**Protecting human rights during and after the COVID-19**

**Joint questionnaire by Special Procedure mandate holders**

**Questions by the Independent Expert on the human rights of older persons**

The report of the Independent Expert, Ms. Claudia Mahler, will focus her report to the General Assembly on the impact of the COVID-19 pandemic on the enjoyment of the human rights of older persons. The report aims to highlight the challenges for the rights of older persons in the current national and international legal framework. It will analyse different risks to older persons human rights which were exacerbated and heightened and made more apparent during the pandemic. Ageism and age discrimination have continued, together with violations to older persons’ right to health and care service support, including their right to life, their right to information, their right to live free from violence, abuse and neglect, and their right to participate and to social inclusion. The report will provide best practices and case studies.

1. Please provide more information on the situation and measures taken in state run or financed facilities with a focus on the needs of older persons with underlying health conditions. Please provide any information concerning shelters for older women to protect them from abuse or from homelessness.

We commend the effort made by the Government of Rwanda to fight COVID-19. The first case was reported in Rwanda March 2020. The government of Rwanda has made an effort to prevent, detect and respond to the threat posed by the coronavirus and strengthen national systems for public health preparedness. The Government of Rwanda has developed a COVID-19 preparedness and response plan for 6 months (March-August 2020), aiming at guiding preparedness, early detection and early response for COVID-19 in Rwanda, with a total budget of USD 73,471,760.

Despite the effort made, the interventions were just general, no specific measures taken to protect the most at risk groups, such as older people or persons with disabilities. The following quote from an older person in Ruhango district (by NSINDAGIZA Organization) is one example of older people’s situation during the COVID-19: ***"I'm in the care of many orphan children who I raise. They are hungry and so am I, and I have nothing to give them. On top of that, I have a stomach illness and liver problems; I have no funds to get the proper medicine after the ones I had depleted. A family member who used to support me is currently not working due to COVID-19! How do you think we can survive this pandemic?"***

Older people who live with chronicle diseases were not able to make their monthly medical visits due to lockdown, the protective materials such as face masks, handwashing stations and other hygienic measures are not accessible to all due to finance constraints

2. Please provide information how and how many older persons called for assistance, help or made official complaints during the pandemic.

We commend the strategies put in place to use the “star” such as professionals, musicians, politicians, etc to sensitize the community to combat COVID-19 by washing hands, waring face masks, social distancing…

We also commend the support provided by Helpage International to NSINDAGIZA Organization to provide hygienic kits to some vulnerable families of older people, collect information and make them known through mass media, virtual conversation and phone calls to decision makers.

It’s unfortunate that most of the measures are limited to people who have access to social media and television and not able to reach older people and other vulnerable people in the community, who thought that the pandemic is for the “star” people, politicians, travellers, etc. Though there is no open discrimination but there is no single participation of older people. If for example one older person was called to demonstrate the handwashing and mask wearing technics and give a message at the national TV, it could be a strong message for older people and general community who have access to those facilities that older people are also concerned at high priority due to their low immune

3. Please provide information on reports, speeches and measures which had a special focus on older persons during the pandemic. Please include best and bad practices.

We commend the way the Government shares on diary basis the information on the total cases of COVID-19, discharged and active cases.

There is no way for older people to share their feelings, all the messages are general. We would recommend that the information are disaggregated by age group and sex in order to assure older people that they are not the only target by COVID-19 and young people to know that they are not exempted.

Again we recommend that an opportunity is given to older people to share their feelings and suggest the way they could be cared for. During our consultations with older people, they revealed that they are concerned by the lack of food during the COVID-19 as those who helped them were not able to go to work, instead those who has informal jobs received the support from the Government, but older people did not. They also shared their concern to get hygienic kits and protective materials, but not much response from the Government nor civil society.

4. Please provide examples how older persons have participated in decision-making processes during the pandemic. Please describe how their perspective and needs have been integrated in national policies and programmes on the way to recovery from COVID-19 to make it a more inclusive and age friendly society.

At the beginning, the Government developed a 6-months COVID-19 preparedness and response plan, with a strong structure led by the Prime Minister supported by the Ministry of Health and Ministry of Local Government, the national police plays a big role as well.

In the whole process, there was no consultations with older people, even the document is not known by many people. One of the main reasons for older people not to participate to any decision making, is not to have a national ageing policy regulating their participation and the absence of ageing in other policies such as health, nutrition, etc. There is no official structure of older people, no legal or policy framework, hence no channel of expressing their ideas. This is why they are not included in national COVID-19 response, in national policies and programmes on the way to recovery from COVID-19.