The right to health in old age: unavailable, inaccessible and unacceptable

"The doctors didn't care because I was old and poor. They wanted money. They kicked me out. I returned home."
Anwarra, 75, Bangladesh

Major advances in public health in the last century have led to greater longevity and lower fertility rates in most countries. The significant progress in global health during the last century has benefited older people, many of whom live longer and healthier lives.

At the same time the right to health has been addressed from the perspective of ageing in a number of treaty body general comments and concluding observations to States Parties as part of periodic reporting processes.

However, for older people progress in health has been deeply unequal.

Older people are still being denied their right to accessible and appropriate healthcare. Healthcare systems are not being adapted to take into account population ageing. Primary healthcare services are rarely age-friendly. Humanitarian responses often exclude older people. Older patients continue to be refused treatment because they are too old and too poor.

In a survey across 32 countries, 63 per cent of older people said they found it difficult to access healthcare when they needed it.[1]

The way forward

To better realise older people's right to health, healthcare systems need to take a lifecourse approach, starting with age-friendly primary care, to ensure that everyone, whatever their age, has access to affordable and appropriate healthcare.
This briefing paper presents a number of examples from low- and middle-income countries to illustrate how older women and men are being denied their right to health.

Non-discrimination

Ageism and age discrimination occur at all levels: from household decision-making about scarce resources to ageist attitudes of health professionals towards older people. Older women and men frequently report that they are refused treatment or treated with disrespect on account of their age.

A study in Tanzania revealed that 40 per cent of older people said the tone of language used by medical staff was mocking.[2]

In Zambia, older people reported that some health staff were unwelcoming and disrespectful, shouting and throwing medicines at older patients. Older people were also told by health staff that they had lived their time and should not finish the medicine that the young can use.[3]

In Kyrgyzstan, older people say that ambulance services ask for the patient's age and routinely discriminate against people over 50, not sending an ambulance for anyone who they think is too old. "We have to tell a lie when calling an ambulance," said a member of an older people's group in Bishkek.[4]

Availability

"The doctors of the new Family, Community and Intercultural Health Model came and told us that it was not their speciality to attend to older people. So I asked them what kind of a doctor you call yourself, then?"
Juan, older man, La Paz, Bolivia

Lack of medical staff trained in age-related illnesses and basic gerontology is a common barrier to appropriate healthcare for older people.

A study of five Asian countries revealed that there was no geriatric expertise available in either rural or tsunami-affected locations in India or in Cambodia and Vietnam.[5]

In Kyrgyzstan, lack of specialists is one of the problems diabetes patients and doctors face in dealing with this issue. Responsibilities of endo-crinologists are commonly placed on general practitioners in district clinics. This lack of specialists has resulted in incomplete and/or late diagnosis of diabetes patients and delayed prevention measures.[6]

Lack of availability has been highlighted in the PAHO national SABE surveys on older people's health. For example in Ecuador, the SABE survey showed that 55 per cent of older people did not have access to tetanus, influenza or pneumonia vaccinations.[7] An earlier survey in Bolivia revealed that 45 per cent of older people interviewed had never been to a dentist.[8]

Women generally live longer than men; however this means that women over 60 live more years in ill-health than men over 60.[9] Healthcare is too expensive for many poor older women to access.

Sexual and reproductive rights of post-menopausal women are rarely considered in reproductive health programmes.

According to one doctor working in rural health centres in Nowsherea, Pakistan, 80 per cent of the older women she sees need treatment for illnesses that are either directly or indirectly related to post-menopause: arthritis, osteoporosis, or uterine lapses and vaginal bleeding due

to difficult and multiple childbirths.[10]

Physical accessibility

Many older people cannot access health services because they have poor mobility, live a long distance from clinics or hospitals, or cannot afford transport.

In India, 69 per cent of respondents to a 2007 survey in five Asian countries reported distances of 20 kilometers or more to public health facilities.[11]

Long waiting times were identified as a barrier to accessing services in the survey: in Singapore a visit to a polyclinic can take as long as 4-5 hours.[12]

Economic accessibility

Many older people cannot afford to pay for health services and medicines at a stage in their life when health costs, including medication, are often greatest, but they are less likely to be able to work to make a living and have inadequate access to social security.

In Mozambique, older people are exempted by law from paying for medication at health centres. Despite this, research from 2008 showed that 86 per cent of older people in 15 communities in Gaza province had to pay a consultation fee and 85 per cent had to pay for their medication when they visited a health centre.[13]

Lack of information about free services can be a serious barrier to access. A study in Ethiopia showed that 36 per cent of older people surveyed did not know about the free government health service for poor people[14].

Access to free or subsidised healthcare may be limited by the age range covered. Ghana exempts older people from payments into the co-funded health insurance scheme. However, the scheme only covers those over the age of 70, which means that a significant number of the older population is excluded.[15]

Acceptability

Healthcare systems in many low- and middle- income countries are generally weak. Older people face some of the same barriers to realising their right to health as other poor and marginalised groups. However, evidence suggests that ageing and older people continue to be overlooked and excluded from health policies and programmes:

- Lack of data disaggregated by age and sex prevents the development of health interventions that address the whole life course, including in the response to HIV and AIDS.
- The current focus on child and maternal health, as reflected in the MDGs, means that health issues in old age are often ignored.
- Sexual and reproductive health services rarely address post-menopausal women.
- Adequate prevention, diagnosis and treatment of non-communicable diseases (NCDs) are rare. Older people are at especially high risk of cardiovascular disease, stroke and diabetes. People over 60 accounted for 75 per cent of the 35 million deaths from NCDs worldwide in 2004, with the majority in low- and middle-income countries.[16] Many older people who suffer from hypertension also experience co-morbidities such as diabetes and heart disease[17] but these often remain undetected.[18]
- There are significant barriers to comprehensive care and support for people with NCDs. This includes lack of access to palliative care, including pain relief. Family members often care for people with NCDs with little access to financial compensation, training and emotional support.
- By 2050 the number of people with Alzheimer's disease or other dementias will increase to 115 million, with as many as 70 per cent living in less developed regions.[19] This is not being recognised in public health measures.

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