MENARAH NETWORK

Middle East and North Africa Research on Ageing Healthy
Hosted at the London School of Hygiene and Tropical Medicine

Submission to the OHCHR Call for Inputs

General Framework, Architecture and Guiding Principles of a Legally Binding Instrument on the Human Rights of Older Persons

In preparation for the first session of the UN Intergovernmental Working Group (13-17 July 2026)

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1. About the MENARAH Network

The **MENARAH Network** (Middle East and North Africa Research on Ageing Healthy, *menarah* meaning lighthouse in Arabic) is a non-political, non-profit-generating social enterprise. It was founded in 2019 to enhance the lives of older people and their informal carers across the MENA region. The Network was established by Professor Shereen Hussein with initial funding from the UK Research and Innovation (UKRI) Global Challenges Research Fund. It is hosted at the London School of Hygiene and Tropical Medicine (LSHTM), a registered charity in the United Kingdom.

MENARAH brings together researchers, policymakers, older people and their informal carers, educators, practitioners and civil society partners, including patient advocates and organisations supporting older people with chronic illness and disability. Our work raises awareness of ageing within the specific economic, demographic and socio-cultural realities of the MENA region. The Network conducts research and knowledge-mobilisation activities that inform policies and practices on healthy ageing, long-term care, elder abuse, caregiver support, the wellbeing of older people with chronic illness and disability, and the wellbeing of older people and their families.

Since its launch, MENARAH has contributed to the evidence base on population ageing in the MENA region through blogs, policy briefs, convenings and peer-reviewed research. This body of work covers the demographic transition, the unmet needs of older people in the Eastern Mediterranean, elder abuse and the gendered realities of older women in the Arab region, the intersection of climate change and long-term care, the care workforce, social isolation and loneliness, and the specific challenges faced by older people living with chronic illness in conflict-affected and displacement settings. Members of the MENARAH core team collaborate regularly with United Nations agencies, including UN Women, UN ESCWA, the World Bank and the World Health Organization, and contribute to regional and global dialogues on ageing.

This submission was led by Professor Shereen Hussein, Director of MENARAH, in consultation with over 500 members and subscribers across the Middle East and North Africa region. Further information about the Network, its team and its publications is available at menarah.org.

2. Context of this Submission

Human Rights Council Resolution 58/13 (April 2025) mandated the elaboration of an international legally binding instrument on the human rights of older persons. The instrument is to promote, protect and ensure the full enjoyment of human rights by older persons. Eighty-one Member States supported the resolution, including nine of the nineteen countries in the MENA region: Bahrain, Jordan, Kuwait, Lebanon, Morocco, Oman, Qatar, Saudi Arabia and the United Arab Emirates. At the February 2026 IGWG organisational session, seven MENA States took the floor (Algeria, Bahrain, Egypt, Iran, Iraq, Kuwait and Saudi Arabia) together with the Cooperation Council for the Arab States of the Gulf.

This pattern of partial and uneven engagement is documented in MENARAH's recent commentary (Young, MENARAH blog, 8 April 2026). Without stronger and more coordinated engagement by governments and civil society alike, the conceptual framework and principles of the new instrument risk failing to reflect the realities, demographic trajectories and lived experiences of older persons across the MENA region.

The MENA region is undergoing a rapid demographic transition. As set out in MENARAH's report *Unlocking the Demographic Puzzle: The Ageing Transformation in the Middle East*, populations across the region are ageing faster than the formal systems built to support them. This shift is compounded by protracted conflict and displacement, gendered inequalities, weak data infrastructures, climate vulnerability, fragmented long-term care systems, and high rates of social isolation among older persons, and the particular vulnerabilities of older people living with chronic illness in settings where health systems have collapsed or been severely weakened. These are structural conditions that the new instrument must be designed to address rather than assume away.

Our earlier briefing, *Unseen and Unheard: The Unmet Needs of Older People in the Eastern Mediterranean*, set out how these structural gaps translate into concrete rights violations on the ground.

