



HelpAge

International

# Healthy ageing for us all

*What older people say about their right to health*

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Sara Guy/Age International

**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

## Healthy ageing for us all

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## Introduction

**Health is at the heart of our sense of wellbeing and dignity. This applies to all of us – family, friends, everyone. Our right to enjoy the highest attainable standard of physical and mental health is central to our ability to do the things that are important to us, that is, our functional ability. When we are older, we may be at greater risk of reduced functional ability, and so the right to health, and to health services, is critical. Yet for millions of older people this right is not respected, protected or fulfilled.**

This report outlines the barriers older people experience in enjoying their right to health and, specifically, health services. This is one of the two topics for discussion at the thirteenth session of the UN Open-ended Working Group on Ageing (OEWG13) in April 2023. This report aims to inform the discussions at this and future sessions.

**Healthy ageing for us all** is based on HelpAge’s work with older people and on research and consultation with them on their right to health, including a recent consultation in Colombia, Jordan, Kenya, Philippines and Spain ahead of the OEWG13. It focuses on older people’s right to available, accessible, acceptable and quality health services that meet their needs and uphold their rights, and to their participation in related decision-making.

The report has three main sections:

- Section 1 outlines the key barriers older people face in enjoying their right to health and health services.
- Section 2 summarises existing human rights laws and identifies the main gaps for older people on the right to health.
- Section 3 draws on older people’s experiences to make recommendations on what the right to health should look like in a convention on the rights of older people.

This report is part of a series on the rights discussed at the Open-ended Working Group on Ageing. It follows *Unequal treatment: what older people say about their rights during the COVID-19 pandemic (2021)*. →

**The right to the enjoyment of the highest attainable standard of physical and mental health is a fundamental human right and is indispensable to the enjoyment of our other human rights.<sup>1</sup>**

Health is defined as:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

The right to health includes a number of elements, including the right to:

“a wide range of socioeconomic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health”.<sup>2</sup>

**A central component of the right to health is the right to the goods, facilities and services necessary to support a person’s enjoyment of the highest attainable standard of health.**

These goods, facilities and services must be available, accessible, acceptable and of good quality. The right to health also explicitly includes the right of populations to participate in all health-related decision-making.

# 1. Barriers to older people accessing good quality health and care services that meet their needs

## 1.1 Few services meet older people's needs

Older people face multiple barriers to enjoying their right to available services, goods and facilities in line with their right to health. Today, at least half the world's population lack access to essential health services.<sup>3</sup> As one of the groups with the highest level of need for health and care services, older people are disproportionately affected by this gap.

Even where services are available, older people tell us they are often limited and unable to meet older people's health and care needs. Systems are often orientated towards addressing infectious diseases and the needs of younger populations. They remain unprepared for ageing populations 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.

To uphold our right to health as we age, we need access to joined up care across the full continuum of services, including health promotion, disease prevention,

diagnosis and treatment, rehabilitation, specialist, long-term care and support, and palliative and end-of-life care. In many places, older people tell us these services and related equipment, medicines and assistive products are in short supply or not available at all.

**“The truth is current programmes or provisions of the government are unfit and incompatible or inappropriate for the needs of older people.”**

**Philippines, group discussion**

**“There are no support services available to older people in my community. Only family members are taken as or believed to provide assistance with daily activities. But this does not happen for all.”**

**71-year-old woman, Nepal**

**“There is no service for palliative care in the community, the health centre is at a distance of 10km and the nurse performs care once a month.”**

**Bolivia, group discussion**



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“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

“I don’t think we have anything like [physical or occupational therapy] here. Not in the rural health centre at least.”

69-year-old man, Philippines

“We just rely on information and awareness campaigns about dental health. Our healthcare here is limited to first aid, not many medicines are distributed [...] community members usually just resort to herbal medicines to address illnesses”.

68-year-old woman, Philippines

“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 had to first request the needed oxygen and nebulizer. It took too long, and the patient died.”

68-year-old woman, Philippines

“The government does not follow up on the medicines that are brought [to the health facilities]. The medicines are usually taken in, but when you come as a sick person you are told there are no medicines.”

68-year-old woman, Kenya

“Accessibility to the service is difficult, as appointments are delayed. In some cases, when a patient finally gets an appointment, they’ve already died.”

