoul National University  
Republic of Korea

## Population Aging and the Health Profile in Korea

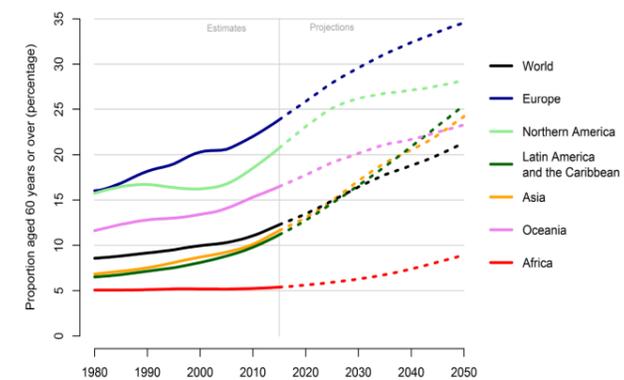
### Contents

- 1 Population Aging and the Health Profile in Korea
- 2 Climate Change and Implications for Older People
- 3 Policies and Services Responding to Climate Change
- 5 Lessons from International Cases
- 6 Discussion



### Global Population Aging

Percentage of population aged 60 years or over by region, from 1980 to 2050



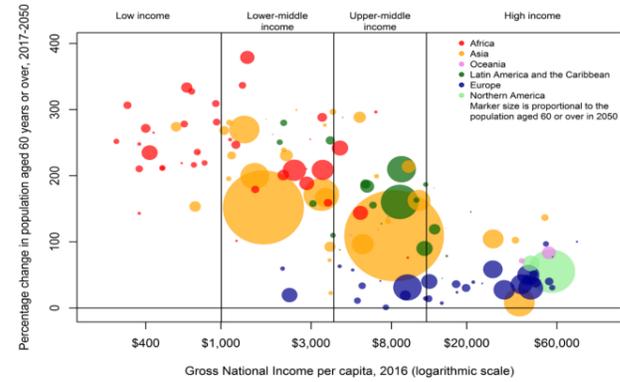
Data source: United Nations (2017), World Population Prospects: the 2017 Revision.

UN (2017) World Population Aging: Highlights



## Global Population Aging

Projected change from 2017 to 2050 in the number of persons aged 60 years or over versus gross national income per capita in 2016



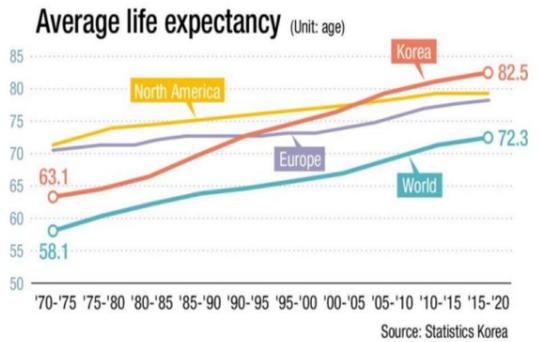
Data source: United Nations (2017). World Population Prospects: the 2017 Revision and World Bank (2017). World Development Indicators, GNI per capita, Atlas method (current US\$).

UN (2017) World Population



## Population Aging in Korea

- ❖ Korea will become the world's most-aged society by 2067, and the working population is expected to fall to 45.4% (Statistics Korea, 2021).

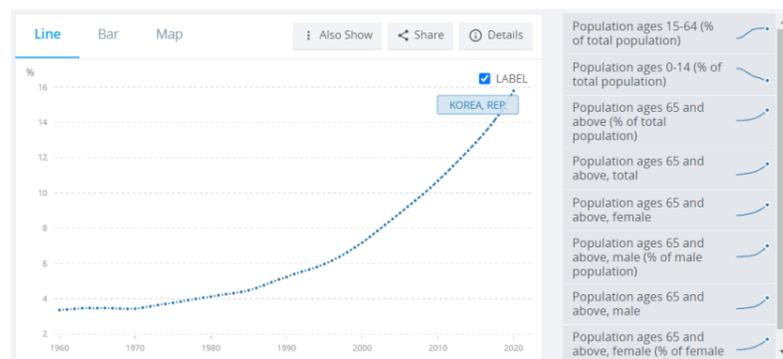


Source: [https://www.koreatimes.co.kr/www/biz/2019/09/367\\_274967.html](https://www.koreatimes.co.kr/www/biz/2019/09/367_274967.html)



## Population Aging in Korea

- ❖ In 2021, people aged 65+ compose 16.5% of the population in Korea (World Bank, 2021).
- ❖ By 2040, elderly people aged 65+ are expected to account for 33.9%.



World Bank (2021). <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=KR>



## Country Health Profile in Korea

	1980	1990	2000	2010	2015	2019	2020
Population (million)	38.1	42.9	47.0	49.4	51.0	51.7	51.8
Birth rate, crude (per 1,000 people)	22.6	15.2	13.3	9.4	8.6	5.9	
Death rate, crude (per 1,000 people)	7.3	5.6	5.2	5.1	5.4	5.7	
Total fertility rate (children per woman)	2.82	1.57	1.47	1.23	1.23	0.92	
Population density (people/Km2)	395.2	444.4	487.3	509.8	523.5	530.24	530.97
GDP (billions, USD)	64.9	279.3	561.6	1,094.0	1,383.0	1647.0	1631.0
GDP annual growth (%)	-1.7	7.0	8.9	6.5	2.8	2.04	-0.96
GDP per capita, 2010 PPPs (USD)	5086.5	11637.7	20765.8	30365.3	34192.5	42727.9	43124.3
Public expenditure (% of GDP)	15.1	13.5	15.8	18.4	24.9	27.6*	
Life expectancy, both sexes (years)	66.0	71.6	75.9	80.1	82.0	82.6	83.2
Life expectancy, women (years)	70.4	75.9	79.7	83.6	85.2	86.3	
Life expectancy, men (years)	61.9	67.5	72.3	76.8	79.0	80.3	
Population aged 65 years or older (%)	4.1	5.2	7.2	10.7	13.0	15.06	15.79
Age dependency ratio	61.26	44.22	38.51	36.63	36.74	38.52	39.54
Single-person households rate (%)			15.5	23.9	27.2	30.2	

