



**14th session of the Open-ended Working Group on Ageing  
Guiding questions on the normative content related to right to health and  
access to health services**

**Definition**

- 1. How is the human right of older persons to the highest attainable standard of physical and mental health defined in the national and local legislation in your country? If definitions are not available, how should such rights be defined considering relevant existing national, regional and international legal frameworks?**

The Mexican Constitution establishes in its article 4 (about equality for men and women as well as family development), that every person has the right to access to affordable and good quality health care and services, guaranteed from the State, including those who do not have social security, through a free health welfare system to assurance the progressive, quantitative and qualitative extension of the health services.

Likewise, people have the right to live in an adequate environment for their development and welfare, the right to a dignified and decent household, to enjoy nutritious, sufficient, quality food, as well as the access to sufficient safe, acceptable and affordable water for personal and domestic consumption, and to receive a non-contributive pension from the State with the purpose to enjoy a dignified and healthy aging.

- 2. The human right to health encompasses both access to health care and attention to the material and other conditions which are necessary for its full enjoyment. What provisions have been made to ensure that older persons enjoy access, on an equal basis with others, to social protection, adequate water and sanitation, adequate housing and to health education?**

The Law on the Rights of the Older Persons (LDPAM for its acronym in Spanish) defines on its article 18 that public institutions have the obligation to provide quality services of integral health care, as well as the full coverage of medical care activities; special focus on health programs guided to serve the needs of older persons at different stages of life, a healthy aging and the prevention of disabilities; clinics and hospitals must have departments dedicated to Gerontology and Geriatrics, areas specialized in the care of older persons; as well as training courses oriented to promote self-care so this population group can be more independent.

## **Scope of the right**

### **3. What are the key normative elements of the human right of older persons to the enjoyment of the highest attainable standard of physical and mental health?**

The LDPAM provides the key normative elements for the human right of older persons to the enjoyment of the highest attainable standard of physical and mental health, such as the standard of no discrimination or marginalization in public spaces or privately regarding their ethnicity or national origins, gender, age, disabilities, health condition, religion, opinions, sexual preferences, marital status or any other that attempts against human dignity or tries to undermine their rights and freedom.

Another key normative element is the General Law of Health, which defines “medical attention” as every form of service, provided to older persons with the purpose of protecting, promoting and restoring their health, is that this should be achieved through preventive, healing, rehabilitation and palliative services.

Regarding older persons being able to choose and decide about their care, this Law also establishes that they can, at any time and regardless of their mental state, express their will, in writing before two witnesses, to receive or refrain from any treatment.

As for the measures to prompt remedies and redress when the right to health and health services of older persons is denied, the National Commission of Human Rights (CNDH for its acronym in Spanish) is the agency in charge of addressing this kind of problems by issuing recommendations to the respective institution.

## **State obligations**

### **4. What are the measures that should be undertaken by the State to respect, protect and fulfil the human right of older persons to the highest attainable standard of physical and mental health, regarding the normative elements as provided above?**

In order to achieve the highest attainable standard of health, public and private institutions must have the proper infrastructure so older persons can access it as well as the medical services. Medical staff also needs to be trained in gerontological perspective and healthy aging.

The State has the obligation to develop health programs for each federative entity according to the needs of the population. For its part, the Federal Administration offers a Wellness Health System, which supports people who do not have social security, including older persons, through comprehensive health care services free of charge.

## Special considerations

### **5. What special measures and specific considerations should be considered in developing the normative content on older persons' right to health?**

Regulatory content related to the right to health of older persons includes specific sections on the obligation to gather information on the demographic, social, and economic characteristics of older persons through administrative records, and the obligation to use this information for statistical purposes, both by health service institutions and by the National Institute of Statistics and Geography (INEGI, for its acronym in Spanish).

This approach fosters the generation of low-cost statistics that delve into understanding the needs and challenges associated with the health of older persons, thereby contributing to the development of better-informed public policies (based on evidence):

- In Mexico, the 2020 Census counted 15.1 million people aged 60 and over (older persons).
- Of those aged 60 and over, 80.2 % are affiliated with a health service (12.1 million).
- Within the population of older persons, 81.4 % of women and 78.7 % of men are affiliated with a health service.
- The Mexican Social Security Institute (IMSS, for its Spanish acronym) is the primary institution with which older adults are affiliated. Nearly 6.4 million are aged 60 and over.
- Nearly 3 million older adults are not affiliated with health services, 50.3% of whom are women and 49.7 % are men.
- 78.8 % of older people (11.9 million) reside in urban areas, and 21.2 % (3.2 million) in rural areas. In urban areas, 81.3% of them are affiliated with health services, while in rural areas, it is 76.0 percent.

### **6. How should the responsibilities of non-State parties such as private sector be defined in the context of the human right to health of older persons?**

The private sector must be coordinated with the public institutions and the normative framework, in order to ensure the human right of older persons to health. It is important to consider that in the context of the human right to health, all medical institutions and healthcare staff should be trained with a gender perspective, being that gender-based discrimination often intersects with ageism.

## Implementation

### **7. What are good or promising practices and main challenges faced by your country in the adoption and implementation of the normative framework on the human right to health of older persons?**



The National Institute of Older Persons, (INAPAM for its acronym in Spanish) through its Integral Attention Center, provides specialized and general medical services to older persons without any charge, just presenting their INAPAM card. Among the most requested services are ultrasound, geriatrics, gynecology, general medicine, nutrition, dentistry, optometry, among others.

Another good practice is the program 'IMSS-BIENESTAR', which provides free health services to people who do not have social security. Medical care is focused on integral health and hospitable services, as well as medicines and related supplies.