82-year-old man, Colombia

“There are no medicines, there are no supplies, there is no assistance and when a medical emergency occurs and you need a doctor, you have to go to a neighbouring town.”

75-year-old man, Colombia

### Barriers to accessing COVID-19 vaccines

During COVID-19, despite older people being the age group most at risk of severe disease and death from the virus, **millions of older people in low- and middle-income countries have faced barriers to accessing COVID-19 vaccines, tests and treatments.**<sup>4</sup> As late as May 2022, less than 5 per cent of older people were vaccinated against COVID-19 in some countries, and were less likely to be vaccinated than younger age groups in some settings.<sup>5</sup>



## 1.2 High costs make services inaccessible for many

Poverty and the costs involved in accessing services present the greatest barriers to older people enjoying their right to health. Poverty is one of the main threats to people's health, wellbeing and dignity worldwide and, in most countries, the risk of poverty increases with age.<sup>6</sup> It is estimated that about 500 million people globally are pushed into extreme poverty each year because of health spending, with older households most at risk.<sup>7</sup> This is likely to increase as a result of COVID-19, which estimates suggest could lead to a quarter of a billion more people falling into extreme levels of poverty in 2022.<sup>8 & 9</sup>

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. The WHO World Health Survey found that 60 per cent of older people in low-income countries did not access healthcare either because of the cost of the visit, not having transportation, or because they could not pay for transportation.<sup>10</sup>

"I spend most of my pension on the medication I need. I am lucky to have children who support me but others have to choose between buying food, having the gas or electricity at home or buying medicine."

**Older woman, Kyrgyzstan**

"The government had promised us that when we attain a certain age, from 60, we would be given free healthcare services. But we have not seen that implemented."

**81-year-old man, Kenya**

"My husband needs five medications for blood pressure and heart disease. He is now taking his medications once every two days in order to save money."

**67-year-old woman, Lebanon**

"The government is failing. Those who have money will buy and those without money will just die."

**65-year-old woman, Kenya**

"I live with the disease since I do not have money to be treated."

**Older woman, Kenya**

"For 20 years, we have been asking for a pension and health insurance, but the government has yet to meet our demands."

**60-year-old man, Lebanon**

"The mere thought of sickness terrifies me because we do not have any social safety net, healthcare coverage, or protection. Who would care for our fate, especially ours as older people, now that our children have left? The government is nowhere to be found."

**60-year-old woman, Lebanon**

"For disabled people who need to be accompanied by someone else so as not to be in danger and to be helped along the appointment, [there] are costs, because you have to pay for your two bus tickets, you have to pay for two lunches. Some patients then decide not to go to a specialist appointment to the north of the city, because they don't have money to travel."

**75-year-old man, Colombia**

“Hospitals are far and most times I don’t have money to pay a ‘boda’ ride to take me [or] the money to pay the doctors, so if I get sick [I] really get worried, so I resort to taking my herbs from home unless it becomes too much.”

**72-year-old woman, Uganda**

“Access to the family doctor is difficult. There are fewer and fewer architectural barriers but [accessing] treatment includes expenses for traveling to the centre, the expense of time, the parking that in the hospital is expensive, it always entails some expense.”

**64-year-old woman, Spain**

In our OEWG13 consultation, some older people reported using private healthcare where they or family were able to afford it and if the problem was serious enough. However, this was not an option for most older people. In Philippines, some reported that their council included a small but specific budget for older people that they used to support financial costs for accessing services or that there were programmes providing some free healthcare services for older people. A number of older people across countries also spoke about access being dependent on who you know.

“Actually, we have a programme here that older persons are admitted for free and when discharged given one week’s worth of medicines for free.”

**69-year-old man, Philippines**

“Here in Ynares Public hospital, they have a laboratory, dental and free check-up. However, in order to access such for free, you would need a recommendation letter from the Congressman. Otherwise, you would have to pay for the services you use or sometimes, the hospital will deny you the services, pretending the equipment – like x-ray, blood test – are out of order, and you’ll be forced to access and pay for such services in a private hospital.”