3. MENARAH Response to the Questions Posed

Question 1: The overarching framework and the recognition of older persons as rights-holders

A fundamental paradigm shift: from welfare to rights
This Convention must move beyond the welfare, charity, protection and paternalistic models that have shaped how societies and policies approach ageing. Older persons are **full and equal rights-holders**, not beneficiaries of care or a 'vulnerable group' requiring services at the discretion of States. This shift is not semantic: it transforms the legal and institutional architecture through which older persons claim rights, access justice and hold States accountable. Every element of the instrument, from its framework and principles to its substantive rights and monitoring mechanisms, must reflect and operationalise this shift. The Convention must say so explicitly.

The instrument must be grounded in an explicit rights-holder framework. Older persons are full and equal holders of all human rights and fundamental freedoms, on the same basis as any other person, throughout the life course and regardless of age, functional capacity, residential setting, health condition or dependency status. Any framing that departs from this position would weaken the instrument from the outset.

Crucially, this rights-holder framework must be designed to translate directly into systems, laws, services and lived experience. Recognising rights on paper is not sufficient. The framework must guide the design of legislation, policies, service standards and resource allocation, so that rights are realised in practice. This includes older persons in conflict-affected settings, in displacement, in institutional care, and those living with chronic illness and disability whose access to care cannot be assumed.

MENARAH calls on the IGWG to anchor the overarching framework in four mutually reinforcing pillars, each of which must promote and enable the full realisation of rights as well as protect against violations:

- **Equality and non-discrimination** on the basis of age. The instrument must name ageism and age-based discrimination as a structural human rights violation. It must place the prohibition of direct, indirect and intersectional age discrimination at its core, mirroring the approach of the CRPD and CEDAW.

- **Autonomy, dignity and self-determination.** The framework must affirm the right of older persons to make decisions about their own lives, bodies, finances, living arrangements, care and end-of-life matters. Supported decision-making must be the default. Substituted decision-making must be exceptional and subject to strict safeguards.
- **Substantive equality and intersectionality.** The framework must recognise that older women, older persons with disabilities, older persons living with chronic illness, older refugees and displaced persons, older persons in conflict-affected settings, older migrants and stateless older persons face compounded disadvantage. This reality is particularly pronounced in the MENA region.
- **Participation and voice.** Older persons must be recognised as active participants in the design, implementation and monitoring of laws and policies affecting them, including in the ongoing IGWG process itself. The rallying principle of **'Age With Rights'**, meaning that older persons claim and exercise rights rather than simply receiving them, must be written into the instrument's general obligations.

The instrument must be equally explicit about the promotion and realisation of rights alongside their protection. **Protection of rights** focuses on preventing and responding to violations such as abuse, discrimination, neglect and arbitrary confinement. **Promotion of rights** ensures that rights are not merely recognised on paper, but accessible, meaningful and lived in practice: through inclusive policies, access to services, supported participation, and the ability to contribute to communities. **Realisation of rights** requires transformation of the structural conditions (laws, systems, institutions and resource allocation) that determine whether rights are real for every older person, including those in the most marginalised situations. All three dimensions are essential and must be reflected throughout the instrument.

MENARAH rejects any framing that defines older persons primarily as beneficiaries of care. Vulnerability in later life is overwhelmingly the product of structural conditions: policy failure, weak systems, conflict, gendered economic exclusion and ageism. The instrument must say so explicitly. This is particularly important in the MENA context, where many gaps persist precisely because existing frameworks treat ageing through welfare or care lenses rather than as a matter of enforceable rights.

Question 2: Core principles to underpin the instrument

The instrument must adopt a concise set of general principles that guide not only the interpretation, but also the implementation of all substantive articles, informing laws, policies, services and resource allocation at the national level. These principles should serve as the interpretive and operational architecture of the instrument as a whole, in the manner of the four general principles of the Convention on the Rights of the Child.

MENARAH proposes the following core principles:

- **Dignity.** The intrinsic and equal dignity of every older person is unconditional and inviolable. It does not diminish with age, functional change, cognitive decline or care dependency. All measures taken under the instrument must be assessed against their impact on human dignity.

