

HelpAge Deutschland
Arndtstraße 19
49080 Osnabrück
Germany
via Email: ageing@un.org

Osnabrück, April 11, 2024

SUBSTANTIVE INPUT
for the fourteenth session of the
GENERAL ASSEMBLY OPEN-ENDED WORKING GROUP
for the purpose of strengthening the protection of the human rights of older persons

Comments on Focus Area 2 on the Right to Health and Access to Health Services

HelpAge Deutschland focusses its engagement for the rights of older persons mainly in the so-called global South and less in Germany. Therefore, we comment on Focus Area 2 in view of global policies pertaining to all countries in the world. For answers to the questions relating to Germany in particular, we refer to the answers given by the German government, German National Human Rights Institute (DIMR) and by German National Association of Senior Citizens' Organizations (BAGSO).

The shift towards an ageing society with new disease patterns will require new job profiles in medical care and nursing but will also raise serious questions about the financing of preventive and curative medical care in the coming decades, which we must answer today to adequately finance these immense costs.

According to the World Bank, even before COVID-19, around half of the world's population did not have access to adequate healthcare,¹ despite the fact that universal access to healthcare without discrimination is a human right enshrined in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights and is also mentioned in Goal 3.8 of the Sustainable Development Goals.² The social protection principles outlined by the ILO in Recommendation 202 (2012) also include "basic health care" for all. In addition, the recent move towards universal health coverage emphasises the need to include all people in medical services.³

Not only the global South, but also the global North, has problems in realising the human right to health. Germany, health insurance was introduced as early as 1883 with Bismarck's

¹ <https://www.worldbank.org/en/news/immersive-story/2018/12/07/lack-of-health-care-is-a-waste-of-human-capital-5-ways-to-achieve-universal-health-coverage-by-2030>

² <https://sdgs.un.org/goals/goal3>

³ [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

laws, and later developed to a comprehensive and high quality scheme. Remarkably, even poor persons who rely on basic security benefits (social assistance) have full access to all medical services, just as the rest of the population. However, as early as 2019, Lancet warned that migrants are not entitled to adequate healthcare in Germany. ⁴ The German insurance system is ageing and faces problems like low digitalisation.

The German Federal Anti-Discrimination Agency (2021) in addition found a risk of discrimination for all grounds, including older age, concerning the access and use of health-care services.⁵

Reasons for an increased risk of discrimination in older age are e.g. negative images of age (ageism), rationing due to age, the flat rate accounting method in the healthcare system, institutional or structural guidelines or requirements and due to the increasing digitalisation. Older people in rural and structurally weak regions face additional challenges in accessing health care. The offer of health services in these regions is often reduced as they do not attract health-care professionals.

Before the Covid 19 pandemic, around 61,000 people did not have health insurance (although this is required by law). ⁶ According to the latest estimates from the beginning of 2023, there are already more than 1 million Germans without adequate access to medical care. Most of them are over 55 years old and due to discriminatory laws, cannot return to statutory health insurance after opting for private health insurance (with very few exceptions).

Barriers to access to healthcare for older adults need to be addressed globally, including the high cost of healthcare, which is a major financial burden for many families and increases with age. Around 80% of all lifetime costs for medicines and care are incurred in the last two years of life. Healthcare systems in the global South are already hopelessly overburdened. On average, 90 % of public healthcare expenditure worldwide is mandatory (for healthcare and preventive healthcare including infrastructure measures) and cannot be reduced for other healthcare expenditure. ⁷

At the same time, the prevalence of non-communicable diseases (NCDs), which are the main cause of death and disability worldwide, is increasing and particularly affects older people. ⁸ In 2022, the WHO Global NCD Platform was therefore established, which includes the Global Coordination Mechanism for NCDs. In this mechanism, the United Nations Interagency Task Force for the Prevention and Control of NCDs, together with other stakeholders, oversees cross-cutting initiatives on NCDs and related health challenges. ⁹ The platform should also help to ensure that better age-disaggregated data is collected in the future, as envisaged by

⁴ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30245-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30245-4/fulltext)

⁵

https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Expertisen/diskriminierung_diskriminierung_gesundheitswesen.pdf?__blob=publicationFile&v=5

⁶ <https://de.statista.com/statistik/daten/studie/239714/umfrage/bevoelkerung-in-deutschland-nach-art-der-krankenversicherung/>

⁷ Picco L, Achilla E, Abdin E, Ann Chong S, Ajit Vaingankar J, McCrone P, et al. Economic burden of multimorbidity among older adults: impact on healthcare and societal costs. 2016;

⁸ <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

⁹ <https://www.who.int/teams/global-noncommunicable-diseases-platform>

the Titchfield City Group.¹⁰

To ensure that older adults are able to overcome barriers to accessing health services, health systems need to develop a holistic model of care, with professionals trained and skilled in geriatrics and care of older people. The Global South in particular needs to be supported in this regard, as in most countries of the South, professional training for medical and nursing work is underdeveloped and often not included in medical school curricula.

Failure to treat elderly people due to inadequate training of medical and/or nursing staff is an offence against human dignity and must be eliminated.

To ensure older people's right to health and access to health care across the world HelpAge Deutschland is calling for a UN Convention on the Rights of Older Persons. Such a comprehensive legally binding instrument would make politicians and the public aware of age discrimination also in the field of health. Moreover, a Convention would empower older persons to assert their rights in the field of health care.¹¹

¹⁰ <https://unstats.un.org/unsd/methodology/citygroups/Titchfield.cshtml>

¹¹ <https://social.un.org/ageing-working-group/documents/Intersessional%20Events/NGOs/BAGSO%20-%20EWGA%20Response.pdf>