**70-year-old man, Philippines**

“But sometimes, it really comes to a point where, if you are not an ally of the politician, your rights are not recognised, no matter how much you beg.”

**70-year-old man, Philippines**

“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**



Brian Otwal/HelpAge International

### 1.3 Existing services are not physically accessible

Older people tell us they face significant difficulties physically accessing services. In Sub-Saharan Africa, around 10 per cent of older people have an estimated travel time to the nearest hospital of six hours or longer.<sup>11</sup> A study in Tanzania found the most common means of reaching health facilities for older people was walking, with journeys taking up to four hours. For older people with mobility issues and limited resources, these facilities are simply out of reach.

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. In one study in Thailand, researchers found that the likelihood of an older person not using a healthcare service increased by 30 per cent with each additional kilometre they had to travel.<sup>12</sup> This was also highlighted by older people in our recent OEWG13 consultation.

“[The health clinic] is too far for me to walk to. It takes a day to get there on foot and I don’t have enough money to go by bus.”

**89-year-old woman, Mozambique**

“Honestly, there are more [older people] who don’t [seek health services] since they don’t even have the money for transportation, so they really resort to going to a [traditional] doctor. They trust them more, and they are the only ones available in their area.”

**68-year-old man, Philippines**

“If the illness gets a little more complicated than what the community hospital can handle, it is referred to other bigger hospitals. However, going to bigger hospitals is a challenge since the road is rough, and it will take around three and a half hours to get there. We also have private hospitals in another municipality but that takes two hours of travel”.

**68-year-old woman, Philippines**

“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**

“In this area there are no vehicles and you are a woman alone with her grandchildren. They tried to carry me in their hands as I screamed out in pain from my leg. As we got to the road side, a good Samaritan came along and carried me to a private hospital nearby”.

**65-year-old woman, Kenya**

“We would urge the government to bring medicine to the [community primary healthcare] facilities because they are the ones close to people.”

**63-year-old man, Kenya**

“In the pandemic everything was done through an email, and here in the countryside we didn’t have internet access so I had to buy some mobile data to not be isolated but it was very difficult. Two years [of being] truly helpless, with no health service, no medication, no treatment.”

**61-year-old man, Colombia**

“For old adults like me, disabled and with a high-risk disease, it’s impossible to access health services”.

**60-year-old man, Colombia**

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 are not meeting the needs of different groups, such as failing to provide information they can access. For example, where information is available, older people report that it is often not provided in a variety of languages, channels or formats to meet the communication needs of different groups, including offline, in easy-to-read versions, spoken word, picture format or braille.

“The infrastructure is not friendly at all. There are no proper toilets at the hospital and also no ramps for older and disabled people.”

**Older person, Kenya**

“Here in the public [health centre], if the patient has no car, the nurse or guard shall assist him and put him in a wheelchair. However, there are no ramps there. So, the nurses and guards lift the patient in a wheelchair manually.”

**69-year-old man, Philippines**

“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**

#### Barriers to older people accessing services during COVID-19

During COVID-19, a rapid needs assessment carried out by HelpAge and partners in 12 low- and middle-income countries during 2020, found that **over a third (37%) of 3,658 older people surveyed faced difficulty in accessing health services**.<sup>13</sup> One-fifth (21%) said they faced barriers in accessing COVID-19 information, despite being the age group most at risk.





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#### 1.4 Existing services are of mixed quality

Where services are available and accessible, older people often report that the quality is mixed. This affects whether they seek healthcare and their enjoyment of their right to health. In our OEWG13 consultation, 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. As discussed above, for the minority who had the money, they said they preferred to use private services or to supplement public health services with private ones as possible, due to their better quality and more timely care.

"I have seen many people being treated and they all complain. I have not heard of anyone saying they were treated in the right manner. No one. Everyone who has gone there says the services are poor."

**82-year-old man, Kenya**

"The care depends on the person who cares for you. In medical care there are professionals who are attentive and there are others who do not attend to your needs correctly."

**70-year-old man, Spain**

"Yes, I'm satisfied. The [health professional] I deal with the most is the family doctor and she explains everything to me well. She is not worried about the time she spends on me, she does it calmly."

**80-year-old woman, Spain**

"If I had money I would not have gone [to the public facility]. I went there because I needed help. People die there because of being mistreated."