- **Self-determination.** Older persons have the right to make decisions about their own lives, in accordance with their will and preferences, with access to the support they may require. This applies across all contexts: from everyday decisions about daily life, care and living arrangements to situations of crisis, displacement and humanitarian emergency. Support must respect and enable older persons' choices, and must not result in undue influence, coercion or substitution of will.

- **Autonomy.** Older persons have the right to self-direction in all aspects of life, including health, finances and care. Supported decision-making must be the legal default; substituted decision-making must be exceptional and strictly safeguarded.

- **Continuity of personhood.** Older persons remain full and equal rights-holders at all times. Their rights, identity and agency must not be diminished on the basis of age, diagnosis or changes in capacity. As people age, or experience changes in health, cognition or support needs, they remain the same rights-holder. This principle is particularly important for older persons living with dementia or chronic illness, and applies equally to all older persons.

- **Equality and non-discrimination,** explicitly including the prohibition of age-based discrimination and the recognition of its intersection with gender, disability, chronic illness, displacement status, health condition and socio-economic position.

- **Full and effective participation and inclusion** of older persons in society, including in political, economic, cultural and civic life, and in all decisions affecting them.

- **Respect for the evolving capacities and diversity of older persons.** This principle rejects any presumption of incapacity on the basis of chronological age and guarantees supported decision-making.

- **Continuity of care.** Older persons have the right to continuous access to health, mental health and long-term care services, including during displacement, armed conflict, humanitarian emergencies and system collapse. For older persons living with chronic illness, cancer, cardiovascular disease, dementia and other complex conditions, interruption of care is not merely an inconvenience: it is a direct and foreseeable threat to life. The instrument must embed continuity of care as a non-derogable obligation that applies in every context, and above all in crises.

- **Accessibility** of the built environment, information, digital services, justice, health and long-term care, as a precondition for the enjoyment of all other rights.

- **The right to social connection.** Social isolation and loneliness are recognised determinants of health and wellbeing, with particularly severe consequences in older age. The instrument must affirm the right of older persons to maintain and form social relationships, to participate in community and cultural life, and to live free from enforced isolation. States must take active measures to prevent social isolation as a condition in itself, and not only as a by-product of other harms.

- **Gender equality** and the elimination of compounded discrimination against older women, including in inheritance, property, widowhood, informal care burdens and access to justice.

- **Intergenerational solidarity** and the recognition of older persons as contributors to families, communities and economies, not passive dependents.

- **Accountability, access to justice and effective remedy,** including age-appropriate complaint mechanisms that remain accessible to older persons who may depend on the alleged perpetrator for daily care.

- **Progressive realisation with non-retrogression** for economic, social and cultural rights, coupled with immediate obligations on non-discrimination, dignity and access to justice.

- **Forward-looking adaptability.** The instrument must remain relevant as demographic, technological, social and environmental conditions evolve. This means building in mechanisms for review, adaptation and engagement with emerging challenges — including digital transformation, artificial intelligence, climate change and the growing longevity of populations. What matters to older people in MENA today, and what will matter to younger people as they age, must inform the Convention's design from the outset.

The principle of access to justice must be treated as immediate and non-derogable. Research by MENARAH and others on elder abuse in the Arab region shows that existing reporting mechanisms, often grafted onto violence-against-women or child-protection hotlines, are poorly suited to the realities of older survivors. Many survivors rely on their abusers for daily care and cannot use channels designed for younger populations. The instrument must compel States to design age-appropriate, confidential and accessible complaint pathways.

Question 3: Reaffirming existing rights and identifying normative gaps

MENARAH supports a dual approach. The instrument must (a) reaffirm existing rights with explicit application to older persons, and (b) clearly identify and close normative gaps where existing human rights law is silent, fragmented or insufficient.

The normative gaps set out below are not technical omissions. They mark the fault lines along which rights violations against older persons are most acute today. Many of these gaps persist precisely because existing frameworks approach ageing through welfare or care lenses rather than as a matter of enforceable rights. Leaving them to domestic law, soft guidance or the progressive interpretation of existing treaties has been tried, and has failed. The new instrument must close these gaps with clear, enforceable obligations. It must also be designed to promote and realise rights, not only protect against their violation.

