Age International Submission: OEWG13 Call for Substantive Inputs – February 20, 2023

Right to Health and Access to Health Services

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Age International aims to create an enabling environment for older people to live healthy, dignified, and fulfilling lives. Age International is the international arm of Age UK, the largest NGO working to help older people in the UK. Age International is also the UK member of the HelpAge International global network, and is an active member of the Global Alliance for the Rights of Older People, a large and growing coalition of civil society organisations world-wide working to strengthen older people's rights globally.

This submission will focus on the themes of equality and discrimination and older person's access to health, supported by evidence from recent interviews[i] with partner organisations and older people in Kenya.

Focus area: Equality and Discrimination

"Older people have rights like everybody else in the country. They have needs and rights that need to be observed. They also need to be listened to and they have the right to receive appropriate medical attention." – 61-year-old community health volunteer, Kenya

6. What are the challenges faced by older persons in their enjoyment of the right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?

6.1. Access to health services: Many older people incur significant barriers in accessing health services, such as lack of transportation, lack of affordability, and physical accessibility issues. Simply getting to a health facility can be a challenge, as older people may have mobility issues, not enough money to afford transport, or the facilities may be too far away.

"Most of these health facilities are far away and to access them, one needs money for transport and that makes it expensive. So, yes. distance contributes". Older woman, Dagoretti North, Kenya

Older people can be dissuaded from attending health facilities when there are long queues, and lack of toilet facilities, privacy, or ramps for accessibility. Signage and organisation of services is often not age-friendly, with services for older people not integrated in one place and older people may struggle or be unable to make it to the services they need. For older people with disabilities, physical access to health services can be even more difficult.

"There are disabled people and also old people and the infrastructure is not friendly at all. There are no proper toilets at the hospital and also no ramps for the old and disabled people. Like for us the disabled group, we find it very difficult considering some areas are on raised services and our walking aids can slide at times. So, if you visit the facility without any assistance, you will encounter many problems. You see with a helper, you can sit and relax; then the individual will be moving from one end to another as directed for the services." –Older man, Dagoretti South, Kenya

6.2. Ageism in the health sector: Ageism, discriminatory attitudes and prejudice against older people is a big problem in the health sector. Negative attitudes and preconceived ideas about older people's capacity and their right to health can prevent them from seeking help and diminish the quality of the care they receive. Healthcare professionals may not take older people's concerns seriously, or may assume that older people are not able to make decisions about their own health. Many health facilities do not even keep a record of older people who visit, which impacts on the provision of services and the follow-up on health conditions. Stigma and lack of awareness particularly hinder older people accessing mental health care. When there is stigma around common health conditions like dementia, older people might not get diagnosed or treated early.

"Older people face challenges in facilities where there are no reservations for them and therefore push around with the young people feeling hungry and meet the doctor already tired and just prescribes the medication without enough consultation. They send them away and tell them it's older people's illness, yet there is no illness called older person... The doctors more often just send them away saying they are suffering from older people's sickness." – 61-year-old community health volunteer, Kenya

Ageism is also a significant cause of elder abuse, and a contributing factor to elder abuse being given a lower priority as a health concern. Elder abuse is neglected in the SDGs, and has no SDG indicator of its own. Despite COVID-19 resulting in increased attention on elder abuse, it has not resulted in significant policy change.[ii] The lack of specific legislation on elder abuse acts as a major barrier to older people receiving attention in this area. This results in lack of servicers dedicated to addressing the rights and needs of older people affected by elder abuse and significant challenges in prosecuting violations against older people.

"I am used to their nuisance and the abuse on me because where else will I go and have tried reporting them to the authorities and it never works. Authorities have never helped." – 85-year-old woman, Kenya

"Reporting issues for older people is very key. As the organization and actually working very closely together with Help Age International, we have been able to give the capacity or to train older people on how to respond to issues to do with violence, abuse, and neglect and we have done that by targeting the older people who have been abused at home. Because there are so many cases of abuse. There are so many cases of neglect within our society." – worker at KARIKA, older person's organisation

Elder abuse needs to be addressed as a human rights issue and included in international human rights law, including a UN convention on the rights of older persons. We must recognize the urgent need to prioritize elder abuse prevention and response in national policies and programs, to ensure that older people are protected from all forms of violence and abuse, including physical, emotional, financial, and sexual abuse, neglect, and exploitation.

6.3. Prohibitive costs and lack of supply: Older people often face prohibitive costs in accessing healthcare and medicines. Many of the medicines and medical equipment that older people need, such as those managing hypertension and diabetes, are in short supply or not available. In addition to prohibitive costs and lack of supply, older people also face challenges in accessing healthcare due to lack of pensions and health insurance schemes. With healthcare spending in LMICs largely out-of-pocket, accessing health services can be catastrophic for older people who are already vulnerable to poverty.