**68-year-old woman, Kenya**

"If only an older person has enough money, they'd get checked in private hospitals. But since we don't, we just endure going to rural health units. It's not all that bad, anyway. They give away some medicines and the doctors there are good, too."

**71-year-old woman, Philippines**

"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**

"I think that the services I am given are good. I used to see when they treat me, they give me this, they give me that, even lunch. They tell you, you have overstayed let us give you lunch, so I think they consider us well."

**72-year-old man, Kenya**

"[It] depends on the services I can afford. So, if you have a complementary health policy, they assist you the same day, but if you don't have a complementary health policy, the appointment is given one or two months later, and usually, there are no appointments available."

**75-year-old man, Colombia**

## 1.5 The workforce is often unable to respond to older people's needs and rights

Older people report that a key barrier to them enjoying 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. In many countries, general training for the health and care workforce fails to include geriatrics or gerontology and, in some places, even a basic focus on the types of physical, mental, psycho-social and cognitive health issues faced in older age is missing. In our OEWG13 consultation, older people said that this results in services which are not appropriate or which fail to meet their unique needs.

“[The services] are not appropriate. They do not match [older people's needs] at all.”

82-year-old man, Kenya

“There are no geriatricians here. You would have to visit [the city]. We were actually requesting to have one for a long time now. Because [the city] is quite far, it's four hours of travel in a fast car, and overnight if not.”

68-year-old man, Philippines

“There are those that are trained, and there are those who just came to work but they lack enough experience to treat. Patients like me, the youth and the children should be treated separately. They instead put everyone together whether it's a girl, a boy or an older person. Therefore, there is no differentiating what they do.”

68-year-old woman, Kenya

“It would probably be helpful to have medical personnel equipped with proper medical knowledge in the centre. There isn't even someone who knows how to administer the dextrose.”

62-year-old man, Philippines

“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

## 1.6 Ageing and age discrimination violate older people's right to health

Older people often face age discrimination that violates their right to health and care on an equal basis with others. Where discrimination on the basis of age intersects with discrimination on the grounds of other characteristics, such as disability and gender, the impact is compounded.

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,<sup>14</sup> that their health issues are often dismissed as 'old age' or that they are treated like a burden. In some cases, ageism in the health sector leads to incidents of violence, abuse and neglect of older people.

“They are even not respectful in the way they communicate something.”

82-year-old man, Kenya

“People who provide these services have a negative attitude towards older persons so we just avoid them.”

68-year-old woman, Uganda





“At times, you get a younger person coming and being attended to before you, yet you came first. When healthcare workers hear you complain you are told, ‘You old woman, stop complaining. We are coming to attend to you.’ When you are told this you get scared because the elderly are being discriminated [against] and you do not know what this healthcare worker will do. You are even scared you can be given the wrong medication. When they are this discriminatory you get scared and find a way of disappearing and going back home.”

**65-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**

“I have never felt discriminated against, and they have always respected my values and preferences.”

**66-year-old man, Spain**

“I know that we are not respected because we are considered as just consumers without being productive.”

**75-year-old woman, Rwanda**

“If, say, you are crying out of pain, they don’t even come to your aid. They let you suffer.”

**68-year-old woman, Kenya**

“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**

“Older women...those that are 80, 90 or 95 years are sometimes scared of going to hospital. They say when they go to [the national hospital] they will just be killed – I would rather die in the house. They say that if older people go to [the national hospital], they never get out alive. They therefore take herbal medicine, they like it.”

**68-year-old woman, Kenya**

“I don’t like to visit the hospital because I don’t feel respected as a woman, and I don’t get to choose the sex of the physician. If you paid money [for the service] things would be different.”

**69-year-old woman, Jordan**

“I’ve seen and heard that older people are mistreated by workers from the medical centres.”

**Older woman, Colombia**

“One day I asked the security guard if there was preferential care for the elderly, knowing that there is a law that regulates it. However, his answer was negative.”