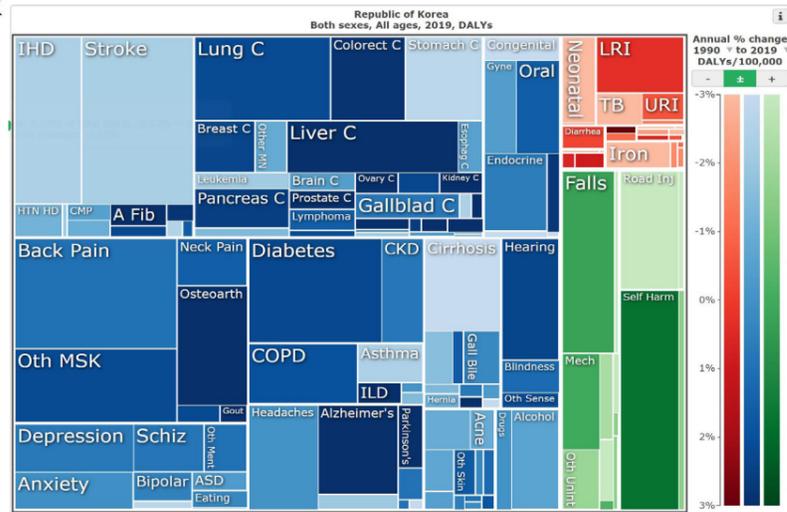
Sources: OECD, 2017; Statistics Korea, 2019b; World Bank, 2019, 2021

\* Public expenditure (% of GDP) in 2019 is replaced with the value of "Government expense (% of GDP)"

Kim H. (2020) Diabetes care management and policy toward healthy aging in K. Eggleston, ed. *Healthy Aging in Asia*. Stanford: Walter H. Shorenstein Asia-Pacific Research Center Freeman Spongilli Institute.



## Burden of Chronic Diseases in Korea



**One disability-adjusted life year (DALY):**  
- the loss of the equivalent of one year of full health

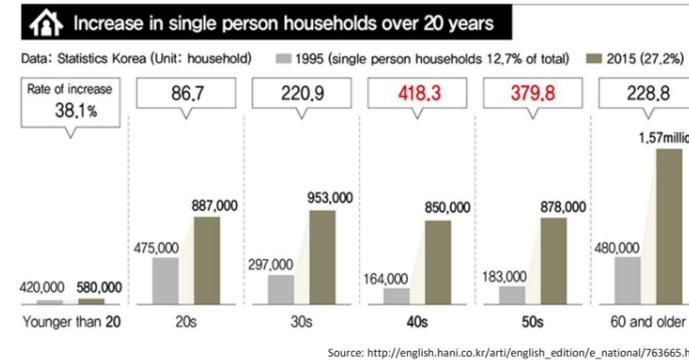
**DALYs for a disease or health condition:**  
- the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population (WHO GHO, 2021)

Global Burden of Disease (GBD, 2019)  
www.healthdata.org



## Increase in Single Households in Korea

- ❖ Percent of older adults living alone: 16.0% (2000) -> 19.6% (2020; KOSTAT, 2021)
- ❖ Single-person household registrations have hit a high of 40.1% for the first time (Ministry of Interior and Safety).



## High Poverty Rate of Older People in Korea

- ❖ The poverty rate of the elderly in Korea is the highest among OECD countries.
- ❖ The share of poor seniors—those whose disposable income falls below the median level of the entire population—was 43.8%, compared with the OECD average of 14.8%.
- ❖ Nearly half of the elderly in South Korea live in poverty today.

Figure 1: Poverty Rate of Elderly Population in Major OECD Countries

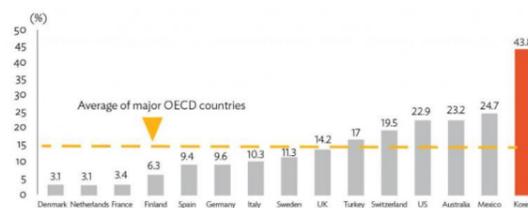
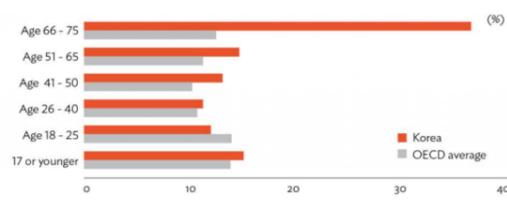


Figure 2: Poverty Rate by Age Group



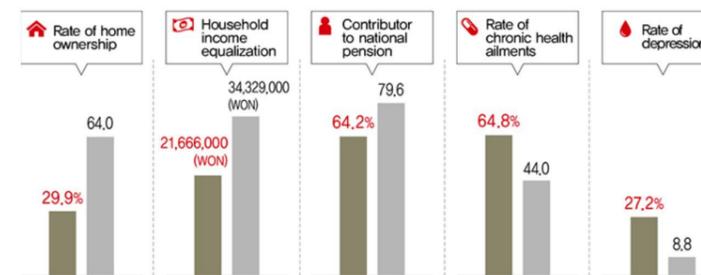
Source: OECD (2016, 2017)



## Health and Wellbeing by Household Type Among the Middle-Aged

### Middle-aged people in single person or multi-person households

Data: Korea Institute for Health and Social Affairs (data from the ninth year (2014) of the South Korean welfare panel)



Source: [http://english.hani.co.kr/arti/english\\_edition/e\\_national/763665.html](http://english.hani.co.kr/arti/english_edition/e_national/763665.html)

## Climate Change and Implications for Older People

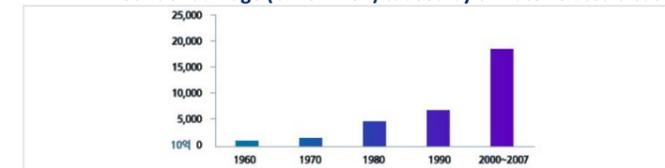


## Climate Change in Korea

❖ According to the 2020 Abnormal Climate Report:

- The cost of property damage and casualties was 1.2685 trillion won (about 1.153 billion USD);
- 46 lives were lost due to typhoons and heavy rains in 2020, triple the average annual damage (388.8 billion won property, 14 lives) in the past decade;
- 6,175 landslides (1,343 hectare [ha]) occurred, the third-largest number recorded since 1976;
- More damage (123,930 ha) occurred during the crop harvest season in 2020 than in 2019 (74,165 ha).