Rights requiring explicit reaffirmation

Existing rights that require explicit reaffirmation and age-disaggregated articulation include: the right to life; the right to health and to the highest attainable standard of physical and mental health, including palliative care and mental health services; the right to social security and an adequate standard of living; the right to work and protection against mandatory retirement on the basis of age alone; the right to education and lifelong learning; the right to family life, including contact in institutional settings; the right to participate in cultural life; freedom from torture and from cruel, inhuman or degrading treatment, explicitly applied to care and institutional settings; and the right to equal recognition before the law.

Critical normative gaps the instrument must close

The gaps below are listed in a deliberate sequence. The instrument must first establish older persons as full rights-holders across all areas of life, independent of care or health status. Closing these gaps will itself have a preventive effect: when older persons enjoy legal capacity, freedom from abuse, digital inclusion and a healthy environment, their exposure to care-related vulnerability is reduced. This mirrors the shift that occurred in disability policy, where a biopsychosocial model grounded in the interaction between individuals and their environments replaced one focused solely on individual functional limitation.

Regional civil society perspective: ***Mostmtoon Initiative, Egypt***

Mostmtoon Initiative provides non-pharmacological, evidence-based psychological support for older adults living with dementia and their caregivers in Egypt. Their field experience highlights four gaps that directly reinforce the priorities in this submission.

- **Fragmented long-term care.** Care remains largely informal and family-dependent, placing substantial psychological, physical and financial burdens on caregivers, most of whom are women, with little structural support.
- **Underreported elder abuse.** Psychological abuse and neglect are rarely reported, and older survivors have access to neither specialised complaint mechanisms nor adequate legal protection.

- **Barriers to dementia and mental health care.** Older adults with dementia face stigma, late diagnosis and a near-total absence of affordable, culturally sensitive, community-based cognitive care.
- **Invisible caregiver burden.** Caregivers remain outside most policy frameworks despite their central role. Psychological and educational support for caregivers should be recognised as a right-linked service, not a charitable extra.

Mostmtoon's experience reinforces a consistent finding across MENARAH's regional research: effective approaches must be grounded in local cultural contexts and promote **dignity and autonomy**, rather than defaulting to medicalised models that do not fit the realities of families and communities in the region.

- **Freedom from elder abuse, neglect and exploitation, as a stand-alone right.** The instrument must impose specific State obligations on prevention, detection, mandatory reporting, investigation, prosecution and survivor support. As MENARAH's 2025 analysis, presented at the UN Women/UN ESCWA regional discussion, demonstrated, out of 21 Arab constitutions, only Jordan explicitly mentions protection against elder abuse. Only seven countries in the region have stand-alone older persons' laws. This is a textbook illustration of why the gap cannot be left to domestic law alone.

- **Legal capacity and supported decision-making.** The instrument must extend to older persons the approach taken under Article 12 of the CRPD. It must prohibit blanket guardianship regimes triggered by age or cognitive impairment, and require States to establish supported decision-making mechanisms as the default.

- **Digital rights, digital inclusion and protection from digital exclusion.** Digitalisation is rapidly reshaping access to essential services across the MENA region and globally. The instrument must guarantee:
  - access to essential public and private services through accessible, age-friendly digital channels and through non-digital alternatives of equivalent quality;
  - protection from algorithmic age discrimination in credit, insurance, employment, health and social protection decisions;
  - State obligations on digital literacy, affordable connectivity and accessible devices for older persons;
  - protection from online fraud, financial scams and abuse targeting older persons;
  - data protection, privacy and consent safeguards that are genuinely accessible to older persons.

- **The right to a clean, healthy and sustainable environment as it applies to older persons.** The instrument must recognise the disproportionate exposure of older persons to

heat, air pollution and climate-related disasters, and the interaction of these risks with long-term care and chronic health conditions. The MENA region faces some of the world's most severe climate hazards, and older persons are among the most exposed.