**82-year-old man, Colombia**

### **Age-based COVID-19 measures discriminated against older people**

During COVID-19, older people’s right to health has been denied where age has been used as a basis for deciding who has access to scarce COVID-19 treatment, or when non-COVID-19 related health and care services which they rely on have been suspended, leaving them with unmet needs.<sup>15, 16, 17 & 18</sup>

## 1.7 Community members and health professionals often fail to support older people's participation and autonomy

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 participation, choice and autonomy.<sup>19</sup> This failure on the part of these groups is inherently linked to discriminatory attitudes towards older people. At the policy level, older people and those working with them are often excluded or not given the opportunity or support they need to meaningfully engage in the design, planning and delivery of health and care services in line with their right to health.

“The employees of the health system or public servants are imposing; they do not have the attitude of listening to us to know what we want or need. They simply decide for us and give orders.”

**Colombia, group discussion**

“Usually an old person has to put up with the way they are cared for.”

**65-year-old woman, Russian Federation**

“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 was recently sick and admitted at [a] hospital. I was never told what exactly I was ailing from. I paid money but I was not told what disease I had. From there, I was taken to [another hospital]. There they tried a little and told me my disease was sudden but they treated it. I was just given medicine, despite the fact they tried treating me, they did not tell me what I was suffering from.”

**82-year-old man, Kenya**

“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**

“Most of the times the doctor cannot accept you to guide him. He will ask you, ‘Are you the doctor or am I?’ When you tell him you want this, he will serve you the way he wants.”

**82-yearold man, Kenya**



Juan Camilo Gonzalez, Santos Studio/HelpAge International

“Sometimes, there have been cases where the professional who has treated me has not listened to my opinion or has not solved my problem. I have never been consulted.”

**70-year-old man, Spain**

“We are yet to get the opportunity to express our views. We are really waiting for that opportunity.”

**Older man, Kenya**

In the OEWG13 consultation in the Philippines and Colombia, some older people reported having been consulted on health- and care-related issues, having access to redress or complaints mechanisms, or more formal arrangements for older people's engagement in decision-making. These include organised systems for older people's representation within local government structures, or where community-based organisations engaged older people.

“There are [opportunities for consultation], but the older person's actions do not lead to complaints or suggestions. We just wait. Sleeping with one eye open.”

**68-year-old woman, Philippines**

“Every August, the local chief executive meets all the representatives of all sectors in the community – the Municipal Development Council. One of those is older people. So we, presidents of seniors and federation presidents, have a seat there. In that meeting, we present our planned programmes for older persons. Rural Health Units present theirs too and we suggest tweaks to adopt our plans into theirs”.

**71-year-old woman, Philippines**

“We have an association or group of health users. We always work in groups as a collective to defend and protect our rights. Some collective has brought complaints, called legal action for protection, and similar. In my case, I always bring complaints myself as well as the requests. Sometimes they take a long time to respond. They usually require that you have a legal agent and keep calling legal action for protection. I have always claimed my rights and helped other users.”

**61-year-old man, Colombia**

“I think only the NGOs are the ones who consult us on programmes and services that we need.”

**68-year-old woman, Philippines**

“I use the complaint box and encourage people to do the same, so the medical centre can improve. In this way, I consider that I’ve had the chance to give my opinion.”

**Older woman, Colombia**

### **Failure to count older people**

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. Systems often fail to collect, analyse, report and use sufficiently disaggregated data for capturing the diversity of older people and understanding inequalities in access and outcomes to inform system and service design.





## 2. Health and access to health services in human rights law

**Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) protects everyone’s right to enjoy the highest attainable standard of physical and mental health. It states that health facilities, goods, and services should be made available, accessible, affordable, acceptable and be of good quality. For older people, it states that this requires an integrated approach, combining elements of preventive, curative and rehabilitative health treatment with measures to maintain older people’s functionality and autonomy, and the provision of palliative and end-of-life care.<sup>20</sup>**

The right to health for people with disabilities is protected by article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD). Article 19 of the CRPD safeguards the right to independent living, including access to support services.<sup>21</sup>

Access to health-related goods, facilities and services that are necessary to support older people’s full enjoyment of their right to the highest attainable standard of health are reflected to some extent at regional level. For instance:

- Inter-American Convention on Protecting the Human Rights of Older Persons:
  - Article 19 protects the right to physical and mental health without discrimination.
  - Articles 6, 11 and 12 place specific obligations on States around palliative care and long-term care.
- Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons in Africa:
  - Article 15 guarantees the right of older people to access health services.
  - Article 11 protects the right to palliative care.