Amount of damage (billion won) caused by climate-related disasters, 1960-2007

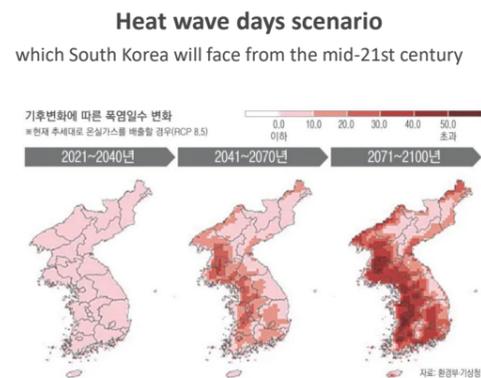


Moon et al. (2021)



## Climate Change in Korea

- ❖ The pace of climate change in Korea has been and is predicted to continue to be faster than the global average rate, with a temperature increase of 1.7°C over the last century, compared to a global increase of 0.7°C (Korea Ministry of Environment, 2011).
- ❖ Heatwaves, which currently total 10.1 days a year, will increase more than three-fold to 35.5 days by 2010.
- ❖ Deaths of the elderly and socially and economically vulnerable groups due to heat-related diseases are increasing.



Korea Ministry of Environment (2020); Korean Climate Change Assessment Report (2020)



## Climate Change and Health Inequality

❖ According to the 2020 Abnormal Climate Report (cont.):

- The risk of death increases by 5% for every 1°C increase in temperature, and the risk of death during a heat wave period increases by 8% compared with other periods.
- ❖ Deaths due to heat waves, vulnerability to meteorological disasters, and adverse health effects due to air pollution were shown to be more prevalent in [people aged 65 or older, people with chronic disease, and population groups with low socioeconomic status](#) (Korea Ministry of Environment, 2020).

## Climate Change and High Impact on Older People's Health

- ❖ Especially for heat waves,
  - The impact on health depends on socioeconomic status, such as gender, age, health condition, income, education, and regional characteristics.
  - Older women aged 65+; people with low levels of education; and people with chronic diseases, such as cardio-cerebrovascular diseases or respiratory disease, are more vulnerable.

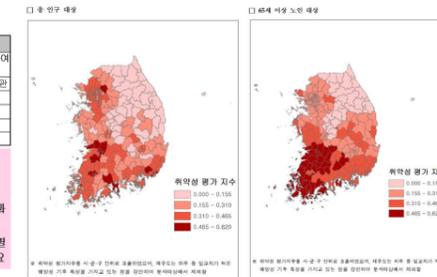
Korea Ministry of Environment (2020). Korean Climate Change Assessment Report 2020

→ Considering the high poverty rate and high disease burden in the later life of Koreans, vulnerable older people face multiple burdens and risks from more frequent and intense heat waves due to climate change.

## Climate Change and Impacts on Older People

- ❖ Geographic variations in climate change and older people's health
  - According to an analysis of the heat wave vulnerability index in 2018, there were regional differences in vulnerability. (The heat wave vulnerability index consists of three parts: climate exposure, sensitivity, and adaptive capacity.)
  - High vulnerability in Gochang-gun and Gimje (0.61); low in Hwacheon-gun (0.15): More than 4x difference

보도자료	
보도일시	2018년 8월 1일 오전 7시 12분 (아침)부터 보도하여 주시기 바랍니다.
환경부 담당 부서	환경부 신기후체제대응팀 (044-201-8950/8965/8967) 국가기후변화적응센터 (044-415-7611/7605) 배포일시 2018. 7. 30. / 총 12명
<b>폭염대응, 기후변화 적응 관점에서 지역별 여건과 역량 고려돼야</b>	
◇ 환경부, 8월 전국의 폭염에 의한 온열질환 취약성 분석결과 공개 지역별로 편차 나타나 ◇ 기후변화로 일상화된 폭염, 기후변화 적응 관점에서 지역별 맞춤형 대책과 중·장기적으로 근본적인 피해저감 노력확대 필요	



Source: Ministry of Environment (retrieved from [www.me.go.kr](http://www.me.go.kr), 2018)

## Climate Change and Unequal Health Impacts Among Older People

- ❖ Geographic variations in climate change and older people's health
  - The impact of climate change on health depends on the regional physical environment and vulnerability of the social structure (e.g., urban/rural area, building density, geographical characteristics, and population density).
  - Poor **urban**-dwelling older Koreans are more likely to have higher multimorbidities and lower neighborhood social networks (Lee, Kim, & Chi, 2019)
  - The total damage in **rural** areas is smaller than in cities, but the damage area per person and the damage cost per person are larger than in cities.
  - To prevent conflict, fair budgetary expenditure between urban and rural regions needs to be carefully considered in climate response policies.

U

## Heatwave-Related Mortality Risk Varies by Area and Sub-population Characteristics

International Journal of Environmental Research and Public Health

MDPI

Article

### Heatwave-Related Mortality Risk and the Risk-Based Definition of Heat Wave in South Korea: A Nationwide Time-Series Study for 2011–2017

Cinoo Kang <sup>1,†</sup>, Chaerin Park <sup>1,†</sup>, Whanhee Lee <sup>1,†</sup>, Nazife Pehlivan <sup>1</sup>, Munjeong Choi <sup>1</sup>, Jeongju Jang <sup>1</sup> and Ho Kim <sup>1,2,\*</sup>

<sup>1</sup> Department of Public Health Science, Graduate School of Public Health, Seoul National University, Seoul 08826, Korea; balon\_ouair@snu.ac.kr (C.K.); chaerin210@snu.ac.kr (C.P.); jeehwang30@gmail.com (W.L.); nazife@snu.ac.kr (N.P.); moocoo39@snu.ac.kr (M.C.); zzoosoo@snu.ac.kr (J.J.)  
<sup>2</sup> Institute of Health and Environment, Seoul National University, Seoul 08826, Korea  
 \* Correspondence: hokim@snu.ac.kr; Tel.: +82-2880-2702  
 † Cinoo Kang and Chaerin Park contributed equally to this research as co-first authors.

Received: 9 July 2020; Accepted: 4 August 2020; Published: 7 August 2020

check for updates

**Abstract:** Studies on the pattern of heatwave mortality using nationwide data that include rural areas are limited. This study aimed to assess the risk of heatwave-related mortality and evaluate the health risk-based definition of heatwave. We collected data on daily temperature and mortality from 229 districts in South Korea in 2011–2017. District-specific heatwave-related mortality risks were calculated using a distributed lag model. The estimates were pooled in the total areas and for each urban and rural area using meta-regression. In the total areas, the threshold point of heatwave mortality risk was estimated at the 93rd percentile of temperature, and it was lower in urban areas than in rural areas (92nd percentile vs. 95th percentile). The maximum risk of heatwave-related mortality in the total area was 1.11 (95% CI: 1.01–1.23), and it was slightly greater in rural areas than in the urban areas (RR: 1.23, 95% CI: 0.99–1.53 vs. RR: 1.10, 95% CI: 1.01–1.20). The results differ by age- and cause-specific deaths. In conclusion, the patterns of heatwave-related mortality risk vary by area and sub-population in Korea. Thus, more target-specific heatwave definitions and action plans should be established according to different areas and populations.