"We would really wish to be supported with medication. Some of the medicines we have to buy are very expensive. When we go to the hospital for treatment, we do not get drugs using our NHIF cards and so we must buy drugs which are so expensive." – 68-year-old woman, Kenya

6.4. Under-investment in the health care they need: As people age, they are more likely to experience one or more health conditions, with increasingly complex health care and support needs in older age. An increasing number of people living with multiple conditions (co-morbidities) of chronic illness or non-communicable diseases (NCDs) is a pressing challenge. However, the prevention and management of NCDs is underfunded and under-prioritised globally, as is the provision of long-term care and support. NCDs account for up to 70% of global deaths and the overwhelming majority of these deaths are in people aged 60 and over, yet health services remain oriented towards child and maternal health and infectious diseases.

Formal long-term care services are almost entirely lacking in many LMICs, where prevention and treatment of infectious diseases takes priority.[iii] Responsibility for care of older people often falls to family members, mostly female, who are mostly untrained and uncompensated, which perpetuates gender inequalities.[iv] This type of informal care is the most common form of long-term care in LMICs, yet carers, who are most often women and girls, encounter many obstacles to delivering care, including lack of training, lack of resources, and difficulty in navigating the complexities of the formal health system.

These gaps in long-term care services at the national level are exacerbated by gaps in international human rights law, which excludes rights relating to long-term and palliative care.

6.5. Health and care workforces are inadequate and not sufficiently trained to respond to the health needs of older people. There is a global shortage of healthcare professionals, particularly in rural or remote areas, where older people may have limited access to healthcare services. Furthermore, many healthcare professionals receive little to no training in geriatrics, as it is largely missing from mainstream medical training in LMICs. This leaves health workforces ill-equipped to understand and respond to the health needs of older people. Lack of training combined with ageist and discriminatory attitudes can further affect the quality of care older people receive. When health workers are empowered with knowledge on older people, they can respond to their needs in a highly effective way.

For example, a 61-year-old Community Health Volunteer (CHV), trained by HelpAge and partners in Kenya, talks about her work:

"My work in the households is to evaluate the problems within the household e.g.: those with health problems and people with disabilities and report them every month and do referrals where necessary. For example, clinic visitations, ongoing vaccination expectant mothers, and those with chronic diseases. I do follow-ups at home and the cases dealt with at the hospital... [As they often don't have caregivers] I take them back to the hospital and back to the doctors, I explain their problems and they get tested fully and diagnosed and given medication appropriately... The program has helped us a lot. We are more educated on a lot of the things we never knew...And we have also taught a lot of people in return."

"As a CHV, I didn't have much knowledge on how to support older people, but I have learned through training how to relate to them, how to help them, and about their rights; through this, I can now fulfil my duties better as compared to the years before the project. It has been an eye-opener." – 68-year-old Community Health volunteer trained by HelpAge and partners, Kenya

Intersectional discrimination: Older people who belong to marginalised groups such as women, people with disabilities, and ethnic and racial minorities, face compounded discrimination and inequalities. This further affects their access to health services and the quality of care they receive.

Health inequalities are a major challenge for older people, and are often compounded by intersecting forms of discrimination. Older refugees, for example, may experience language barriers, cultural differences, and limited access to healthcare services due to their legal status, all of which can exacerbate their health challenges.

Gender is also a key factor that influences health outcomes in later life, as older women outlive men by an average of 4.6 years.[v] However, longer life spans do not necessarily translate into living well for longer, as older women often exhibit lower scores on indicators measuring mental health and subjective well-being[vi], and suffer more from limitations in physical functioning, including the ability to undertake activities of daily living (ADLs) and frailty.[vii] Older women may also face gender-based discrimination in accessing healthcare services.

Disability is another major challenge that older people face, and the likelihood of having a disability increases with age. In low- and middle-income countries, the majority of disabilities among older people are caused by chronic diseases.[viii] However, older people with disabilities frequently experience greater health inequalities because of discrimination and violations of their human rights. This is often due to deep-rooted stigmas and social misperceptions about disability, which can limit older people's access to health care services and their ability to participate in their communities.[ix]

7. What measures have been taken to eliminate ageism and discrimination based on age, including discriminatory laws, policies, practices, social norms and stereotypes that perpetuate health inequalities among older persons and prevent older persons from enjoying their right to health?

"We want policies and laws put that address older people's issues. We have laws talking about children and women but there is none for older people. Older people deserve to be treated better and laws that recognize their rights would help address that" – 68-year-old woman, Kenya

7.1 Social protection and health

High out-of-pocket costs for health services is a major barrier to older people accessing their right to health. Reforms taken towards improving universal health coverage, where all people can access quality health services without financial hardship, are effective measures to help eliminate ageism from the health system and decrease health inequalities for older people. Regular social pensions and national health insurance schemes help older people access the health services

they are entitled, and contribute to their ongoing independence and empowerment.

