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**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, 2023**

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

**National legal and policy framework**

Constitutional and Legal Provisions

[Article 21 of the Indian Constitution](#) – includes facets of right to live with human dignity, the right to access health and medical care and governmental responsibility in providing medical aid.

[Maintenance and Welfare of Parents & Senior Citizens Act, 2007](#), Section 20 of the Act incorporates medical support for senior citizens.

[National Policy for Older Persons, 1999](#): One of the key focus areas recognized was affordable and highly subsidized healthcare for older persons and spreading awareness about the special needs of older people. In addition, the Government constituted a National Council for Older Persons to operationalise the policy.

[National Policy for Senior Citizens 2011](#): Focus of the new policy shifted to mainstreaming senior citizens, especially older women. The Programme intends to provide preventive, curative, rehabilitative and palliative care services to the elderly at various levels of healthcare delivery systems in India.

Little work has been done in determining older people's health status or the best methods of healthcare delivery for them. Some of the researches and studies conducted by GRAVIS are [Determining Older People's Health Needs](#), [Impacting Older People's Health](#), and [Older Women Matter](#).

Other researches and studies to refer: [Reforms in legal aid and awareness with regard to the aged in India](#), [A case for an inclusive approach](#), [The Experienced, The Aged, The Ignored: Review of Senior Citizens And The Elderly Law In India](#), [Elderly in India 2021](#), [Human Rights Of The Elderly Persons](#), [Narrative Review of National Programmes for the Elderly in India](#).

[The India Ageing Report 2017 by UNFPA](#) captures the aspect of capacity development of human resources as recommended in the National Policy for Older Persons, 1999. The National Programme for the Health Care of Elderly (NPHCE) provides for capacity development of medical and paramedical professionals and family-based caregivers in dedicated health care for the elderly. Both long-term and short-term geriatric training courses are also sponsored by the government.

**Progressive realization and the use of maximum available resources**

Implementation of the policies and subsequent programmes hasn't been effective enough to reach the remotest parts of the country. This has been especially difficult with [limited organizational, financial and management resources](#) apart from other factors.

## Equality and non-discrimination

In the rural areas, health of older population is particularly at risk as their [problems are linked to poverty, poor hygiene practices, insufficient education and limited access to health services due to remoteness of villages, limited trained staff on geriatric health often shared between health posts and the high level of absenteeism among health practitioners](#). Especially, older women suffer more as they tackle with lack of mobility and socio-cultural barriers all their lives. [They need special attention as they outnumber men in older age groups](#).

A number of problems affect efficient service delivery at the [Primary Health Centres \(PHCs\)](#). Furthermore, effective laws and its implementation with special reference to the aged are negligible in the Indian context. Relevant authorities should undertake appropriate [measures](#) and simplify the legal processes for elderly by providing free aid and guidance towards accessing legal institutions, spreading legal awareness to empower senior citizens and training existing panchayat officers to guide the elderly from rural areas and oversee implementation of the measures and policies.

## Accountability

Although, not explicitly stated as a Fundamental Right, the judiciary reads the rights of the elderly as a facet of [Article 21](#) of the Constitution. [Article 21 has a much wider meaning](#) which includes various facets of the right to live with human dignity, the right to access health and medical care, and governmental responsibility in providing medical aid, which are aligned to [Article 25](#) of the Universal Declaration of Human Rights.

It is a mandate of the [National Human Rights Commission \(NHRC\)](#) to work for the protection of human rights. The NHRC having powers of a civil court can be approached for remedy when issues related to Government welfare schemes and policies become matters of human rights violations.

[A review](#) of the laws enacted specifically for the aged reveals that there is dearth of specialized legislations for senior citizens. The aged have been repeatedly subjected to atrocities and [lack of appropriate legal awareness](#) pose a major hindrance in the enforcement of their legal rights.

As the aged in [rural India](#) struggle to defend their rights through legal mechanisms, Community Based Organizations (CBOs) such as [Older People's Associations \(OPAs\)](#) supported by various Civil Society Organisations (CSOs) in rural areas are one of the non-judicial mechanisms to ensure their meaningful participation in improving healthcare facilities for older people in villages. GRAVIS has been promoting [the Older People Associations \(OPAs\), Self Help Groups \(SHGs\) and Intergenerational Learning Groups \(ILGs\)](#) in rural India to ensure older peoples' right to health is met and their participation is ensured in demanding and accessing healthcare meant for them.