Source: Int. J. Environ. Res. Public Health 2020,17, 5720; doi:10.3390/ijerph17165720www.mdpi.com/journal/ijerph



## Heatwave-Related Mortality Is Higher in Socially Isolated, City-Dwelling Older Koreans



Social isolation and vulnerability to heatwave-related mortality in the urban elderly population: A time-series multi-community study in Korea

Yong-ook Kim<sup>a,1</sup>, Whanhee Lee<sup>b,1</sup>, Ho Kim<sup>b</sup>, Youngtae Cho<sup>a,\*</sup>

<sup>a</sup>Population Research Lab, Department of Public Health Science, Graduate School of Public Health, Seoul National University, Seoul, Republic of Korea  
<sup>b</sup>Department of Public Health Science, Graduate School of Public Health, Seoul National University, Seoul, Republic of Korea

ARTICLE INFO

Handling Editor: Adrian Covaci  
Keywords: Heatwave, Social isolation, Elderly, Urban health, Mortality

ABSTRACT

Although several studies have reported that social isolation is one of the important health risk factors in the elderly population living in urban areas, its effects on vulnerability to heatwaves have been studied relatively less than climatic and other socio-economic factors. Thus, we investigated the association between social isolation levels and heatwave-related mortality risk in the elderly population in 119 urban administrative districts in Korea, using a time-series multi-city dataset (2008-2017). We used a two-stage analysis. In the first stage, we estimated the heatwave-related mortality risk in the elderly population (age ≥ 65) for each district using a time-series regression with a distributed lag model. Subsequently, in the second stage, we applied meta-regressions to pool the estimates across all the districts and estimate the association between social isolation variables and heatwave-related mortality risk. Our findings showed that higher social gathering and mutual aid levels were associated with lower heatwave-related mortality risk. Further, the lower percentage of single elderly households living in detached houses was also related to higher heatwave-related mortality risk. The associations were generally more evident in males compared to females. Our findings suggest that vulnerability to heatwave-related mortality among the urban, city-dwelling, elderly population may be amplified by higher isolation indicators.

Source: Environmental International 142 (2020) 105868; <https://doi.org/10.1016/j.envint.2020.105868>



## 3rd National Climate Change Adaptation Plan (2021-2025)



제3차 국가 기후변화 적응대책  
| 2021 - 2025 |

Source: [http://www.climate.go.kr/home/cc\\_data/policy/3\\_nation\\_climate\\_change\\_adaptation\\_step\\_summary.pdf](http://www.climate.go.kr/home/cc_data/policy/3_nation_climate_change_adaptation_step_summary.pdf)



## Plan Toward Carbon Neutrality

October 18, 2021  
7:24 PM KST  
Last Updated 3 days ago

Environment

S.Korea commits to 'challenging goal' of cutting emissions to 40% of 2018 levels by 2030

2 minute read

By Sangmi Cha



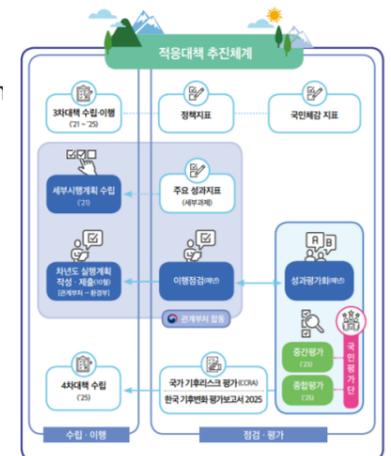
Source: <https://www.reuters.com/business/environment/skorea-commits-challenging-goal-cutting-emissions-40-2018-levels-by-2030-2021-10-18/>

## Public Policies and Services Responding to Climate Change (for Older People) in Korea



## Adaptation Strategy for Climate Change in Korea

- ❖ Korea Adaption Center for Climate Change (KACCC)
  - Composed of 3 teams: policy research team, adaptation cooperation team, and information & knowledge team
  - Involves 13 government departments (lead: Ministry of Environment)
  - Consists of 7 measure-sectors: health, disaster, agriculture, forestry, coastal/marine resources, water resources, and biodiversity
  - The plan is to be adjusted, revised, and complemented every 5 years.



Source: [http://www.climate.go.kr/home/cc\\_data/policy/3\\_nation\\_climate\\_change\\_adaptation\\_step\\_summary.pdf](http://www.climate.go.kr/home/cc_data/policy/3_nation_climate_change_adaptation_step_summary.pdf)

## Adaptation Strategy for Climate Change in Korea

- ❖ Principles of National Climate Change Adaption Measures (IPCC, 2019)
  - Sustainable development that achieves a balance between economy, society, and environment
  - Consideration of groups vulnerable to climate change, and improvement of effectiveness of adaptation measures
  - Collection of information, establishment of methodology for vulnerability and risk assessment of the elderly population
  - Climate change risk management and response based on scientific evidence, knowledge, and technology
  - Securing linkage with existing policies for an integrated approach
  - Strengthening the policy implementation system and promoting stakeholder participation and communication
  - Cooperation and partnership with international/local governments, civil society, industry, etc.

## Public Services for Climate Change

- ❖ Measures to adapt to climate change with regard to older people
  - Identify the status of vulnerable groups by region (people over 65, elderly living alone, Medicaid recipients aged 65+)
  - Identify climate change impacts and conduct vulnerability assessments based on R&D
  - Investigate the current status of the living environments of vulnerable groups(aged housing, etc.) and carry out improvement projects
  - Initiate energy efficiency improvement projects for energy-vulnerable facilities (social welfare facilities, senior welfare facilities, senior centers, etc.)
  - Others: Improve urban-life safety and weather-disaster prevention capabilities; improve forecasting and warning systems



[부록, 그림 3-22] 대구시 특정 완화 물순환 시스템



[부록, 그림 3-23] 도심 녹지 확대 예시

Source: Ministry of Environment (2015), <https://www.seoul.go.kr> (2016), 기후변화 대응 종합계획 2017-2021

## Public Policy Related to Climate Change and the Older Population in Korea

- ❖ Income Support: Emergency living stabilization funds such as monthly rent, medical expenses, funeral expenses, disaster recovery expenses, etc., are provided for those who are 60 years of age or older
- ❖ Housing Service: Public rental housing customized for senior citizens (apply barrier-free design, link welfare services), support for housing renovation
- ❖ Care Service (Community Care)
- ❖ Capacity-Building Support



