

Amnesty International's submission to the Call for Inputs of the 14th Session of the Open-ended Working Group on Ageing for normative content on the right to health and access to health services.

PROTECTING AND FULFILLING THE HUMAN RIGHT OF OLDER PEOPLE TO THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

Many older people lose access to healthcare services during situations of armed conflict or other emergencies. States and humanitarian actors do not always adequately consult with and include older people, and the chronic conditions that they are more likely to experience, into their responses to emergencies. As was the case during the Covid-19 pandemic, older people may be deprioritized for healthcare and their right to make decisions about their health violated.

This submission draws on evidence from several Amnesty International reports. In 2019, Amnesty International reported on older people's experiences of conflict and displacement in Myanmar and Bangladesh.¹ In 2020, Amnesty International reported on older people's experience of displacement and violence committed by Boko Haram and the Nigerian military.² From 2022 to 2023, Amnesty International reported on older people in Ukraine following Russia's full-scale invasion.³ Amnesty International also reported on the treatment of older people during the Covid-19 pandemic in the United Kingdom,⁴ Italy,⁵ Belgium⁶ and Spain.⁷

¹ Amnesty International, "*Fleeing My Whole Life*": Older People's Experience of Conflict and Displacement in Myanmar (Index: ASA 16/0446/2019), 2019, <https://www.amnesty.org/en/documents/asa16/0446/2019/en/>

² Amnesty International, "*My heart is in pain*": Older people's experience of conflict, displacement, and detention in northeast Nigeria (Index: AFR 44/3376/2020), 2020, <https://www.amnesty.org/en/documents/afr44/3376/2020/en/>

³ Amnesty International, "*They live in the dark*": Older people's isolation and inadequate access to housing amid Russia's invasion of Ukraine (Index: EUR 50/7385/2023), 2023, <https://www.amnesty.org/en/documents/eur50/7385/2023/en/>

⁴ Amnesty International, *United Kingdom: As if expendable: The UK government's failure to protect older people in care homes during the COVID-19 pandemic* (Index: EUR 45/3152/2020), 2020, <https://www.amnesty.org/en/wp-content/uploads/2021/05/EUR4531522020ENGLISH.pdf>

⁵ Amnesty International Italy, *Abbandonati: Violazione del diritto alla vita, alla salute e alla non discriminazione delle persone anziane nelle strutture socio-sanitarie e socio-assistenziali durante la pandemia in Italia* (Index: EUR 30/5503/2020), 2020, <https://www.amnesty.org/en/documents/eur30/5503/2020/it/>

⁶ Amnesty International Belgium, *Les Droits des Personnes Âgées Pendant la Pandémie*, 2020, <https://www.amnesty.be/campagne/discrimination/droits-agees-pandemie-covid/maison-repos-covid19>

⁷ Amnesty International Spain, *Abandonadas a su suerte: La desprotección y discriminación de las personas mayores en residencias durante la pandemia COVID-19 en España* (Index: EUR 41/5502/2020), 2020, <https://www.amnesty.org/en/documents/eur41/5502/2020/es/>

AUTONOMY AND DECISION-MAKING

During the Covid-19 pandemic in the United Kingdom, despite knowledge of the increased risk to older people, state authorities carried out policies that had serious negative consequences for the health and lives of older people in care homes, and resulted in significant violations of their human rights. Older people in care homes were not prioritized for protective equipment and testing, and there was widespread reluctance or refusal to admit older care home residents to hospitals for Covid-19 treatment. Amnesty International research conducted in Spain and Italy revealed similar obstacles or outright refusal to refer and admit older care home residents to hospitals.

Within care homes in the UK, Do Not Attempt Resuscitation (DNAR) forms – documents issued and signed by a doctor to inform a medical team not to attempt cardiopulmonary resuscitation (CPR) – were widely misused. The forms are designed to communicate a patient’s wishes to healthcare professionals involved in their care, however blanket decisions were taken without consultation with older care home residents or their families, taking away their ability to make decisions about their care.

Recommendation: States must not discriminate against older people including during emergencies by de-prioritizing them for preventive equipment or healthcare, as was the case during the Covid-19 pandemic. They should also not prevent older people or their loved ones from making informed decisions about their care.

DISRUPTION TO HEALTH SUPPLIES AND SERVICES

Emergency responses, whether to armed conflict or other emergency situations, often overlook older people’s unique healthcare needs. In some camps for internally displaced people (IDPs) or refugees that Amnesty International visited, humanitarian or state actors failed to provide medication for common chronic conditions, such as high blood pressure, chronic pain and chronic respiratory disease, all of which disproportionately affect older people.

This was the case in northeast Nigeria, for example, where IDP camp health services prioritized emergency care for acute conditions, such as malaria and acute diarrhoea, and supported pre- and post-natal care. However, these camp clinics were not equipped to treat chronic conditions that disproportionately affect older people, like hypertension and diabetes, forcing older people to forego care or seek costly treatment outside of the camps. In Ukraine, older people living near the frontlines, particularly in rural areas, faced challenges accessing medicines. Many local pharmacies had closed, and transportation was disrupted by the conflict, making it difficult for older people to reach those that were still operating. Community-based support and home care was also significantly disrupted as many family members (who had provided care) and some social workers fled, leaving remaining social workers overwhelmed and at risk of failing to provide adequate services.

Recommendation: States and humanitarian agencies must ensure uninterrupted access to appropriate healthcare and medication for older people in the context of armed conflict or other emergencies, including for the treatment of chronic conditions.

INCREASED HEALTHCARE COSTS

Affordability is another barrier to the right to health. Older people often experience poverty which means they are unable to receive adequate treatment, particularly during times of crisis when costs can increase significantly. Nearly 80% of older people in Ukraine received pensions that put them below the poverty line before 2022.⁸ The issue is more acute for older Ukrainian women who on average receive pensions that are 30% lower than men.⁹

⁸ EPravda, “80% пенсіонерів в Україні живуть за межею монетарної бідності – омбудсмен”, 12 October 2022, <https://www.epravda.com.ua/news/2020/10/12/666153/>

⁹ Open Data Bot, “Ukrainian women get 30% lower pensions than men”, 17 May 2021, <https://opendatobot.ua/en/analytics/pension-2021>

Yet in the first year after Russia's full-scale invasion of Ukraine, older people, who are more likely to have long-term health conditions, faced a 21.3% increase in the costs of medicine and an 18% increase in the cost of out-patient medical services.¹⁰ The World Health Organization (WHO) found that over half of the people in Ukraine who experienced "catastrophic health spending" in 2021 were over 60 years old.¹¹

In Myanmar, displaced older people who faced discrimination in being hired for daily labour and had lost access to their farmland struggled to continue paying for necessary medication. Older people experiencing displacement in northeast Nigeria said they faced significant costs at every step of accessing health care: for transport to a doctor or hospital; for tests and care during a visit; for a hospital stay, including food; for transport to a pharmacy; and for medicine. For many, such costs were impossible, forcing them to forego treatment.

Recommendation: States must provide access to affordable health care for older people, including during crises when the price of medication can fluctuate significantly, for all healthcare including the treatment of long-term conditions. No one should be denied access to healthcare because of their inability to pay for it.

¹⁰ State Statistics Service of Ukraine, Average consumer prices for goods (services) in Ukraine in 2023, https://ukrstat.gov.ua/operativ/operativ2018/ct/sctp/Arch_sctp_u.htm (accessed 3 August 2023).

¹¹ World Health Organisation, "Can people afford to pay for health care?", 2023 <https://iris.who.int/bitstream/handle/10665/369097/9789289060165-eng.pdf?sequence=3>