The example of Kenya shows the importance of social protection in improving access to healthcare for older people. Pension schemes such as Inua Jamii highlight their importance, with the Inua Jamii Older Persons Cash Transfer (available to those over 70) being a significant source of assistance for older Kenyans. This policy has been facilitated by Kenya's broader policy environment, which includes a 2014 National Policy on Older Persons and Ageing which obligates the state to take measures to ensure older people's dignity, protection, and provision of care. People receiving Inua Jamii were also found to be more likely to have health insurance.[x] However, there are advocacy calls to improve both Inua Jamii and the National Health Insurance Fund (NHIF) and expand their age eligibility to further decrease health inequalities.[xi]

"On the Older Person Cash Transfer Inua Jamii, the debate was about having all 60 and above receive the money but the government insisted on the 70 and above. And because we do not have any long-term sustainable source of income, we hope this will change and even we who are not 70 years yet be in the program." – 61-year-old woman, Kenya

"It's difficult to get income as an older person but the Older Person Cash Transfer (Inua Jamii pension scheme) is very important to older people. It's very helpful as one can use it to pay a few bills and purchase a few things." – 71-year-old man, Kenya

7.2 Exclusion from data and research

There are huge gaps in data collection of older people and their health issues which contributes to their systematic exclusion from receiving their right to quality health care. This can have a significant impact on their health outcomes and access to appropriate health services. Without accurate and comprehensive data on the health needs of older people, it is difficult to plan and deliver appropriate services and allocate resources effectively.

Current data sources, such as the Demographic and Health Surveys (DHS) used to create the UHC service coverage Index only cover a limited age range, excluding women over 50 and men over 55.[xii] In many African countries, NCD prevalence data is only collected for those under 65, leaving out a significant proportion of the population over the age of 64. Even when data is collected for older people, it is often categorised as 60+, which neglects the specific needs of different cohorts within the older age group. To effectively address the health needs of older people, more comprehensive and age disaggregated data collection is needed to capture the diverse experiences of different age groups.

The WHO NCD Global Monitoring Framework[xiii] also discriminates against older people by capping its targets for reducing premature mortality from NCDs at age 69. This allows health services to deprioritise prevention and treatment of NCDs in people over the age of 70, as well as the collection of data on NCDs for people in later life.

A recent study by Age International partners in Kenya is an example of a measure taken to help address health inequalities and discrimination at the core. To address the dearth of data on older people's health, HelpAge Kenya undertook a longitudinal study in Nairobi to understand the connections between social protection and local health systems on access by older persons to health and care. As the first of its kind in the region, it aimed at providing data to inform implementation of healthy ageing programmes across Africa.[xiv]

8. What measures have been taken to ensure that older persons are able to exercise their legal capacity on an equal basis with others, including making an informed consent, decisions and choices about their treatment and care?

"From the [older persons] groups, older people have known that we have rights. A lot more rights than we thought. And we know that we ought not to be discriminated against and our rights violated. A lot of older people out there do not know much about their rights but am glad we are getting educated." – 68-year-old woman, Kenya

8.1 OPAs and intergenerational self-help groups:
One mechanism for ensuring the effective and meaningful participation of older persons in the planning, design, implementation and evaluation of health laws, policies, programmes, and services that affect them is through community groups known as 'Older Persons Associations' (OPAs). These associations can be made up exclusively of older people or be open to people of all ages, and are delivered through trained community workers and volunteers in different countries, such as Kenya, Mozambique, Vietnam and Indonesia.

By providing communities with adequate information, resources, and opportunities to make decisions affecting their own lives, OPAs empower older persons to participate actively in the planning, design, implementation, and evaluation of health laws, policies, programmes, and services that affect them, and channel their voices into meaningful policy change.

For example, from 2019 to 2022, Age International and HelpAge collaborated on the second phase of a health systems strengthening project called 'Better Health for Older Persons in Africa' (BHOPA) in Mozambique and Kenya.[xv] The project involved Older Persons Associations (OPAs) who engaged in various activities such as home visits, referrals, healthy aging activities, monitoring and collecting data on

health services quality and accessibility, income generation activities, and advocacy training on rights.

The OPAs were effective in amplifying the voices of older people and advocating for their health needs, resulting in successful engagements with policy stakeholders, including the Ministry of Health, at different levels. Through building advocacy capacity and amplifying older persons' voices, the OPAs and OCMGs made significant policy progress, including supporting processes that led to Kenya's ratification of the African Charter on Human and Peoples' Rights on the Rights of Older Persons.

For example, an OPA in Kenya is involved in capacity building for older people to ensure that they are able to understand their rights, with a view of making sure they are able to relay messages to their families but also to advocate for themselves and lobby the government to support their rights. They train activists of older people's rights to follow up with service providers and authorities – such as the area chief and the health centres. They also work closely with the Ministry of Health, Ministry of Labour and Social Services to ensure they also adhere to the rights of older people. The Ministry of Labour, in particular, has been an important stakeholder; they have drafted documents with them that are specifically about the issues of older people.[xvi]

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