-> No targeted and consolidated policies  
Source: <https://www.korea.kr/special/policyCurationView.do?newsId=148868277>

## Public Services for Climate Change

- ❖ Government support for vulnerable populations during heat waves (older adults who live alone / lower income; Korea Ministry of Environment, 2021)
  - Support for installation of air conditioners, support for heat wave-response products (fans, bottled water, etc.)
  - Implementation of environmental-welfare service (indoor environment diagnosis & consulting)
  - Providing guidance via landline phones for how to prepare for heat waves, etc.
  - Cool-roof support for senior facilities



Source: <https://www.korea.kr/news/visualNewsView.do?newsId=148888994>

## Public Services for Climate Change

- ❖ Government support for vulnerable populations during **cold waves** (Korea Ministry of Environment, 2017)
  - **Counselor-visit** service to diagnose cold wave vulnerability, deliver cold weather supplies (wallpaper, long underwear, lap blankets, etc.)
  - **Providing counseling** related to adaptation to climate change
  - **Cold wave health-impact survey** (data for future policy establishment)
  - **Operating cold wave shelters**
  - **Support for heating costs** for senior welfare centers, etc.
- ❖ The Korea Disease Control and Prevention Agency operates a cold-disease monitoring system and provides information to public to minimize health effects (KDCA, 2019).



Picture source: Korea government official blog, <https://blog.naver.com/hellopolicy/221722142298>

## Public Services for Emergency Situations: Cases

- ❖ AI-based emergency monitoring and emergency-call service for older people living alone
  - Local fire departments & SK (company) provide emergency education and safety-promotion activities.
  - Education contents and songs are installed on the Silver Friend AI speaker distributed to elderly living alone, linking to the 119 emergency-call service



- Potential for the surveillance and monitoring of older people in emergency situations related to climate change;
- No targeted or aligned service systems for older people facing climate change exist yet.

source: <https://www.fpn119.co.kr/136028>

## Public Services for Emergency Situations: Cases

- ❖ **Community Care with AI Health and Welfare Services**
  - AI-based dementia prevention, management service
  - AI-based care robot for older adults
  - AI-based risk prevention for older adults who live alone
  - And more

**Yongin offers AI-based dementia prevention & management integrated services**  
**용인시 “AI로 치매 예방·관리...통합서비스 호평”**

환자 맞춤형 서비스 제공...복지부 장관표창 수여  
 2020년 완료 목표 AI 의료로봇 개발...현재 4개 프로그램 운영  
 (용인=뉴스1) 김형서 기자 | 2019-09-17 10:48 송고



제1부 보건의 인공지능 전문도우미 시범 도입(용인시 제공) News1 김형서 기자

**Busan has started development of an AI care robot for the elderly**  
**부산시 노약자장애인 위한 ‘AI 돌봄로봇’ 개발 나서**

입력 : 2019-06-10 14:18 / 수정 : 2019-06-10 14:19



- Potential for surveillance and monitoring of older people during heat or cold waves; no targeted or aligned service exists

## Public Services for Emergency Situation: Cases

- ❖ Korea Telecom’s (KT) AI-based mobile health care
  - KT provides AI-based “smart elderly care pilot service”



source: <http://www.bloter.net/archives/336918>

## Lessons from International Cases



## Engaging Older People in Policy Efforts for Climate Change Adaptation (CCA) in the UK

### ❖ Efforts to engage older adults

- Lack of credibility in top-down approaches involving older adults
- Older people can be **contributors to**, and causalities of, climate change; they can also be **potential campaigners** to tackle the problem

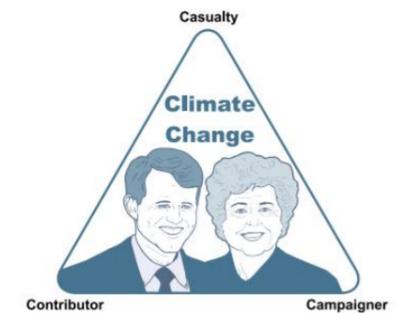


Figure. Climate change and older people

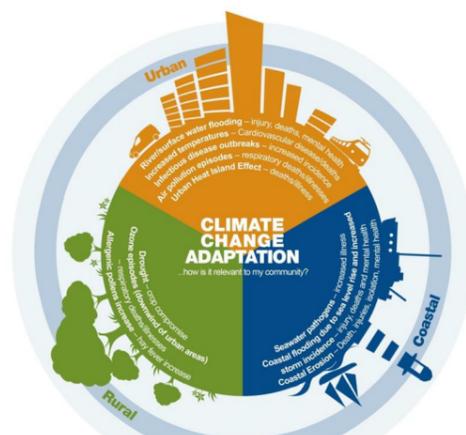
Source: Stockholm Environment Institute (2010)



## Region-specific Policy Approach in the UK

### ❖ Different policies by region

- The UK realizes the precise impact of climate change on public health varies by country and region.
- The diagram (right) illustrates the impact these risks may have on human health and how they vary by area.
- In the UK, over 80% of the population lives in urban areas.



Source: <https://commonslibrary.parliament.uk/how-is-the-uk-adapting-to-climate-change/>  
Picture source: UK Environment Agency



## Strategies for Engaging Older People in CCA

### ❖ Strategies to improve and enhance the engagement of older people on issues related to climate change and greener living, one must:

1. Abandon old stereotypes
2. Get to know your target audience
3. Use trusted brands (information sources, messengers, etc.)
4. Use peer-to-peer communication
5. Use positive messages
6. Use the right frames
7. Show real-life examples
8. Develop an inclusive dialogue
9. Maximize participation
10. Ensure the setting is right for change

Source: Stockholm Environment Institute (2010)



## Promoting Health Literacy and Communication for/with Older People on CCA Issues in the U.S.

❖ U.S. Environmental Protection Agency's (EPA) education materials for the older population on CCA:

- Summarizing key points from the U.S. Climate and Health Assessment
- Presenting contents reflecting real-life examples of the prevention of environmental pollution or health promotion
- Addressing the importance of healthy communities and older people's participation in community issues and activities related to CCA.