## 2.1 Human rights law does not adequately protect older people's right to health

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 how States must guarantee older people's right to health 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 impedes 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 and right 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. This would build on existing human rights standards, establish critical and clearly defined norms and obligations, and ensure the rights of older people are applied in law and in practice.





## 3. Recommendations on the right to health and access to health services

These recommendations on what the right to health should look like are informed by older people's experience of health services as reported in the OEWG13 consultation and previous consultations.

**Older people have the right to the highest attainable standard of physical and mental health, on an equal basis with others and without discrimination on the basis of age or any other status.**

Older people have the right to access goods, facilities and services that meet their physical, mental, cognitive and psychosocial health and care needs.

### 3.1 Available

Older people must have access to health and care services, goods and facilities covering the full continuum of health promotion, prevention, treatment, specialist care, rehabilitation, long-term care and support, and palliative and end-of-life care, with access to related medicines, vaccines and assistive products.

### 3.2 Accessible

Older people must have:

- physical access to health and care services, goods and facilities.
- access to affordable health and care services, goods and facilities.
- access to health and care information in accessible and appropriate formats.

### 3.3 Acceptable

Older people must have access to health and care that is acceptable to people of all ages, including older people. It must be appropriate and respectful of the culture of all individuals, minorities, peoples and communities. And it should be responsive to the diverse needs and preferences of older women and men, and people of different gender identities. This can be achieved by meeting needs related to:

- conditions common in later life such as hearing loss, eye disorders, osteoarthritis and back and neck pain
- non-communicable diseases, including chronic obstructive pulmonary disease, hypertension, diabetes, cancers, depression and dementia
- the presence of multiple conditions, ensuring appropriate management
- heightened risk of infectious disease
- healthy ageing, promoting the functional ability that enables wellbeing in older age.



### 3.4 Good quality

Older people must have access to health and care services, goods and facilities that are safe, effective (evidence-based), timely, equitable, integrated, efficient and person-centred, addressing older people's health and care needs holistically.

States must guarantee that key components of health systems are in place to support available, accessible, acceptable and quality health and care goods, facilities and services. These include:

- Strong primary health care systems that deliver community-based health and care services that engage and empower people and communities.
- A multidisciplinary workforce that has the skills and training to respond to older people's health and care needs, and which respects, protects and fulfils their rights.
- Access to medicines, vaccines and assistive technologies to meet older people's diverse needs across the continuum of care.
- Inclusive data and information systems that remove upper age caps from data sources and collect, analyse, report and use data on all aspects of the right to health for all age groups, including all older people, to inform decision-making.
- Financing that ensures older people can access the health and care services they need, when and where they need them, without suffering financial hardship.
- Governance and leadership that protects older people's right to health and care in law, and promotes a rights-based approach to system and service design and delivery, including through older people's engagement and empowerment in decision-making.

### 3.5 Equality and non-discrimination

Older people have the right to live free from discrimination. Governments must take effective and appropriate measures to prohibit, prevent and address discrimination against older people on the basis of age or any other status in the provision of health services.

- Older people must have access to services on an equal basis with others, including mainstream services such as health promotion and prevention, vaccination and sexual and reproductive health services.
- Governments must promote older people's access to health and care services which meet their specific needs, including by recognising that older people have intersecting identities based on their age, gender, functional ability, ethnicity, religion, socio-economic position and other grounds. Each of these identities must be considered and respected, and the needs of different groups of older people must be responded to effectively to fulfil their right to health.
- States must ensure an equity-based approach to health and care service provision that recognises the effects of unequal power relations, inequalities and discrimination experienced by people across the life-course.

### 3.6 Autonomy and decision-making

Older people have the right to make their own decisions and have their voices heard in all matters relating to their health and care. They have the right to:

- access mechanisms, including through supported decision-making, which enable them to exercise their right to autonomy and independence in all matters related to their health and care.
- free and informed consent for all health and care related interventions, including choice of treatment.
- control the planning, delivery and monitoring of their health and care.
- actively participate in the design, implementation and monitoring of all policies, programmes and strategies related to their health and care.

