

RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES

(FOR THE DEVELOPMENT OF A POSSIBLE INTERNATIONAL STANDARD ON THE PROTECTION OF THE RIGHTS OF OLDER PERSONS)

Submission by:

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NORMATIVE CONTENT

**THE CHAIR OF THE UNITED NATIONS GENERAL ASSEMBLY
OPEN-ENDED WORKING GROUP FOR THE PURPOSE OF
STRENGTHENING THE PROTECTION OF THE HUMAN
RIGHTS OF OLDER PERSONS**

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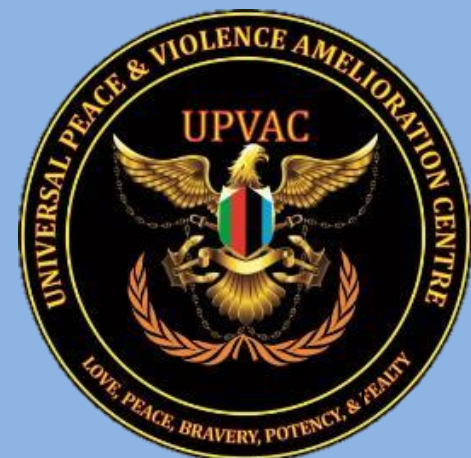
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1. Definition:

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- In Nigeria and Bangladesh, the right of older persons to the highest attainable standard of physical and mental health is enshrined in national legislation, including the Constitution and various health-related policies. However, specific definitions of older persons' right to health may require alignment with international human rights instruments such as the International Covenant on Economic, Social and Cultural Rights and the Madrid International Plan of Action on Ageing.
- It is also hereby necessary to define the Right to health and access to health services in line with relevant existing national, regional and international legal frameworks as a fundamental human right, essential for the physical and mental well-being of older persons. Access to quality healthcare services is crucial to ensuring older persons can enjoy a high standard of health and live dignified lives. In this focus area, we examine the normative content related to the right to health and access to health services for older persons, covering aspects such as definitions, scope of rights, state obligations, special considerations, and implementation challenges and practices.

2. Access to Health Services

National policies aim to ensure older persons' access, on an equal basis with others, to social protection, adequate water and sanitation, adequate housing, and health education. However, challenges persist in ensuring universal access to healthcare services, particularly in rural and underserved areas in Nigeria and Bangladesh, and addressing barriers related to affordability, availability, accessibility and quality of care in these regions is quite challenging due to limited funding and intervention.

3. Scope of the Right

Key normative elements of older persons' right to health include the prohibition of age-based discrimination in all health-related matters, provision of comprehensive health facilities and services, and ensuring the availability, accessibility, acceptability, and quality of health services. Efforts should also focus on promoting older persons' legal capacity to make informed decisions about their treatment and care, including access to prompt and effective remedies for violations of their right to health.

4. State Obligations

States should undertake measures to respect, protect, and fulfill older persons' right to the highest attainable standard of physical and mental health. This includes enacting legislation and policies that promote universal access to healthcare services, investing in health infrastructure and human resources, and implementing programs to address age-related health challenges and promote healthy ageing.

5. Special Considerations

Special measures should be considered to address the specific health needs and vulnerabilities of older persons, including preventive, curative, rehabilitative, and palliative care services. Efforts should also focus on promoting older persons' autonomy and dignity in healthcare decision-making and ensuring their access to age-appropriate and culturally sensitive health services.

6. Responsibilities of Non-State Parties

The responsibilities of non-state parties, including the private sector, civil societies, non-governmental organizations, and others, should be defined in the context of older persons' right to health, including their role in providing healthcare services, promoting healthy ageing practices, and respecting older persons' rights in healthcare settings.

7. Implementation

Nigeria and Bangladesh have similar issues relating to implementing the Right to health and access to health services and thus they both face challenges in adopting and implementing the normative framework on older persons' right to health, including barriers related to healthcare infrastructure, funding, and human resources. Good practices include community-based healthcare initiatives and public-private partnerships that improve access to healthcare services for older persons.

Addressing these challenges requires concerted efforts from governments, civil society organizations, and the international community to strengthen healthcare systems, promote healthy ageing, and ensure the realization of older persons' right to health.

Implementation in Nigeria:

Good or Promising Practices in Nigeria includes:

- **Community Health Programs:** Nigeria has implemented community-based health programs targeting older persons, providing essential healthcare services and health education in local communities.

- **Policy Development:** The Nigerian government has shown commitment to addressing the health needs of older persons through the development of policies and strategies aimed at promoting healthy ageing and improving access to healthcare services.
- **Partnerships with NGOs/CSOs:** Collaborations between the government and non-governmental organizations (NGOs)/civil society organizations (CSOs) have facilitated the implementation of health interventions targeting older persons, leveraging resources and expertise to improve healthcare delivery.

Main Challenges in Nigeria:

- **Limited Access to Healthcare:** Older persons in Nigeria face challenges accessing healthcare services, particularly in rural and remote areas where healthcare infrastructure is inadequate, and there is a shortage of healthcare professionals.
- **Socio-Economic Barriers:** Socio-economic factors such as poverty, lack of transportation, and out-of-pocket healthcare expenses pose barriers to older persons seeking healthcare, exacerbating inequalities in health outcomes.
- **Ageism and Discrimination:** Ageism and discrimination in healthcare settings contribute to older persons receiving substandard care or being denied access to necessary medical interventions, undermining their right to health.

Implementation in Bangladesh:

Good or Promising Practices in Bangladesh:

- **Community Health Workers (CHWs):** Bangladesh has deployed community health workers (CHWs also known as "Shasthya Kormis") to reach older persons in remote areas, providing essential healthcare services, health education, and referrals to healthcare facilities.
- **Health Insurance Programs:** The government has introduced health insurance schemes aimed at improving access to healthcare services for older persons, providing financial protection against healthcare costs.
- **Geriatric Health Services:** Bangladesh has established specialized geriatric health services and clinics to cater to the unique healthcare needs of older persons, including preventive care, chronic disease management, and palliative care.

Main Challenges in Bangladesh:

- **Healthcare Infrastructure:** Limited healthcare infrastructure and resources in Bangladesh, particularly in rural areas, pose challenges to the provision of quality healthcare services for older persons, leading to disparities in access and health outcomes.
- **Lack of Awareness:** Many older persons in Bangladesh lack awareness of their rights to health and available healthcare services, hindering their ability to access timely and appropriate care.
- **Financial Constraints:** Financial constraints, including out-of-pocket healthcare expenses and the absence of social protection mechanisms, deter older persons from seeking healthcare, particularly for non-communicable diseases and chronic conditions.