EPA Education Materials  
Original (left); large printed ver. for older population (right)



Source: [www.epa.gov/aging](http://www.epa.gov/aging)



## The SHARPER Project's "Win-Win" Measures



Source: <https://www.sei.org/perspectives/older-people-climate-change/>



## The SHARPER Project: An International Project

- ❖ Seasonal Health, Ageing and Resilience in Urban Populations and EnviRONments (SHARPER) Project (NERC/Arup Global Research, 2016)
- ❖ Examined seasonal health variations and resilience in the "urban old" in London, New York, and Shanghai; addressed the exposure and vulnerability of aging populations in cities to extreme weather events and has developed a new heat vulnerability index (HVI) for London.

Source: <https://www.sei.org/perspectives/older-people-climate-change/>

## Discussion



## Summary of Current Status

- ❖ South Korea has experienced rapid population aging, and older people experience extended life expectancies with various health and social challenges. Various policy/service efforts have been actively implemented, yet health inequality is still a critical issue.
- ❖ Climate change is a real social risk in Korea, and policy/service efforts have been developed and implemented.
- ❖ Although older people are recognized as a high-risk group for the effects of climate change, policies/services for CCA do not yet target this group well, nor are these efforts well coordinated.



## Recommendations for Future Directions

- ❖ **Better monitoring and evaluation systems for the effects of CCA policies/services** on older people's health and well-being
- ❖ **Policy mix of protection-focused and engagement-focused approaches**
  - Optimal mix of top-down and bottom-up approaches in the Korean context?
- ❖ **Commitment to building healthy and sustainable communities** under climate change
- ❖ **National vs. regional/local policies and plans**
  - E.g., urban and rural differences in needs, resources, and contexts
  - Considering regional characteristics in vulnerability assessments



## Recommendations for Future Directions

- ❖ **Aging-sensitive CCA policies** are needed.
  - Population aging and climate change policies should be better aligned, which could have synergic effects
- ❖ **Older person-centered CCA services** should be provided.
  - A more integrated service approach for each older individual with complex health and social needs
  - **Better understanding of the diversity of older people** (e.g., health, socioeconomic status, place of residence, etc.)



## Recommendations for Future Directions

\* Climate Change Adaptation (CCA)

- ❖ **More engagement and participation of older people in CCA** is imperative at this stage.
- ❖ **Strategies for strengthening the resilience of the aging population**
- ❖ **High potential for technology innovations in CCA**
  - But better evidence through rigorous R&D is very needed
  - Health and digital literacy of older Koreans: a critical factor
- ❖ **Baby boomers vs. current older people:** new generation and new policy strategies



ASEM FORUM on Human Rights of Older Persons: Present and Future  
October 27, 2021

## Protecting the Health and Wellbeing of Older People in an Era of Climate Change: Current Status and Future Agenda in Korea

Thank you  
Questions & comments?  
hk65@snu.ac.kr

SNU Health

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## 제1차 아셈 노인인권 현실과 대안 포럼

ASEM Forum on Human Rights of Older Persons: Present and Future

## 세션 4 with WHO. 연령주의와 재난/긴급상황

Session 4 with WHO.  
Older Persons in Emergencies and Ageism



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Session 4 with WHO. Older Persons in Emergencies and Ageism

### Moderator.



**Seong-Jae Choi** | Professor Emeritus  
(Seoul National University)

최성재 명예교수(서울대학교)

Dr. Sung-Jae Choi is Professor Emeritus of Social Welfare at Seoul National University, Korea. He serves as Advisor to ASEM Global Ageing Center and UN Representative of the International Association of Gerontology and Geriatrics (IAGG). He received MSW degree from Washington University, and Ph.D. from Case Western Reserve University, USA.



### Speaker

**Vânia de la Fuente-Núñez** | Technical Officer  
(World Health Organization)

바니아드 라푸엔테 누네스 책임 연구원(세계보건기구)

Originally from Spain, Dr Vânia de la Fuente-Núñez manages the Global Campaign to Combat Ageism at WHO and is lead author of the first UN Global report on ageism. Vânia also drives capacity building efforts on ageing in countries and regions at WHO. In this capacity, she has led the development and is responsible for the ongoing delivery of the first ever leaders programme on Healthy Ageing. Vânia is a physician who first joined WHO in 2014 and who has worked with different NGOs and research institutes in both high and low-income countries, including Switzerland, Spain, Senegal, and the Gambia. Vânia holds an MD from the University of Santiago de Compostela; an MA in Philosophy, Politics and Economics of Health from University College London; and is completing a BA in Social and Cultural Anthropology.

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### Panelist

**Amal Abou Rafeh** | Chief  
(UN Department of Economic and Social Affairs)

아말 아부 라페 국장(UN경제사회국)

Hi! My name is Amal Abou Rafeh and I am running for alternate staff representative.

I joined the United Nations in 2001 through the national competitive exam and slowly worked my way up the organizational ladder, which gave me a better understanding of how the United Nations works. I also benefited from several lateral moves across duty stations (from Beirut to New York) and across substantive areas, which ranged from sustainable development, to demography and then social development. This helped me acquire new knowledge, skills and experiences. Last year, I was invited to join the World Economic Forum as a member of their Global Future Council on Healthy Ageing and Longevity for 2020-2021.

As staff members, COVID-19 pandemic was a big test of our commitment and flexibility. As we recover, the safety and well-being of staff is a primary consideration. Dignity and mutual respect in the workplace are key and cannot be achieved if staff voices are not heard nor listened to, and their opinions are not considered.

This is the first time I run for staff rep, but what I lack for in experience I make up for with eagerness in learning from my running-partner Meriam Gueziel. I appreciate the opportunity to represent you.

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**Panelist**

**Soondool Chung** | Professor  
(Ewha Womans University)

**정순돌** 교수(이화여자대학교)

Soondool Chung is a professor in the department of social welfare at Ewha Womans University where she has been a faculty member since 2004. She received her Ph.D. in Social Work from the University of Texas at Austin. She is currently serving as the director of Ewha Institute for Age Integration Research (EIAIR), which was established by the funding of National Research Foundation of Korea in 2016. She served as an editor of Journal of Korean Gerontological Society, a guest editor of Journal of International Relationships, and the president for the Korean Academy of Family Social Work. She is a member of Korean Gerontological Society and Gerontological Society of America. Her current research focuses on aging family and social support, one-person households of older adults, active aging, depression and loneliness, and baby-boomers and retirement preparation. Recently much of her work has been on designing societies for people of all ages living together without generational conflicts. She has published extensively in gerontology and her publications include several books, numerous journal articles, and book chapters.