- **The right to social connection and protection from social isolation.** Social isolation and loneliness among older persons constitute a major, under-recognised public health and human rights challenge that no existing international instrument adequately addresses. The 2025 Report of the WHO Commission on Social Connection documents that between 25 and 34 per cent of older people globally are socially isolated, with the Eastern Mediterranean Region recording the highest rate of social isolation among older adults of any WHO region. These figures are not incidental: older adulthood is disproportionately marked by life events that sever social ties, including retirement, bereavement, loss of mobility and displacement.

- **The right to long-term care and support.** No existing instrument articulates a clear, enforceable right to quality, accessible, affordable and culturally appropriate long-term care across home, community and institutional settings. This is the single most significant normative gap the new instrument must close. Specific State obligations must include:
  - guaranteeing access to a continuum of long-term care and support services, with home and community-based care as the default and institutional care as a genuinely chosen option;
  - licensing, regulating, inspecting and sanctioning all providers of long-term care, whether public, private or faith-based, with transparent reporting and independent oversight;
  - protecting residents of institutional settings from abuse, neglect, over-medication, involuntary restraint and arbitrary deprivation of liberty;
  - ensuring public financing and social protection arrangements that make long-term care affordable, so that need rather than ability to pay governs access;
  - investing in a qualified, decently paid, predominantly female long-term care workforce, with training, labour rights and protection from exploitation;
  - **guaranteeing continuity of long-term care in emergencies, armed conflict, displacement and climate-related disasters,** including through mobile care units, telemedicine, community health workers, and partnerships with local civil society organisations, to reach older persons who cannot access fixed facilities;
  - ensuring that older persons and their representatives participate in the design, monitoring and evaluation of long-term care systems.

- **The specific rights of older persons living with chronic illness, cancer, cardiovascular disease, dementia and other complex conditions.** These individuals face compounded vulnerability: they require ongoing access to medicines, specialist treatment, palliative care, mental health support and psychosocial services. In conflict-affected settings, in displacement, and wherever health systems have collapsed or are

functioning at reduced capacity, interruption of treatment is life-threatening. The instrument must explicitly identify older persons with chronic illness as a named priority group, and impose specific State obligations to ensure that:

- essential medicines and treatment regimens remain accessible without interruption, including during humanitarian emergencies;
- telemedicine and digital health options are developed to reach older persons who face movement restrictions, lack insurance, or reside in areas with limited health infrastructure;
- uninsured older persons are not denied access to essential care;
- rapid international humanitarian assistance mechanisms specifically address the health needs of older persons with chronic conditions.

- **The rights of informal and family carers.** In the MENA region and globally, informal care is overwhelmingly provided by women. The instrument must recognise informal carers as rights-holders in their own right, with entitlements to support, training, respite, paid leave, social protection, pension credits and freedom from coercion into caring roles. Failure to recognise them institutionalises the gendered transfer of the cost of ageing onto women in families.

- **The rights of older persons in situations of humanitarian crisis, armed conflict, occupation and forced displacement.** This is a gap of profound importance to the MENA region. Protracted conflicts and mass displacement repeatedly leave older persons behind in evacuation, shelter, health, food distribution and family reunification systems. The instrument must require humanitarian response systems to identify, reach and protect older persons as a matter of obligation. This must include:
    - the deployment of mobile health units specifically equipped to serve older persons with chronic illness and disability;
    - rapid international aid mechanisms that treat the health needs of displaced older persons as a priority, not an afterthought;
    - partnerships with local civil society organisations and community networks to deliver medicines and care to older persons who cannot reach centralised services;
    - the removal of administrative barriers, including lack of documentation or insurance, that prevent displaced older persons from accessing essential health and care services;
    - psychosocial support and mental health care integrated into all humanitarian responses, given the compound trauma experienced by older persons in conflict settings.
- **Palliative care and end-of-life rights,** including the right to die free from pain, with dignity, and with culturally and spiritually appropriate support.

