



HelpAge International Submission on the Right to Health and Access to Health Services

13th Working Session of the Open-ended Working Group on Ageing, 2023

Introduction

Older people must be part of the growing discussion on their human rights. To this end, in November 2022 HelpAge International network members and country offices carried out individual interviews with 50 older women and men in 5 countries¹ on the rights to be discussed at the 13th Session of the UN OEWG. This submission presents the issues they raised and uses their own words.

We asked older people how they experience barriers in the right to health and access to health services. The findings are intended to capture the views of the older people interviewed and are not intended to be representative of the population of older people as a whole.

Availability

Older people tell us that availability of health services is often limited and unable to meet their health and care needs. Systems tend to be orientated towards addressing infectious diseases and the needs of younger populations. They remain unprepared for population ageing and changing patterns of disease and disability, including a rise in non-communicable diseases, like cancer, heart disease, diabetes, lung disease and mental and cognitive health and care needs.

“There are even cases wherein an older person having asthma died waiting for the oxygen and nebulizer. Since we don’t have proper apparatus here, we needed to request first for the needed oxygen and nebulizer. It took too long, and the patient died.” 68-year-old woman, Philippines

“I suffer from hypertension, I am asthmatic, so often when I get an attack, when you go to these hospitals there are no medicines.” 63-year-old man, Kenya

Affordability

With limited access to health insurance and high out-of-pocket costs for accessing services, many older people tell us that they have no choice but to forgo seeking healthcare or face impossible choices between health and other basic needs.

¹ Colombia, Jordan, Kenya, Philippines and Spain.

“The government is failing. Those who have money will buy and those without money will just die.” 65-year-old woman, Kenya

“I have medical insurance considering my late husband’s job, but it is useless; I have to wait eight to nine months for an x-ray, so I end up paying 300 Jordanian dollars to get one, an amount that can support a family. But if you’re well connected, things would be different!” 69-year-old woman, Jordan

Accessibility

Older people tell us they face significant difficulties physically accessing services. Even for those with good levels of mobility, many older people report that the distance and cost of reaching services put them off seeking healthcare.

“The [nearest hospital is] one ride away covering one hour and a half. So, if there’s an emergency, the older person has already died before reaching the hospital.” 73-year-old woman, Philippines

Older people also report that even if they can reach health services, they are not accessible. This can be due to lack of ramps, long queues, few suitable toilet facilities, or because services do not meet the needs of different groups, such as failing to provide information they can access.

“When we visit a health facility, we queue, younger people cannot even cede their space for you to sit. You queue and queue and sometimes you have high blood pressure, and you collapse. No one can pick you [up] and lead you to be prioritised for services.” 68-year-old woman, Kenya

Quality

While some older people said the quality of services was good and responded to older people’s needs, for many, it was said to depend on where you live, the availability of trained doctors and a person’s ability to pay. Those who didn’t experience good care said they chose not to access services.

“I have public health insurance that is very cheap, but I only use it for minor illnesses such as colds, and prefer to receive private healthcare, which I pay for myself. In the public health sector, doctors do not talk to you, they only prescribe the medicine, while in the private sector you receive the best treatment.” 74-year-old woman, Jordan

Inadequate workforce

Older people report that a key barrier to quality health and care services is the absence of a well paid, well trained and well resourced workforce able to respond to the diverse needs of older people.

“There’s a lack of specialists so [older people] have to look for a specialist doctor in medical centres in the city far from their neighbourhood.”
Older woman, Colombia

Ageism and age discrimination

Structural failures in responding to older people's health and care needs are often reinforced by more explicit ageism. Older people report that the behaviour of health workers can be a barrier to them seeking or accessing the services they need, that their health issues are often dismissed as "old age" or that they are treated like a burden.

"When you go to the hospital, they say, 'This one is too old, we are wasting medicine, it's better she dies.' And if a younger woman goes, they know that she still has more years to live." 70-year-old woman, Kenya.

"Personal medical attention is sometimes not very respectful. I have experienced a case where I have not been listened to by the doctor. They did not give importance to a pain that I had." 70-year-old man, Spain

Autonomy and decision-making

Older people often report that health and care professionals, family and friends exclude them from decision-making about their health and care and fail to support their engagement and empowerment.

"I do not participate in decision-making about the medication I receive, nor do I get consulted on the treatment. They even refuse to read my reports at the lab." 69-year-old woman, Jordan

"I have to tell them I feel this and this, and my children assume that it is old age. [They say], 'Mother is not in pain.'" Older woman, Kenya

Data collection

Failure to support older people's participation in their health and care and in related decision-making is compounded by their exclusion in data systems. For older people to be included they must also be counted. But data on older people is often not collected within official statistics at local, national or global levels. Even where data is collected on older age groups, it is rarely adequately disaggregated.

International legal framework

Older people's health and care needs, and the particular barriers they face in realising their right to health and access to health services, are not adequately covered in international human rights law. The lack of specific provisions that clearly set out State obligations with regards to the application of the right to health to older people leads to systemic failures in promoting, protecting and fulfilling this right at all levels. Regional instruments are limited in geographical scope and do not offer the same level of protection across the regions.

The lack of an explicit provision protecting older people's right to equality and non-discrimination in international human rights law also impacts older people's access to health services. Certain physical and mental health conditions and their interaction with discrimination on the basis of age can place older people at heightened risk of experiencing violations of their human rights, including their right to health to life. This has been brutally highlighted during the COVID-19 pandemic.

A dedicated instrument in the form of a convention is urgently needed to clearly outline how the right to health and related rights apply in older age.

A full report of the consultation findings will be submitted to the OEWG in advance of the 13th Session. For further information contact Marijke De Pauw, HelpAge International marijke.depauw@helpage.org