**세션 4 with WHO. 연령주의와 재난/긴급상황**

Session 4 with WHO. Older Persons in Emergencies and Ageism

**Panelist**

**Jemma Stovell** | Global Voice Adviser  
(HelpAge International)

**젬마 스토크** 글로벌 보이스 고문(헬프에이지 인터내셔널)

Jemma Stovell holds a degree in International Relations and International Development from the University of New South Wales. She started her career working for Amnesty International in Australia focused on campaigning for refugee and Indigenous rights. Jemma moved to the United Kingdom in 2012 and worked for a national older people's organization before starting at HelpAge International in 2014. Jemma is now the Global Voice Adviser at HelpAge and has been leading the organization's ageism work for the past 4 years. She has been responsible for ageism capacity building initiatives and has delivered ageism training for various NGOs in Cambodia, Colombia, Jordan, Moldova and Kyrgyzstan. Jemma has also attended numerous United Nations sessions focused on older people's human rights in New York (OEWG).

## ■ 폐회사



신사 숙녀 여러분, 귀빈 여러분, 동료 여러분,  
우선, 제1차 아셈노인인권 현실과 대안 포럼을 조직해 주신 아셈노인인권정책센터(AGAC)에 감사드립니다. 또한 본 포럼을 성공시키기 위해 다양한 방법으로 많은 기여를 해주신 모든 단체, 발표자, 토론자, 진행자, 참가자 여러분께 깊은 감사를 드립니다.

지난 이틀간 정부 관계자와 국제기구 대표, 시민사회 활동가, 학계 연구자들이 모여 '재난 및 긴급상황에서의 노인인권'을 주제로 주요 현안에 대해 논의했습니다. 코로나19 대유행의 가장 많은 희생자는 노년층이었습니다. 이것은 최근 우리 시대의 가장 비극적인 이야기 중 하나이지만, 노화와 나이들이 우리 사회에서 어떤 의미를 갖는 지와 인구 고령화를 다루고 대응하는 현재의 방법을 어떻게 개선할 수 있는지 생각해 볼 수 있게 하는 기회를 제공했습니다. 이러한 맥락에서, 아셈노인인권 현실과 대안 포럼이 우리에게 성찰의 장을 제공한 것은 매우 시기적절합니다.

제1차 아셈노인인권 현실과 대안 포럼의 주제는 '재난 및 긴급상황에서의 노인인권 보호'입니다. 이 포럼에서는 '보건위기에서의 노인'과 '인도적 위기에서의 노인'부터 '기후변화/자연재해에서의 노인'에 이르기까지 노인의 인권과 관련된 중요하고 다양한 문제가 논의되었습니다. 우리는 어떻게 노인의 권리가 이러한 여러 위기 상황에서, 그리고 현재 존재하는 예방, 관리 및 대응 메커니즘에서 무시되거나 부적절하게 다루어졌는지 알게 되었습니다. 포럼 참가자들은 현 상태를 진단하고 앞으로 나아갈 다양한 방법을 모색하는 귀중한 시간을 가졌습니다.

이 포럼의 주목할 만한 측면 중 하나는 세계보건기구의 전문가 두 명이 참여했다는 것입니다. 보건위기 프로그램의 총괄책임자인 마이클 라이언 (Michael Ryan) 박사가 기조 연설을 하였고 세계보건기구 연령주의 국제보고서(Global Report on Ageism)의 책임 연구원인 바니아 드 라 푸엔테 누녜스 (Vânia de la Fuente-Núñez)박사가 연령주의에 대한 이 국제보고서의 핵심 연구 결과를 발표하셨습니다. 세계보건기구의 두 전문가는 이 포럼에 크게 기여하셨습니다. 연령주의가 노인의 건강과 인권에 중요한 영향을 미칠 뿐만 아니라, 이것이 위기 상황에서 어떻게 발현하는지, 그리고 위기상황이 기존의 연령주의의 형태를 어떻게 증가시키고 악화시키는지를 깨닫게 해주었기 때문입니다. 이런 측면에서 아셈노인인권정책센터가 연령주의 국제보고서의 국문완역본 출간한 점과 이 국문본이 WHO 홈페이지에서 업로드되어 많은 사람들이 접근할 수 있게 된 것을 기쁘게 생각합니다.

이 포럼이 특히 특별한 이유는 '시민사회 토크 콘서트'라고 불리는 특별 세션을 주최했다는 것에 있습니다. 시민사회 토크 콘서트는 노인의 권리를 위해 활동하는 영향력 있는 국제 시민사회 단체의 대표 6명이 오랜 현장 경험에서 얻은 체험과 견해를 공유하는 데 큰 의미가 있었습니다. 무엇보다도, 시민사회 토크 콘서트의 중요성은 우리에게 노인의 이익에 도움이 되도록 고안된 정책, 특히 위기상황에서의 노인을 위해 고안된 정책 입안에서 자주 소홀하게 다루어졌던 노인들의 요구를 일깨워줬다는 사실에 있습니다.

마지막으로 말씀드릴 중요한 이벤트는 '글로벌 노인인권 캠페인 온라인 전시회'입니다. AGAC는 전 세계의 국제기구, 시민사회, 정부, 민간 부문과 개인 운동가의 캠페인을 전시했습니다. 이 전시회에서는 연령주의, 노인의 권리에 관한 유엔 협약,

여성노인, 직장에서의 연령 차별, 노인의 웰빙, 그리고 나이와 나이들에 대한 담론의 변화 등 노인인권과 관련된 다양한 문제가 다루어졌습니다. 저는 이 전시회가 노인의 권리를 보호하고 증진하기 위한 풀뿌리 운동 등의 주요 메시지를 세계에 효과적으로 알리는 데 기여할 것이라고 생각합니다.

위기 상황에서의 노인이라는 주제를 아우르는 4개의 소주제에 대한 심도 있는 토론, 시민사회 토크 콘서트와 글로벌 노인인권 캠페인 온라인 전시회를 통해, 이 포럼은 모든 형태의 차별과 학대로부터의 노인 보호를 위한 인권에 기반한 접근법의 타당성을 다시 한번 확인했습니다. 인권에 기초한 접근은 오늘날 사람들의 기대수명의 연장이 사회에 대한 부담으로서 걱정해야 할 문제기 보다는 인류의 위대한 업적 중 하나로 축하해야 할 사실이라는 것을 조명합니다. 인권에 기반한 접근법은 노인을 그들의 삶과 선택의 주체로 이해하며, 노인을 혜택과 복지의 수동적인 수혜자로 보기 보다는, 그들의 의료 서비스, 적절한 생활 및 사회 보호에의 접근을 노인의 인권 향유를 위한 핵심으로 인식합니다. 이러한 원칙은 '보통 때'뿐만 아니라 위기상황을 포함한 모든 상황과 맥락에서 준수되어야 합니다. 그러므로 인권에 기초한 접근법은 나이들에 대한 우리의 생각과 행동에 근본적인 변화를 요구합니다.