Lived experience testimony integrated into this submission

This submission has been enriched by consultation with civil society stakeholders, including the perspective below from a patient advocate, who brings direct experience of supporting women with cancer and chronic illness in conflict-affected settings. Her testimony illustrates precisely why the normative gaps identified above must be closed.

"At 29, I had breast cancer. Now, at 56, I live with long-term health issues, including high blood pressure and heart disease. Conflict forced me to relocate, and I now live in a country without health insurance and with uncertain access to continuous care. For people like me, rights mean access to treatment, ongoing care, pain relief, and ageing with dignity. Without clear protections, older people with chronic diseases are often overlooked by inadequate systems and policies. During war, protecting rights means survival for older people."

From Aid and Hope for Cancer Patients Care, Gaza: What is at stake when no framework exists at all:

"I often ask myself what happens to those who cannot speak. Picture building a life and fulfilling every responsibility, finally reaching stability, only to watch it vanish in a single night. No shelter. No medical care. No work. No safety. No future. This is not some far-off tragedy. For many, it is daily life. Above all, I worry about older people's ability to hold onto their dignity. Conflict, displacement and loss threaten to strip it away."

These testimonies reinforce MENARAH's call for the instrument to explicitly name older persons with chronic illness as a priority group, to establish clear obligations on continuity of care and access to treatment across humanitarian settings, and to place the protection of dignity, not only the provision of services, at the centre of every obligation it creates.

Question 4: The overall structure and architecture of the instrument

MENARAH supports a comprehensive, self-contained structure for the instrument, broadly modelled on the architecture of the CRPD and the CRC, adapted to the realities of later life. Crucially, the architecture must be designed to **translate the rights-holder framework into enforceable rights, obligations and implementation systems**, rather than treating rights as aspirational statements or discretionary services. The structure must reflect a rights-based model rather than a service-delivery model, so that each component is legally meaningful and actionable.

The architecture must also be **forward-looking and adaptable**: designed to remain relevant as demographic, technological, environmental and social conditions evolve over the coming decades. Given that the Convention will govern the rights of older persons across generations, it must include mechanisms to address emerging challenges without requiring full renegotiation.

We recommend the following components:

Preamble

Situating the instrument within the broader human rights framework. Acknowledging the demographic transition. Affirming that ageing is a normal part of the life course. Recognising the contributions of older persons. Naming ageism as a pervasive and under-addressed form of discrimination. Naming the specific situations of older women, older persons with disabilities, older persons living with chronic illness, older refugees, older persons in armed conflict and older persons in institutional settings. Explicitly stating that the Convention marks a paradigm shift from welfare and protection models to a rights-based, systems-transforming framework.

Definitions

Carefully drafted working definitions of key terms, including: ‘older person’ (avoiding a rigid chronological threshold and allowing for contextual and gendered variation); ‘discrimination on the basis of age’; ‘ageism’; ‘long-term care’; ‘continuity of care’; ‘informal carer’; ‘supported decision-making’; ‘elder abuse’; ‘reasonable accommodation’; and ‘accessibility’.

General principles

The concise set proposed under Question 2 above, functioning as the interpretive and operational lens for the whole instrument. Principles must guide not only interpretation, but implementation: informing laws, policies, services and resource allocation across all State obligations.

General obligations of States Parties

Obligations to respect, protect **and fulfil** the rights in the instrument, including through promoting and realising them. Obligations to adopt legislative, administrative, budgetary, judicial and other measures. Obligations to eliminate age discrimination in public and private spheres. Obligations to consult closely with older persons and their representative organisations. Obligations to collect data disaggregated by age, sex, disability, chronic illness, displacement status and other relevant characteristics. Obligations of international cooperation, including technical and financial support to low- and middle-income States.

Substantive rights articles

Article-by-article treatment of specific rights, covering: equality and non-discrimination; life and survival; legal capacity; access to justice; liberty and security of person; freedom from torture, exploitation, violence and abuse; independent living and community inclusion; family life; personal mobility and accessibility; health, including for older persons with chronic illness; mental health and psychosocial support; long-term care and support; rights of informal carers; social protection and adequate standard of living; work and employment; education and lifelong learning; participation in political, public and cultural life; **situations of risk and humanitarian emergencies, with specific**

obligations on continuity of care, mobile service delivery, telemedicine, and access for uninsured and displaced older persons; digital inclusion; and a healthy environment.