### 3.7 Related rights

Certain physical and mental health conditions can place older people at heightened risk of experiencing violations of a wide range of human rights.

The following human rights must be included and clearly defined in a convention on the rights of older people, including outlining how they relate to the right to health:

- Right to equality and non-discrimination
- Right to life
- Right to autonomy and independence
- Right to free and informed consent
- Right to access to information
- Right to privacy and confidentiality
- Right to living independently and being included in the community
- Right to participation
- Right to freedom from torture or cruel, inhuman or degrading treatment
- Right to freedom from all forms of exploitation, violence and abuse
- Right to protection of integrity of the person
- Right to access justice and redress.



Payhaa Awwad/HelpAge International

## 4. Annexes

### Annex 1: Consultation questions

#### **Question 1. Availability: Are the health and care services you need available to you where you live?**

*Probe:* Are the services, treatments and/or medications you need for the health issues that you or other older people experience available?

#### **Question 2. Accessibility: Are you able to access the health and care services that do exist, including treatments, medications and information?**

*Probe:* Are the health and care services physically accessible? Are there costs associated with accessing them – i.e. treatment costs, medication costs, transport costs? If so, can you afford to access them? Do you have any health insurance to help you pay for them or do they require you to pay for them yourself? Are you able to access information about your health and care needs and rights and is it communicated in ways that meet your needs?

#### **Question 3. Acceptability: Are the services that are available respectful and responsive to your needs, preferences and values?**

*Probe:* Are the health and services age, gender and disability responsive? Are they sensitive to your preferences about the care you receive and how it is delivered?

#### **Question 4. Quality: How would you rate the quality of the health and services available?**

*Probe:* Are you happy with the quality of health and care services you have received in the past? Do service providers have the necessary skills and training to meet your needs? Are there adequate supplies of medications or other products?

#### **Question 5. Participation: Do you have the opportunity to participate in decision making about the health and care services available to you and the care you receive?**

*Probe:* Have you ever been consulted on the health and care services available where you live? When you use health services, are you given a say in the care you receive and how it is delivered?

### Annex 2: Methodology

For the OEWG13 consultation, a total of 50 older people aged 60–87 from a mix of rural and urban areas took part (22 women and 28 men). Individual interviews were done by phone, video-call or in person. Participants were selected using non-probability sampling based on convenience and who was accessible to those carrying out the consultation. Responses were reviewed to identify themes within each broad category of interview questions. 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.

Where relevant, additional quotes were selected and included from previous HelpAge consultation reports:

HelpAge International and Age International, *Cash transfers and older people's access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe*, 2017. →

HelpAge International, *Freedom to decide for ourselves: on what older people say about their rights to autonomy and independence, long-term care and palliative care*, 2018. →

HelpAge International and International Labour Organization, *A glimmer of hope amidst the pain: voices of older people on social protection and the need for a social pension in Lebanon*, 2022. →

HelpAge International, *Older women's lived experiences of gendered ageism*, 2023.

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### Annex 3: The Open-ended Working Group on Ageing

The Open-ended Working Group on Ageing (OEWG) was set up by the UN General Assembly in 2010 to identify possible gaps in the existing international human rights framework in relation to older people and how best to address them, including the possibility of new human rights instruments.

**Healthy ageing for us all** is part of a series of reports on rights discussed at the UN OEWG. It follows:

**Entitled to the same rights** (2017) → on what older women say about their rights to non-discrimination and equality, and to freedom from violence, abuse and neglect, discussed at the eighth session.

**Freedom to decide for ourselves** (2018) → on what older people say about their rights to autonomy and independence, long-term care and palliative care, discussed at the ninth session.

**Living, not just surviving** (2019) → on what older people say about their rights to social protection and social security (including social protection floors), and to education, training, lifelong learning and capacity building, discussed at the tenth session.

**Keeping our dignity** (2019) → on what older people say about their rights to access to justice, and to work and access to the labour market, discussed at the eleventh session.

**Unequal treatment** (2021) → on what older people say about the impact of the COVID-19 pandemic on older persons' rights discussed at the eleventh session.

More information about the OEWG is available at <https://social.un.org/ageing-working-group> →

### Endnotes

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