



## SUBSTANTIVE INPUT

**for the thirteenth session of the  
GENERAL ASSEMBLY OPEN-ENDED WORKING GROUP**  
for the purpose of strengthening the protection of the human rights of older persons

### **Focus area 1: Right to Health and Access to Health Services**

The Right to health is included in freedom and entitlements as a right to control one's health and body in the Constitution of India. Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health. Article 21 of the Constitution of India guarantees a fundamental right to life & personal liberty, as the right to health is inherent to a life with dignity. India is a signatory of the Article 25 of the Universal Declaration of Human Rights (1948) by the United Nations which grants the right to a standard of living adequate for the health and well-being of humans including food, clothing, housing, medical care, and necessary social services.

The Central Government formulated the National Programme for the Health Care of Elderly (2011) to provide easy access to preventive, curative, and rehabilitative services to the elderly along with specialized long-term and short-term training of health professionals to address their growing health needs. Earlier, the government had enacted the Maintenance and Welfare of Parents and Senior Citizens Act (2007). Despite these provisions, healthcare for the elderly is virtually non-existent.

The ever-growing elderly population puts immense strain on the healthcare system. Growing old is a progressive process associated with a decline in



### **Agewell Foundation**

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functioning, impaired maintenance and repair systems, and increased susceptibility to disease. They need healthcare and medical support more in comparison to other age groups.

About 90% of the elderly are from the unorganized sector or abandoned by their children, without adequate food, clothing or shelter, healthcare, or medical treatment. The absence of scarcity of government-supported social security and geriatric medical services compounds the problem. Ironically, Geriatrics is ignored in the same manner as the elderly are subjected to neglect and abuse.

In India, hearing and vision impairment are the most common morbidities. Pain in the joints and joint stiffness, dental complaints are other critical issues. Mental disabilities among older people are frequently not seen in the healthcare setting as they are construed as being part of old age by family members. One out of two elderly people in India suffers from one or more chronic diseases, which require lifelong medication.

The stigma of aging, as well as the health and social conditions the elderly commonly face (such as dementia, depression, incontinence, or widowhood), is another social barrier to access to health, which manifests in the Indian case in unique ways.

Access to mental health services in the medical sector is limited, and, thus, most care and support was provided ad hoc, informally, and in the family. Consequently, “dependency anxiety” was a common phenomenon among the elderly, i.e., the elderly felt the need to curtail their dependence upon the family and felt anxious about informing them about their health problems

There is an acute need for expanding access to geriatric care beyond the tertiary level, in rural areas, and the service of the female elderly.

Even in cases where services are available, uptake is low because of a lack of health promotion and community outreach.



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Older people, living in rural areas, especially women, are subjected to greater neglect. Strained relationships and bad nourishment are responsible for poor health and denial of medical care.

Medical insurance protection for the elderly should be provided to all, irrespective of age, and it should include a comprehensive health package as well, including knowledge and awareness regarding common geriatric problems and their prevention, healthy nutrition, physical exercise, yoga and meditation, and promotion of mental well-being.

Benefits are accessed by only a few privileged sections of the population, such as those in the formal and civil service sectors like defense, civil services, and the railways, even after retirement long into old age

There should be a provision of caregiver support services and home visits for the weak and bedridden elderly.

To raise awareness about health problems in old age, the traditional joint family system should be promoted and incentivized through various government/non-government schemes.



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