Implementation and monitoring provisions

A dedicated treaty body, or at a minimum, a clearly mandated monitoring mechanism. A reporting procedure. An individual communications and complaints procedure. An inquiry procedure for grave or systematic violations. A national focal point and independent monitoring framework at the state level, consistent with the Paris Principles. A requirement for the close and active involvement of older persons and their representative organisations in monitoring. **Regular independent reviews specifically tracking the situation of older persons with chronic illness, in displacement, and in conflict-affected settings.**

Final clauses

Provisions on signature, ratification, entry into force, reservations (which must be tightly constrained, particularly in relation to non-discrimination and access to justice), amendment and denunciation.

Operationalising participation

Participation must be more than a stated principle. The instrument should build participation into its own text through concrete, enforceable mechanisms. MENARAH recommends the following minimum standards:

- **Mandatory consultation.** States Parties must consult older persons and their representative organisations in the design, implementation, monitoring and evaluation of all laws, policies, budgets and services affecting them. Consultation must be structured, documented and accessible.
- **Representation in delegations.** States should include older persons and their representative organisations in national delegations to the IGWG, to the future treaty body and to relevant regional and international processes.
- **National consultative bodies.** States should establish or strengthen national councils or advisory bodies on ageing, with meaningful older-person membership, adequate resourcing and a clear mandate to advise on legislation and policy.
- **Independent monitoring.** Older persons’ representative organisations should be formally recognised as partners in the independent monitoring framework at national level, alongside national human rights institutions.
- **Civil society access to the treaty body.** The future treaty body should adopt working methods that guarantee meaningful access for older persons’ organisations, including through shadow reports, oral interventions and thematic consultations.
- **Accessibility of participation.** Consultation and monitoring processes must be accessible in terms of language, format, venue, cost and digital and non-digital channels, so that older

persons in rural areas, in institutional care, in displacement and in conflict-affected settings can take part.

- **Centring lived experience.** The perspectives of older persons in marginalised or high-risk situations (including older women, older persons with disabilities, older persons with chronic illness, older refugees, older persons in institutional care and older persons affected by armed conflict) must be actively sought rather than passively awaited.

Designing for implementability across the MENA region

The architecture must be designed for implementability in resource-constrained, conflict-affected and rapidly ageing settings such as much of the MENA region. This means:

- Clear sequencing between immediate and progressively realised obligations.
- Explicit obligations on data and evidence, given the well-documented data gaps across the region.
- **Built-in attention to humanitarian and displacement contexts,** including specific provisions for mobile health and care service delivery, telemedicine, and access to medicines for older persons with chronic illness who cannot reach centralised facilities.
- Meaningful space for regional mechanisms, including the League of Arab States and relevant UN regional commissions such as UN ESCWA, to support implementation.
- An instrument drafted in plain language, so that older persons themselves, their families and frontline practitioners can understand and claim the rights it contains.

4. Conclusion

The drafting of a new UN Convention on the human rights of older persons is a once-in-a-generation opportunity. The choices made at this framework stage will shape how rights are understood, claimed and realised by older persons for decades to come.

MENARAH urges the IGWG and OHCHR to adopt a rights-holder framework that explicitly marks a paradigm shift from welfare and protection models; to articulate a concise set of general principles that address ageism, intersectional discrimination, continuity of personhood, self-determination, continuity of care and the right to social connection; to close long-standing normative gaps on long-term care, elder abuse, informal carers, social isolation, chronic illness, humanitarian contexts, legal capacity and digital exclusion; and to adopt a comprehensive CRPD-style architecture that is implementable in diverse regional settings, including the rapidly ageing and conflict-affected societies of the Middle East and North Africa.