저는 제1차 아셈노인인권 현실과 대안 포럼이 이를 위해 중요한 기여를 했다는 사실에 대해 매우 기쁘게 생각합니다. 특히, 코로나19 이후 노인의 권리에 대한 관심과 우려가 증가하는 것을 보아왔기 때문에, 저는 점점 더 많은 수의 학자, 연구원, 국가 정책 입안자 및 시민사회 단체가 인권에 기반하여 나이들을 바라보는 것의 중요성을 인식하고 이러한 견해를 적극적으로 공유하게 될 것이고 생각합니다. 이러한 맥락에서 공동의 목표를 위해 아셈 파트너 국가의 많은 관계자들을 모아 이러한 의제를 촉진하는 데 향후 아셈노인인권정책센터의 역할이 더욱 중요해질 것으로 확신합니다. 다시 한 번, 이러한 훌륭한 행사를 주최해 주신 분들과 토론에 허심탄회하게 참여해주신 모든 분들께 감사드립니다. 이 포럼이 더욱 공평하고 차별로부터 자유로운 세상을 이루기 위한 국제적인 노력에 일조하기를 진심으로 바라고, 그렇게 믿습니다.

경청해 주셔서 감사합니다.

**이혜경** 이사장(아셈노인인권정책센터)

## ■ Closing Remarks



Ladies and Gentlemen, distinguished guests, colleagues and friends! I would like to begin by thanking the ASEM Global Ageing Centre for organizing ASEM Forum on the Human Rights of Older Persons: Present and Future. I also would like to extend my deepest gratitude to all the organizations, presenters, discussants, moderators and guests who have made great contributions in various ways to make this Forum a great success.

For the last two days, government officials, representatives of international organisations, civil society activists and academic researchers came together and discussed key issues around the topic of ‘the Protection of the Human Rights of Older Persons in Emergency Situations.’ The largest number of victims of the Covid-19 pandemic has been among older persons. While this presents one of the most tragic stories in our recent times, it has provided us with an opportunity to seriously reflect on what ageing and getting old mean in our society, and how we can improve the ways in which our society currently deals with and responds to population ageing. In this context, it is highly timely that the ASEM Forum on the Human Rights of Older Persons: Present and Future has provided us with a venue for reflection.

The theme of the ASEM Forum on the Human Rights of Older Persons: Present and Future is the ‘Protection of the Human Rights of Older Persons in Emergency Situations’. Important and various issues relating to the human rights of older persons in the context of emergency situations have been discussed at this Forum, from ‘older persons in health crises’ and ‘older persons in humanitarian crises’ to ‘older persons in climate change/natural disasters.’ We have learnt how the rights of older persons have either been neglected or only inadequately addressed in the currently existing prevention, management and response mechanisms in these different emergency situations. Participants of the Forum had a valuable time to diagnose the status quo and explore various ways to move forward.

One of the notable aspects of the Forum was that it was joined by two members of the World Health Organization (WHO). Dr. Michael Ryan, Executive Director of Health Emergencies Programme delivered a keynote speech. Dr. Vânia de la Fuente-Núñez, Lead Researcher of the Global Report on Ageism, presented on the key findings of the WHO’s report. The participation of the WHO members in the Forum has made a great contribution to the Forum, addressing not only that ageism has important implications for the health and human rights of older persons. It also made us more aware of how ageism manifests itself in emergency situations, and how emergency situations in turn augment and exaggerate the existing forms of ageism. Therefore, I am very happy to announce that the AGAC has just published the Korean translation of the Global Report on Ageism which is now available on the WHO website.

In addition, what made this Forum particularly special is that it hosted a special session called the ‘Civil Society Talk Concert’. The Civil Society Talk Concert is meaningful firstly because six representatives of influential international civil society groups working on the rights of older persons have shared their experiences and views gained from their long engagement with the issue on the ground. And most of all, the significance of the Civil Society Talk Concert lies in the fact that it has alerted us to the voices of older persons that have often been neglected in drafting policies that are designed to serve the interests of older persons, particularly in the context of emergencies.

Last but not least, in parallel to the Forum, an ‘Online Exhibition of Global Campaigns for the Human Rights of Older Persons’ was also launched. The exhibition displayed the work of campaigners from international organizations, civil society, governments, and the private sector as well as individuals from around the world. The campaigners in the exhibition addressed various issues relating to the human rights of older persons, from ageism, the UN Convention on the Rights of Older Persons, women in old age, workplace age discrimination, and the wellbeing of older persons, to changes in the narrative around age and ageing. I believe this exhibition will effectively disseminate to a larger number of global audiences the key messages of grassroots movements to protect and promote the rights of older persons.

Through in-depth discussions of four subthemes of the overarching theme of older persons in emergency situations, the Civil Society Talk Concert and the Online Exhibition of Global Campaigns for the Human Rights of Older Persons, this Forum has again confirmed the validity of a human rights-based approach to protect older persons from any forms of discrimination and abuse. The human rights-based approach sheds light on the fact that the extended longevity of people today is something to be celebrated as one of the great achievements of mankind rather than to be worried about as a burden on society. The human rights-based approach understands older persons as the agents of their lives and choices, and their access to health service, decent living and social protection as part and parcel of their enjoyment of human rights, rather than seeing them as passive recipients of benefits and welfare. This principle should be adhered to not only in ‘normal times’ but in every situation and context, including in emergency situations. The human rights-based approach therefore demands a radical change in our mode of thinking and doing with ageing.

I am very delighted that the ASEM Forum on the Human Rights of Older Persons: Present and Future has made an important contribution to this end. Having seen a growing interest and concern about the rights of older persons particularly after the COVID-19 pandemic, I am very hopeful to see that an increasing number of academics, researchers, national policy-makers and civil society groups recognize the importance of a human rights-based approach to ageing and actively disseminate this idea. In this context, I am also confident that the role of the ASEM Global Ageing Centre will become even more important in the years to come in helping to promote this agenda by bringing various actors from ASEM partner countries together for this common goal.

Once again, I thank very much the organizers of this wonderful event and all participants for engaging in candid discussions. I truly hope and believe that the Forum will add to the global endeavor to make global society more equitable and free from discrimination for all.

Thank you very much for your attention.

**Hye-Kyeong Lee**  
Chairperson(ASEM Global Ageing Center)