The Convention must be designed not only to protect rights but to promote and realise them, transforming systems rather than just recording aspirations. For older persons living with chronic

illness in displacement, for older women without property or inheritance rights, for older persons isolated within their own homes or communities, for older persons in care settings without accessible complaint mechanisms, the difference between a Convention that protects and one that realises is not rhetorical. It is the difference between surviving and living with dignity.

The MENARAH Network stands ready to support the IGWG process. We offer evidence, regional convening, consultation with older persons across the MENA region, and coordination of further written and oral submissions as drafting proceeds towards the July 2026 session and beyond. We welcome joint endorsement of this submission by other civil society organisations and networks working on ageing in the MENA region.

5. Selected References and Resources

- **OHCHR (2026).** Call for inputs: general framework, architecture, and guiding principles of a legally binding instrument on the human rights of older persons. Available at: https://www.ohchr.org/en/calls-for-input/2026/call-inputs-general-framework-architecture-and-guiding-principles-legally
- **Human Rights Council Resolution 58/13** (April 2025). Establishment of the Intergovernmental Working Group on a legally binding instrument on the human rights of older persons. Available at: https://undocs.org/A/HRC/RES/58/13
- **OHCHR (February 2026).** Organisational session of the IGWG on older persons. Available at: https://www.ohchr.org/en/events/meetings/2026/organisational-session-intergovernmental-working-group-older-persons
- **Young, M. (2026).** *The United Nations Convention Is Being Written: Your Voices Are Needed Now.* MENARAH Network blog, 8 April 2026. Available at: https://menarah.org/the-united-nations-convention-is-being-written-your-voices-are-needed-now/
- **World Health Organization (2025).** *From Loneliness to Social Connection: Charting a Path to Healthier Societies. Report of the WHO Commission on Social Connection.* Geneva: WHO. ISBN 978-92-4-011236-0. Available at: https://www.who.int/publications/i/item/9789240112360
- **Hussein, S. (2025).** *The Hidden Face of Ageing: Elder Abuse and the Gendered Reality of Older Women in the Arab Region.* MENARAH Network blog and UN Women/UN ESCWA presentation, 25 September 2025. Available at: https://menarah.org/the-hidden-face-of-ageing-elder-abuse-and-the-gendered-reality-of-older-women-in-the-arab-region/
- **Hussein, S. (2026).** *When Climate Change Meets Long-Term Care: Why the MENA Region Cannot Afford to Wait.* MENARAH Blog / Sustainability (MDPI), March 2026. Available at: https://menarah.org/when-climate-change-meets-long-term-care-why-the-mena-region-cannot-afford-to-wait/
- **MENARAH Network (2025).** *Ageing, Climate, and Care: Building Resilient Futures in Our Cities.* Blog, 10 November 2025. Available at: https://menarah.org/ageing-climate-and-care-building-resilient-futures-in-our-cities/

- **MENARAH Network (2025).** *Building a Resilient and Valued Care Workforce: Lessons from UK Research for the Middle East.* Blog, 18 November 2025. Available at: https://menarah.org/building-a-resilient-and-valued-care-workforce-lessons-from-uk-research-for-the-middle-east/
- **MENARAH Network (2025).** *Ageing with Dignity: A Global Call for Local Action in the MENA Region.* Blog, 21 July 2025. Available at: https://menarah.org/ageing-with-dignity-a-global-call-for-local-action-in-the-mena-region-reflections-from-the-vatican-symposium-and-the-2025-global-declaration-on-ageing/
- **MENARAH Network.** *Unlocking the Demographic Puzzle: The Ageing Transformation in the Middle East* (report). Available at: https://menarah.org/unlocking-the-demographic-puzzle-menarah-report-unveils-the-ageing-transformation-in-the-middle-east/
- **MENARAH Network.** *Unseen, Unheard: The Unmet Needs of Older People in the Eastern Mediterranean.* Available at: https://menarah.org/unseen-unheard-the-unmet-needs-of-older-people-in-the-eastern-mediterranean/
- **Global Alliance for the Rights of Older People (GAROP).** *Age With Rights* campaign. Available at: https://rightsofolderpeople.org/global-rally-2026/

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